



# BACKGROUND REPORT

DISABILITY ACTIVE RECREATION AND SPORT

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**Sport NZ**

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PO Box 17 031, Karori  
Wellington 6147  
New Zealand  
P 04 476 2254  
E [lumin@lumin.co.nz](mailto:lumin@lumin.co.nz)  
[www.lumin.co.nz](http://www.lumin.co.nz)

Robyn Cockburn

Lucy Atkinson





# Acknowledgements

## **Steering Group**

Andrew Leslie  
Carolyn Young  
Fiona Allan  
Geoff Barry  
Hamish McEwen  
Jo Cheatley  
Kathy Gibson  
Matt McKerrow  
Scott Ryland  
Shelley McMeeken  
Robyn Cockburn (Lumin)  
Lucy Atkinson (Lumin)

## **Supported by:**

Melissa Dawson  
Trudi Bridges

## **Reference Group**

Alison Law  
Antoni Lowe  
Catriona McBean  
Hamish McEwen  
Paul de Spa  
Peter Fergusson  
Rachel Mullins  
Rebecca Dubber  
Vanessa Hughey

## **Others engaged in the process**

Adele Wilkinson  
Alan McDonald  
Alex Chief  
Alice Mander  
Allan Scott  
Allison Nicholls-Dunsmuir  
Amira Mita  
Amy Hartnell  
Andrea Price  
Andrew Clouston  
Andrew Eade  
Anne-Maree Broom  
Arvin Lal  
Asad Abdullah  
Bonnie Smail  
Brendan Tourelle  
Brid Conlon  
Brooke Dillon  
Bruce Coleman  
Bruce Morton  
Bryce McFall  
Caitlin Dore  
Carmen Forrester  
Carol Armstrong

Catriona Baker  
Cherryl Thompson  
Chris Knol  
Chris Smith  
Christie Foote  
Claire Phillips  
Courtney Wilson  
Craig Gadsby  
Dane Dougan  
Dave Adams  
Dave Tippett  
David Rutherford  
Dermania Lloyd-Harris  
Dna Wells  
Doug Sekone-Frazer  
Dympna Mulroy  
Eddie Kohlhasse  
Erin Armstrong  
Erin Fitzgerald  
Fran McEwen  
Gaye Austen  
Geraldine Wilson  
Guy Ockenden  
Hamish Grey  
Hamish Meacham  
Heather McGill  
Jacob Phillips  
Jacquie Ruth  
James Glen  
Jamie Delich  
Janette Brocklesby  
Jewelz Petley  
Jill Adams  
Joanna Burgess  
John Bowden  
John Lea  
Julyan Falloon  
Justin Muschamp  
Karen Rickerby  
Karen Whiting  
Karla Roberts  
Kate McElvie  
Kathy Gibson  
Kaye Nordstrom  
Kelsey Randrup  
Ken Sowden  
Keri Bonner  
Kieran Wall  
Kiran Dixon  
Kylie McGrigor  
Linda Healion  
Linda Savage  
Lisa Kingi-Bon  
Liz Duke  
Lucinda Searchfield

Luke Morriss  
Maia Lewis  
Malcolm Humm  
Marcus Thompson  
Mario Chaney  
Mark Melvin  
Mark Watson  
Marlene Green  
Martin Davis  
Martin McGregor  
Matt Vernick  
Matt Whiting  
Melissa Wilson  
Michelle McIntyre  
Molly Ngatai  
Neelu Jennings  
Nick Heyworth  
Nicki Turner  
Nikko Lopez  
Pat Edmonds  
Paul Dunn  
Paula Morris  
Paula Tesoriero  
Peter van Vroonhoven  
Petronella Spicer  
Phillipa Cosgrove  
Rachel Flurry  
Raewyn Hailes  
Rawdon Wallace  
Roger Wood  
Samual Morgan  
Samuel Cho  
Sarah Doe  
Sarah Lean  
Scott Mackenzie  
Sian Kelly  
Simon Templeton  
Stacey Adams  
Steve Daw  
Stewart Haig  
Suzie Linton  
Thomas Chin  
Tiffney Perry  
Tom Callanan  
Tracy Munro-Callis  
Trish Ventom  
Tristan-Perry (TP) Moananu  
Trudi Bridges  
Tyler Rodgers  
Vicki Meyer  
Vicky Cowley  
Victoria Baldwin  
Zara Taylor  
Zubran Nabii





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# 1. INTRODUCTION

## 1.1 THE REVIEW AND RATIONALE

Since the publication of Sport New Zealand's (Sport NZ) No Exceptions Strategy and Implementation Plan in 2005 there has been progress made in providing active recreation and sport opportunities for many disabled people. In 2016, the Office of Disability Issues launched a refreshed New Zealand Disability Strategy, which identifies the importance of physical activity for disabled people. This review reassesses the delivery of active recreation and sport to disabled people and identifies how best to equitably meet their needs.

There continues to be a lack of quality data on and insights in general into disabled people<sup>1</sup> and specifically regarding the participation of disabled people in community and high performance sport. This has created issues regarding investment and resourcing.

Sport NZ's recent Active NZ Survey goes some way towards providing quality data on participation rates. This information will eventually create a more realistic picture of the nature and range of participation in active recreation and sport. For the first time in its survey history, Sport NZ asked specific questions about impairments and 25% of their database confirmed that they were affected in some way by an impairment.

Statistics NZ has published a set of 'Enduring Questions'<sup>2</sup> not answered by current datasets, which would provide information for a more useful, in-depth analysis of the status of disabled people in NZ.

The complex and changing nature of society has also produced a range of definitions regarding disability which has led to confusion within the active recreation and sport sector. While there are several organisations with a clear role in servicing aspects of disability active recreation and sport, there is a lack of strong and collective leadership which has resulted in less connection between organisations than is desirable.

The disability active recreation and sport sector is complex and fragmented. This Background Report reflects a shared understanding of the issues for disabled people and the sectors they engage with, collates and analyses existing information and uses these insights to generate recommendations. The overall intention is to improve quality experiences for disabled people.

The review process enabled:

- Development of relationships between Sport NZ, key disability sport providers and the disability community
- Greater awareness of the issues and opportunities experienced by disabled people when accessing active recreation and sport experiences
- Insights that will enhance the availability and quality of active recreation and sport experiences for disabled people.

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1 HRC & Ombudsman's Office, (2012) Making Disability Rights Real: Second report on the Independent Monitoring Mechanism on the Convention on the Rights of People with Disabilities

2 Statistics NZ (2016) Enduring Questions in the Disability Domain: An initial view from Statistics NZ based on the NZ Disability Survey



## 1.2 METHODS

An inclusive, developmental and collaborative process was used to work with the disability sector, disability sport agencies, Sport NZ and other stakeholders. This was based on a comprehensive stakeholder engagement plan that included a detailed analysis of stakeholders, their interests and influence, and mechanisms for engagement. The following processes were undertaken:

- Establishment of a reference group to provide insights and advice on disability active recreation and sport.
- A working group of Sport NZ's funded disability active recreation and sport partners to provide project oversight
- Engagement with key local, regional and national stakeholders across active recreation and sport and the disability sector in Auckland, Wellington and Christchurch
- An online survey with 647 respondents, that captured the voices of the widest possible audience
- Interviews to engage with key stakeholders to generate and analyse themes as they emerged
- Focus groups with key organisations including some stakeholder groups
- A detailed literature review, analysis of existing evidence and summary of key themes including analysis and alignment with other key Sport NZ strategies and programmes.

## 1.3 DATA SOURCES AND LIMITATIONS

Identifying consistent data on disabled people in New Zealand is challenging, an issue that is noted by Statistics NZ as well as many researchers:

*there is a dearth of national information available about people with disabilities in New Zealand and even less information about the extent they experience financial and material hardship'<sup>3</sup>*

There is inconsistency between definitions of what constitutes disability or impairment between organisations and government departments. In addition, data relating to disabled children is inconsistent and lacking in many areas. Organisations working in this area have different definitions and different datasets so it is almost impossible to make comparisons.

The timing of this review, however, coming soon after the release of the Active NZ 2017 data, has enabled the use of some current and accurate participation information. With disability definitions that align with the Census categories, and a sample that reflects the proportion of people with impairments, it has been possible to conduct an analysis of participation as well as barriers and motivators.

## 1.4 SUMMARY REPORT

A Summary Report including recommendations is available that is intended to guide the actions of Sport NZ as the lead agency.

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3 <https://www.disabilityartsonline.org.uk/why-we-are-disabled-people-not-people-with-disabilities>





## 2. DEFINITIONS

An agreed understanding of the meaning of ‘disabled people’, ‘active recreation’ and ‘sport’ is necessary. Not all people use the same language.

### 2.1 DISABLED PEOPLE

The language used in describing people is important, and reflects societal attitudes and thinking. In this document, we use the term ‘disabled people’ rather than ‘people with disabilities’. This references the contemporary social model of disability as opposed to the traditional medical model of disability. From a social model viewpoint, disability is not something people have (“we are not people with disabilities”), but is something done to people with impairments.<sup>4</sup>

Disability is not something individuals have. What individuals have are impairments. They may be physical, sensory, neurological, psychiatric, intellectual or other impairments.<sup>5</sup> ‘Disabled’ in this context refers to the disabling barriers to participation in social, cultural and economic life that exist for people with impairments. People with impairments are disabled if society does not provide an environment that takes their impairments adequately into account. Consequently, they experience barriers preventing their participation in society.<sup>6</sup> In this context, environments include physical (e.g. buildings, transport, services), attitudes (stereotyping, prejudice, discrimination) and organisations (policies, practices, procedures).<sup>7</sup>

*Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others<sup>8</sup>*

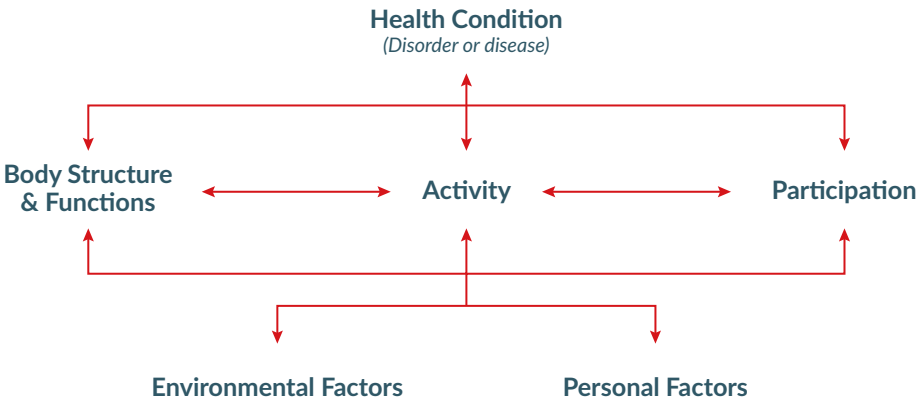


Figure 1 International Classification of Functioning, Disability of Health (ICF) Model

4 <https://www.disabilityartsonline.org.uk/why-we-are-disabled-people-not-people-with-disabilities>  
5 New Zealand Disability Strategy 2016-2026  
6 <https://www.odi.govt.nz/guidance-and-resources/guidance-for-policy-makers/>  
7 Definitions of Disability, accessed from: <http://www.dibservices.org.uk/definitions-disability>  
8 Article One, The United Nations Convention on the Rights of Persons with Disabilities (UNCRPD)



This diagram<sup>9</sup> defines disability as the interaction between:<sup>10</sup>

- Health conditions and/or impairments in body function and structure
- Activity limitations
- Participation restrictions

## 2.2 ACTIVE RECREATION

Recreation is free-time activity that is voluntarily undertaken, primarily for pleasure and satisfaction. Recreation is the foundation concept underpinning arts, craft and culture, competitive activity and sport, fitness and health, and outdoor recreation. Recreation is both a means to an end (health, fitness, therapy), and an end in itself (fun, satisfaction). Participation in active recreation and sport occurs across our lifetimes.

At a simple level it occurs in the following groupings:

- Outdoor recreation
- Health and fitness activities
- Creative activities like dance
- Competitive sport.

It can be play, games or competition. Play is not just the domain of children. Play is:

- Intrinsically motivated – it is spontaneous and will happen anywhere
- Personally directed – for children it requires limited or no adult involvement
- Freely chosen – it is self-determined and has no pre-determined outcome
- Fun, accessible, challenging, social, repeatable.

People participate in recreation for the following reasons:

- Rest, relaxation, work contrast
- Skill development and mastery
- Self-expression
- Personal growth
- Sense of achievement
- Adult education
- Excitement and contest
- Companionship and belonging
- Experiencing nature.

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<sup>9</sup> <https://canchild.ca/en/resources/182-the-international-classification-of-functioning-disability-and-health-icf-a-global-model-to-guide-clinical-thinking-and-practice-in-childhood-disability>

<sup>10</sup> International Classification of Functioning, Disability of Health Model; <http://www.who.int/classifications/icf/en/>



### Continuum of participation

Active recreation and sport occurs in a wide range of ways – in different contexts, formats, levels of performance, with varying motivations and modes of delivery, and occurs at all life stages. Central to this model are quality active recreation and sport experiences.



Figure 2 Continuum of active recreation and sport participation, Lumin



### 3. UNDERSTANDING DISABILITY

This research describes the *overall position* of disabled people but not the *individual experiences* of disabled people. There has been a lot of movement in the social, economic, and cultural status of disabled people in the Western world – and many disabled people now lead lives as fully engaged citizens able to participate in active recreation and sport opportunities of their choice. But for some, the opportunities even to explore active recreation and sport are few and far between. Many factors may impact on a person's experience of impairment – and their ability to access active recreation and sport opportunities.

In order to reflect the range of different experiences of disabled people in active recreation and sport, we have included a number of case studies later in this report, as well as evidence from the Disability Active Recreation and Sport Survey conducted in August-September 2018.

Disabled people participate in active recreation and sport within a complex social system – their experiences are the result of individual, collective, organisational and societal skills, attitudes, systems and resources. For example, a major factor impacting on accessibility is attitudes to disability – which can prevent access by raising invisible barriers – or open doors.

In this section, the following themes have been explored in relation to disabled people. They provide a snapshot of disabled people in New Zealand and include data on specific groups of disabled people and disabled children.

- Socio-economic status including age, gender and ethnicity
- Health
- Nature of impairment
- Employment status
- Living situation
- Disabled children
- Factors in exclusion
- Value of recreation and sport
- Participation in active recreation and sport
- Barriers and enablers to participation.

#### 3.1 SNAPSHOT OF DISABILITY

The New Zealand Disability Survey offers a snapshot of disabled New Zealanders from the Census. This gives some idea of the range and nature of impairments, who is most or least affected, and ethnic and gender differences. All of these factors can impact on an individual's ability to access quality active recreation and sport opportunities. The definitions used in the survey have also been replicated in the recently published Active NZ Survey.

***Disability: an impairment that has a long-term, limiting effect on a person's ability to carry out day-to-day activities. 'Long-term' is defined as six months or longer. 'Limiting effect' means a restriction or lack of ability to perform.***

***(NOTE) People were not considered to have a disability if an assistive device (such as glasses or crutches) eliminated their impairment.***



Obtaining quality data on disabled people in NZ is challenging, as the Disability Commissioner (2013) noted in the second report to the United Nations against the Convention on the Rights of Persons with Disabilities:

*There is a continued absence of quality data based on consistent definitions across a range of indicators. This makes it difficult to obtain an accurate view of many issues that have an impact on the lives of disabled people. It also hinders the measurement of progress and the recognition of improvements that have been made.<sup>11</sup>*

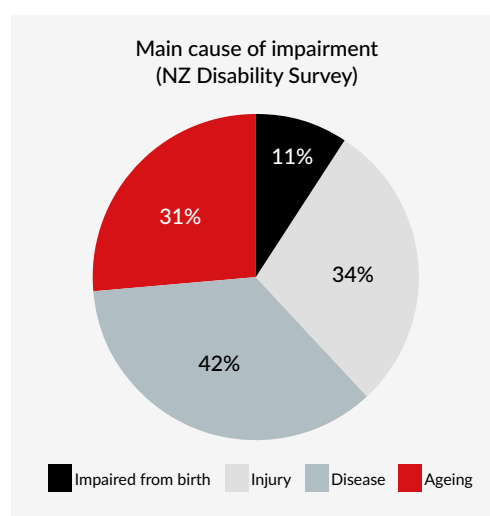
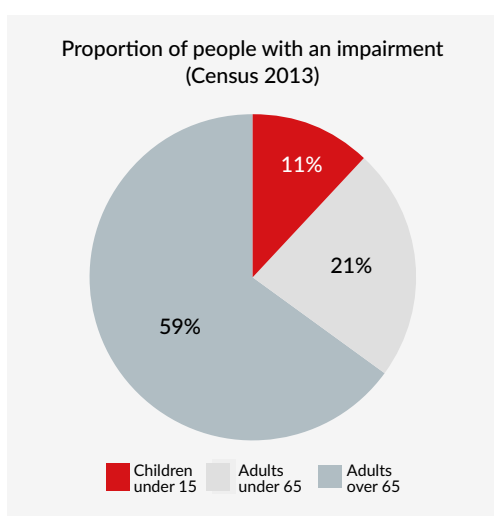
We have taken a broad-brush approach to the data, presenting a 'snapshot' of disability in NZ based on available datasets: Ministry of Health Disability Support Services, Statistics NZ, the National Disability Survey (2014), and Active NZ 2017. This has been supplemented by selected international data.

Ongoing collection and analysis of data on the context of disabled people in New Zealand/Aotearoa and the participation rates of disabled people in active recreation and sport is crucial. Increased data collection over time will enable a more detailed analysis of what is going well.

## Disabled people in New Zealand

In 2013 (NZ Census), 24% of New Zealanders were disabled (1.1 million people), and the 20% increase from the 2001 Census is partly explained by our ageing population.

- People aged 65 or over were much more likely to be disabled (59%) than adults under 65 years (21%) or children under 15 years (11%).
- Fewer people are impaired from birth (11%).
- As a population, most disabled people have a physical impairment caused by disease or illness (42%), accident/injury (34%) or ageing (31%).
- Adults aged 15–44 have a more balanced spread of impairments, across physical (7%), psychological/psychiatric (6%), other<sup>12</sup> (6%), sensory (5%).
- Just over half of all disabled people (53%) had more than one type of impairment.



11 HRC & Ombudsman's Office, (2012) Making Disability Rights Real: Second report on the Independent Monitoring Mechanism on the Convention on the Rights of People with Disabilities.

12 Other impairments include: impaired speaking, learning, and remembering for adults aged 15 plus years.

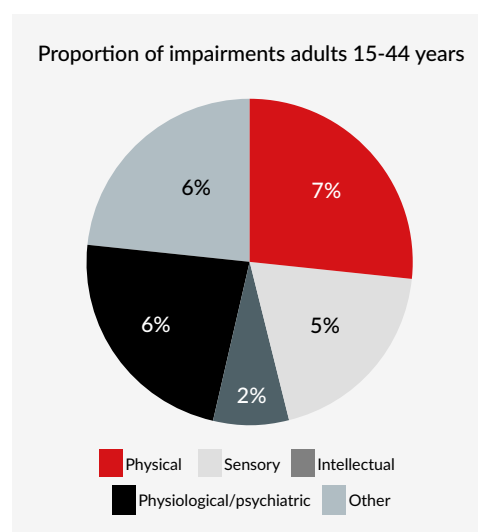


### **Main cause of impairment**

- 42% by disease or illness
- 34% impaired by accident/injury
- 31% by ageing
- 11% by an impairment from birth.

### **Acquired impairments and age**

The statistics reflect the ageing population of New Zealand – as rates of disabled people increase with the rising median age level. While older adults with impairments may benefit from a reduction in barriers, this group is not the main focus of the strategy. The New Zealand government and Sport NZ have specific information focused on activity for Older Adults.<sup>13 14</sup>



### **Gender**

- Boys (13%) were more likely than girls (8%) to be disabled
- Little difference in disability rates for men and women (aged 15 years and over), although males are more likely to become disabled as a result of an accident or injury.

### **Ethnicity (adjusted to age profile of population)**

Māori and Pacific people had higher-than-average disability rates, after adjusting for differences in ethnic population age profiles.

- Māori<sup>15</sup> – 32%
- Pacific – 26%
- New Zealand European – 24%
- Asian – 17%.

### **Māori<sup>16</sup>**

Disabled Māori are mostly a young population, with more than one third (38%) aged under 15 years and half (49%) aged under 25 years<sup>17</sup>.

Half (51%) of disabled Māori have intellectual impairments while a third (32%) have physical impairments.

Almost one in four (23%) Disabled Māori have very high support needs<sup>18</sup>.

13 Ministry of Health: Healthy Ageing Strategy

14 <https://sportnz.org.nz/assets/Uploads/Active-Older-People-Discussion-Documents-30-Nov-2016.pdf>

15 Hickey and Wilson (2017) Disability from an Indigenous Perspective, 10.20507/MAIJournal.2017.6.1.7

16 *Ibid.*

17 Ministry of Health [MOH], 2012

18 Ministry of Health [MOH], 2012

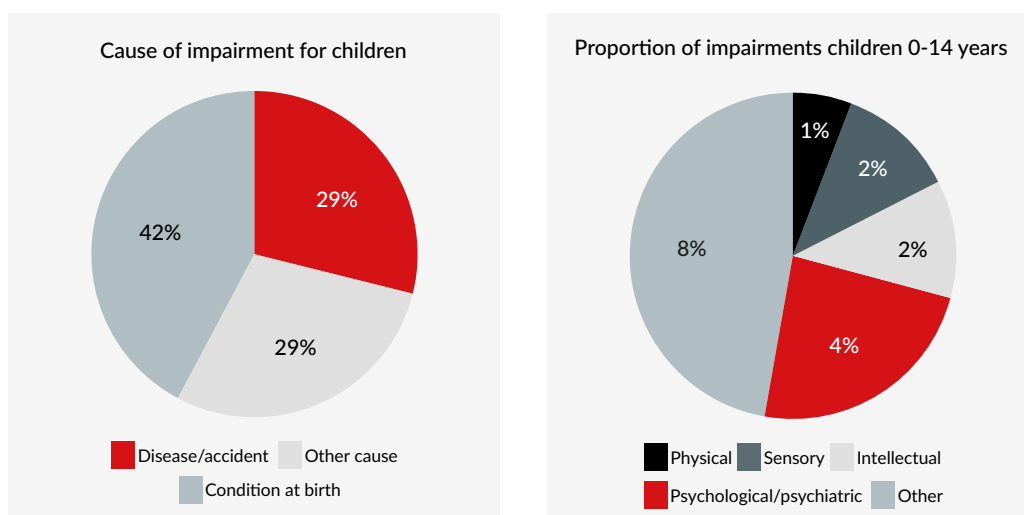


## Children

There are 11% of children under 15 years with a disability, which equates to 95,000 disabled children.

Nearly half of all disabled children (49%) are affected by conditions that existed at birth. More than half of all disabled children (52%) had difficulty learning.

In addition to specified disabilities, there are other impairments that can be a barrier to participation in active recreation and sport. For children, (0–14 years) learning, psychological/psychiatric, and speaking difficulties were the three most common main impairments.<sup>19</sup> Nearly three quarters of disabled children<sup>20</sup> (73%) have impaired speaking, learning and developmental delay, sometimes referred to as 'invisible impairments'.<sup>21</sup> More children (8%) have psychological/psychiatric impairments compared with sensory (2% seeing and hearing), intellectual (2%) and physical impairments (1%) combined.<sup>22</sup>



### 'Invisible impairment' and learning difficulties

Nearly one third of children (29%) have their cause of impairment categorised as 'other cause'<sup>23</sup>: including conditions on the autism spectrum, attention deficit hyperactivity disorder, and developmental delay, as well as dyslexia and dyspraxia. While these conditions may have existed at birth they are not usually identified until later, and may be regarded by parents or caregivers as not having been present at birth.

***Invisible Disability: To define invisible disability in simple terms it is a physical, mental or neurological condition that limits a person's movements, senses, or activities that is invisible to the onlooker. Unfortunately, the very fact that these symptoms are invisible can lead to misunderstandings, false perceptions, and judgements.<sup>24</sup>***

19 These statistics also reflect higher rates of early diagnosis and an increased range of diagnoses, such as dyslexia, Asperger Syndrome and other learning difficulties not previously screened for.

20 National Disability Survey 2013 (Statistics New Zealand, 2014, p. 8).

21 This grouping can include "conditions on the autism spectrum, attention deficit hyperactivity disorder, and developmental delay, as well as dyslexia and dyspraxia" all of which are not usually diagnosed at birth.

22 The 2013 Disability Survey (Statistics New Zealand, 2014)

23 National Disability Survey 2013 (Statistics New Zealand, 2014, p. 8).

24 <https://invisibledisabilities.org/>



### **Running away at football**

*When we went anywhere without fences, [he] would run until he found a fence, so sports-fields were a nightmare. Until he was much older, he didn't understand that the edges of things could be marked on the ground. That sort of barred any sports activities unless the field of play had walls!*

*Parent Interview*

## **Disabled people with higher support needs**

The Ministry of Health's Disabled Support Service (DSS) client group consists of people who: are usually aged under 65 and have a physical, intellectual, or sensory disability or a combination of these, which is likely to:

- remain even after provision of equipment, treatment and rehabilitation
- continue for at least six months, and
- result in a need for on-going support.

Approximately 35,000 people receive regular, ongoing support; 40% of these DSS clients are under the age of 19 years.<sup>25</sup> This does not include those with impairments not considered 'bad' enough to qualify, or those families who for cultural or other reasons do not have a diagnosis for their child. The largest groups are: intellectual disability (non-specified) (25%); Autism Spectrum Disorder (10%); and Down syndrome (10%). Clients are skewed towards high-deprivation deciles, and Māori and Pacific peoples are over-represented in these groups.

### **DSS clients by the 10 most prevalent disability types<sup>26</sup>**

PRINCIPAL DISABILITY	MALE	FEMALE	TOTAL	%
Intellectual disability, type not specified	4,346	3,293	7,639	25%
Autism spectrum disorder (ASD)	2,309	658	2,967	10%
Down syndrome (Trisomy 21)	1,702	1,420	3,122	10%
Stroke, brain/subarachnoid haemorrhage, cerebrovascular accident (CVA), parietal / cerebral / cerebellar / middle cerebral artery (MCA) / thalamic / frontal lobe infarct	1,068	984	2,052	7%
Cerebral palsy	884	726	1,610	5%
Developmental delay, type not specified	946	616	1,562	5%
Asperger syndrome	904	210	1,114	4%
Multiple sclerosis	207	608	815	3%
Other ASD	637	180	817	3%
Learning disability/difficulty/delay, type not specified	422	349	771	2%
<b>TOTAL</b>	<b>13,425</b>	<b>9,044</b>	<b>22,469</b>	<b>74%</b>
	59.7%	40.3%		

25 Atkinson, T (2017) Disability Support Services Overview, power point, MOH. <https://www.odi.govt.nz/guidance-and-resources/disability-support-services-current-system-overview/>

26 Ministry of Health: Demographic Information of Clients Using the Ministry of Health's Disability Support Services-2013, pg 17





## Overview of people using the DSS

- Significantly more males (56%) than females (44%) receive disability support services. Males dominate the age groups from 5–25 years; females dominate the 50–70 years age groups.
- The ethnicity percentages are: 69% European/Other, 16% Māori, 6% Pacific, 5% Asian, with 4% of unknown ethnicity.
- The Māori and Pacific age profiles reflect the lower life expectancy of these groups.
- The distribution of clients is skewed towards high-deprivation deciles. Māori and Pacific are over-represented in high-deprivation deciles, with 44% of Māori and 53% of Pacific clients in deciles 9 or 10. Asian and European clients are fairly evenly spread across all deprivation deciles.
- Males make up 57% of clients with intellectual impairments.
- Females make up 58% of clients with physical impairments.
- Males (80%) dominate the clients with autism spectrum disorder (ASD).<sup>27</sup>
- As at September 2013, 51% of the clients receiving home and community support have a physical disability.

Under-diagnosis of autism, Asperger syndrome and other learning disabilities, or late diagnosis means that there are numbers of people with ASD or related conditions not receiving any kind of support, and this group does not show up in the DSS statistics. In fact, the numbers of people receiving support has *decreased* in the last few years, but this does not reflect a decrease in numbers of people diagnosed.

## Health status

Disabled people are more likely to have health issues which may impact on their ability to participate in active recreation and sport, a situation which may be directly related to their impairment or as a result of other factors, such as anxiety and depression.

The overall health status of disabled people is lower than the general population. This is not all due to impairment, but also to reduced circumstances or, for some, to the challenge of accessing appropriate primary healthcare. The Active NZ 2017 survey indicates that pain, tiredness, and not feeling well are some of the factors stopping disabled people from participating.

Individuals with physical or intellectual impairment have a 'significantly higher prevalence of seven chronic diseases: arthritis, asthma, cardiovascular disease, diabetes, high blood pressure, high cholesterol, and stroke, and are [also] significantly less likely to receive three types of on-time screening and care'.<sup>28</sup> Nearly a third of people with intellectual impairment, 31.5%, have care or treatment for one or more of these chronic diseases and are almost twice as likely to receive injury treatment in a public hospital. In addition, life expectancy for people with intellectual impairment is much lower than the non-disabled population:

- Women with intellectual impairment live on average 23 years less than non-disabled people
- Men with intellectual impairment live on average 18 years less than non-disabled people.

Clearly some of the health outcomes for people with intellectual impairment are directly related to poverty, while others are related to lack of access to health care, or lack of understanding of how to stay healthy. This group, however, have the worst health outcomes of any disabled people.

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27 Typically females with ASD don't get diagnosed, or are diagnosed much later in life as adults . (The Guardian, 25.9.2018)

28 Reichard, Stolze and Fox (2011) in Disability and Primary Health, A Review of the Literature, Te Pou (2013)



## Living situation

Where and how a person lives impacts on where, how and when they participate in active recreation and sport. This includes such things as:

- Level of support required (to get up and go out, and to be at a recreation or sport activity)<sup>29</sup>
- Availability and control of funding
- Easy access to accessible transport.

In 2018, most disabled people live with family as children, and later in their own homes, renting, or live with others in flatting situations – and as many and varied environments as anyone else. Disabled people with more control over their home environment may also have more control over what they participate in, when and with whom, especially if they are on reasonable income levels. The current transformation of the Disability Support System and the introduction of Enabling Good Lives as a model for support should allow more people to exercise choice and control over how they spend their time and use the available resources. This is a work in progress however, and it is not yet clear whether this will extend people's opportunities in active recreation and sport.

For some disabled people with complex support needs residential settings are the only current option. For them, accessing active recreation and sport may still be a luxury. The CRNPD review notes that:

*there appears to be a lack of choice and of a range of supports to ensure that persons with disabilities can freely and by themselves choose to live included in the community, noting especially that persons with disabilities in some cases have no other option than to live in residential facilities for the elderly.*<sup>30</sup>

### **Disabled people in residential settings<sup>31</sup>**

It is not a given that in a residential setting, where people have high and complex support needs as a result of their impairment,<sup>32</sup> active recreation and sport will be an integral part of the programme. The contributing factors to non-participation include the usual suspects of time and resources and are compounded by staff shortages and the need for trained support staff to assist individuals with high and complex needs. While the rhetoric of the reformed disability support system is about choice and accessibility, the reality for some residential settings currently is not enough people available for staffing, high staff turnover, and lack of training for those that are employed.<sup>33</sup> Wage rates and conditions of employment for staff are contributing factors. Add transport and entry fee costs into the mix and the activity becomes out of reach.

CCS driven research on people with high and complex needs (2012) found that:

- no participant described currently belonging to a community group of any kind
- no participant currently belonged to a formal sporting, leisure or recreation club that also included non-disabled people.<sup>34</sup>

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29 Darcy, S., Lock, D., & Taylor, T. (2017). Enabling inclusive sport participation: Effects of disability and support needs on constraints to sport participation. *Leisure Sciences*, 39(1), 20-41.

30 UN CRNPD Committee (2014), Concluding Observations on the initial report on NEW ZEALAND, UN.

31 [http://www.ombudsman.parliament.nz/ckeditor\\_assets/attachments/327/uncrpd\\_committee\\_concluding\\_observations.pdf?1416967104](http://www.ombudsman.parliament.nz/ckeditor_assets/attachments/327/uncrpd_committee_concluding_observations.pdf?1416967104)

32 <https://www.complexcaregroup.org.nz/voice/definintion-document/>

33 <https://www.stuff.co.nz/national/health/103880147/call-for-more-workers-to-join-health-and-wellbeing-sectors>

34 Milner, P and Mirfin-Veitch, (2012) I am Here: The Article 19 Project, CCS Disability Action



## CASE STUDY

The following case study describes Ari's story of unmet recreation needs, explores some of the key reasons for this and outlines some potential interventions.

Ari is 22 and he loves sport, is a keen cricket fan, has a mean golf swing, rides a bike and loves watching cricket. He'd like to do more active things. Ari has moved into a group housing situation and his physical activity levels have gone down because staff ratios to number of residents are high – so Ari can't attend one-day cricket or go bike riding. He misses these things.

Ari loves the freedom and control of bike riding – something he doesn't get much of in his daily life.

Ari has Dravet's syndrome (which means a lot of seizure activity) and autism.

Current situation	Potential Interventions
Low staff/residents ratios with poor working conditions.	<ul style="list-style-type: none"> <li>• Stable and permanent workforce with adequate staffing ratios</li> <li>• Adequate training for new staff including training in managing seizures and understanding autistic behaviour for all staff.</li> </ul>
Lack of qualified, knowledgeable and confident staff who 'feel they need two staff to take him biking'.	<ul style="list-style-type: none"> <li>• Train staff in using visual supports for sports activities</li> <li>• Build confidence in staff's own abilities to communicate and cope</li> <li>• Hire staff who love sport</li> <li>• Seek volunteer supporters to reduce requirement for two staff members.</li> </ul>
Lack of understanding and knowledge from sports clubs and groups 'we don't have anything for special needs people'.	<ul style="list-style-type: none"> <li>• Build confidence and an Open Doors policy in clubs: a culture of inclusion</li> <li>• Create networks between clubs and disability residential providers.</li> </ul>
No continuation of relationship with cricket club forged by his mother when he lived at home.	Build and extend on existing relationship with local club.
Ari's lack of knowledge/ understanding about what's required at a golf club.	<ul style="list-style-type: none"> <li>• Offer training, information and guidance to clubs. In this case, visual strategies modelling and support for Ari to be a member of a local golf club</li> <li>• Buddying system and someone to play with.</li> </ul>
Profile – lack of visibility of people 'like Ari' out there participating in active recreation and sport.	<ul style="list-style-type: none"> <li>• Story and document Ari's sports success.</li> <li>• Invite media attention, tell a story.</li> <li>• [opportunity to promote the clubs wanting more members, and promote disability sport for people with high support needs.]</li> </ul>
No internet access (!!!)	Provide opportunities to watch one-day Cricket on TV and attend matches – seek volunteers or staff members with high interest and capability.



## 3.2 SOCIO-ECONOMIC STATUS

People's socio-economic status is the result of a range of different factors including education, employment and income.

### Education

In 2013, 67% of disabled adults held a formal qualification, compared with 85% of non-disabled adults. The gap was particularly evident at the level of university qualifications, with just 12% of disabled adults having a Bachelor's degree or higher, compared with 25% of non-disabled adults.

### Employment

Disabled adults were much less likely than non-disabled adults to be employed (45% compared with 72%). Among those who were employed, disabled adults were less likely than non-disabled adults to work full-time (70% compared with 78% for non-disabled).

Unemployment rates were considerably higher among disabled adults – 9% compared with 5% for non-disabled adults. Within the disabled population, those aged 15–44 were more likely to be unemployed than those aged 45+ (14% compared with 6%, respectively).

### Disability and income

Disabled adults tend to have lower incomes than non-disabled adults. In 2013, 64% of disabled adults (15 years and over) received an annual income of \$30,000 or lower, compared with 45% of non-disabled adults.

There are also significant income variances based on access to ACC funding or other funding to support added costs of having a disabled child or being a disabled adult. People with ACC funding are paid 80% of their wage prior to the accident which caused the impairment. People born with an impairment if not in the paid workforce are on a WINZ benefit. Gaps in income levels therefore vary hugely. Among disabled people, 71% of women received an annual income of \$30,000 or lower compared with 55% of men.

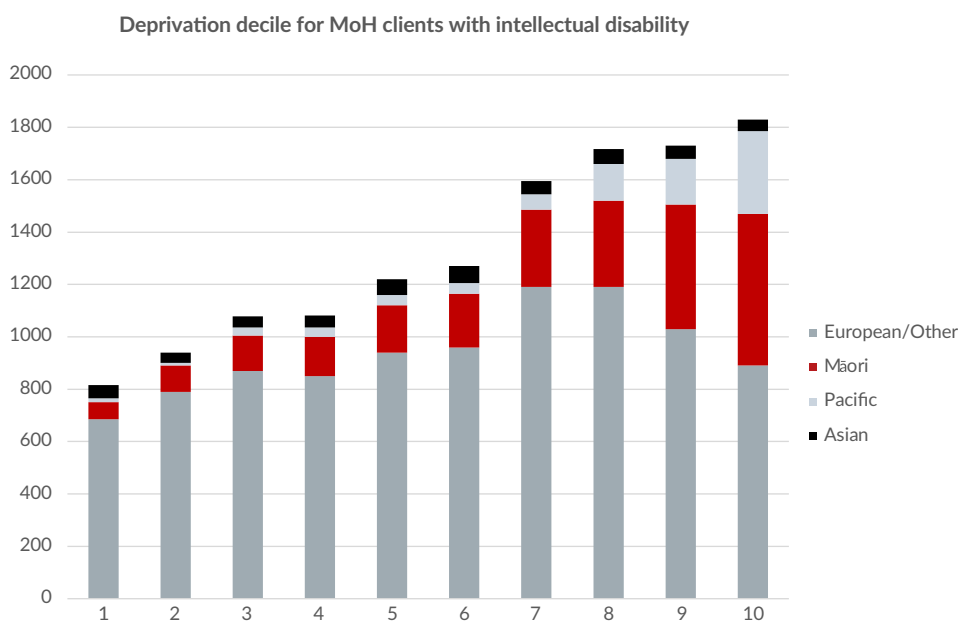


Figure 3 Ministry of Health clients with intellectual disability by ethnicity and deprivation decile, Ministry of Health (2015)



People's socio-economic status is strongly linked to their ability to participate in active recreation and sport.<sup>35 36</sup>

Disability and poverty are strongly linked, although how one acts upon another is complex. Being disabled can mean you are less likely to be in full employment and more likely to be on a low income. On the other hand, children raised in deprived circumstances have a greater chance of becoming disabled as a result of illness or injury.<sup>37</sup>

More than two thirds of disabled people in New Zealand live on an income below \$30,000 per annum.<sup>38</sup>

World Bank research<sup>39</sup> indicates that:

***The onset of disability may lead to lower living standards and poverty through adverse impact on:***

***Education: it may prevent/limit school attendance of children and youth with disabilities and restrict their human capital accumulation, thus leading to limited employment opportunities and reduced productivity (earnings) in adulthood.***

***Employment and earnings: for those who become disabled as adults, disability may prevent work, or constrain the kind and amount of work a person can do, lowering income for the individual and the household and potentially resulting in poverty.***

***Increased expenditures related to disability: disability may lead to additional expenditures for the individual and the household (health care, transportation, assistive devices, personal care). Because of the extra-cost, a household with a disabled member may experience a lower living standard than otherwise exactly the same household with the same income but no disability.***

While the links are complex, it is clear that many disabled people are living in socio-economically deprived households and this impacts on their quality of life. For children, deprived living conditions have greater impact in terms of their development, overall health, and opportunities to participate in active recreation and sport.

## Disabled children and deprivation

Lack of detailed data about the number, location and socio-economic and other status of disabled children is a major issue.<sup>40</sup> We cannot talk about disabled children without discussing deprivation. Research<sup>41</sup> tells us that disabled children are more likely to live with:

***low-income, deprivation, debt and poor housing ... Childhood disability was associated with lone parenthood and parental disability and these associations persisted when social disadvantage was controlled for.***

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35 Mulligan, H., Miyahara, M., & Nichols-Dunsmuir, A. (2017). Multiple perspectives on accessibility to physical activity for people with long-term mobility impairment. *Scandinavian Journal of Disability Research*, 19(4), 295-306.

36 Darcy, S., Lock, D., & Taylor, T. (2017). Enabling inclusive sport participation: Effects of disability and support needs on constraints to sport participation. *Leisure Sciences*, 39(1), 20-41.

37 The Expert Advisory Group on Solutions to Child Poverty (2012), Working Paper No. 21: Child Poverty and Disability  
38 Disability Survey (2013), Statistics New Zealand

39 Posarac, A. (2012) Disability and Development Core Course, [http://siteresources.worldbank.org/DISABILITY/Resources/280658-1327953883745/8402175-1337109498381/module2\\_Posarac.pdf](http://siteresources.worldbank.org/DISABILITY/Resources/280658-1327953883745/8402175-1337109498381/module2_Posarac.pdf)

40 The Expert Advisory Group on Solutions to Child Poverty (2012), Working Paper No. 21: Child Poverty and Disability

41 Blackburn, C. M., Spencer, N. J., & Read, J. M. (2010). Prevalence of childhood disability and the characteristics and circumstances of disabled children in the UK: secondary analysis of the Family Resources Survey. *BMC paediatrics*, 10(1), 21.



In New Zealand information from the 2013 Disability Survey<sup>42</sup> and 2012 Child Poverty and Disability Working Paper<sup>43</sup> identified the extent of the issues for the 95,000 disabled children:

- 27,181 children were living in 15,040 households where the main benefit holder or their partner received a disability allowance.<sup>44</sup>
- 17,691 children in beneficiary households received a child disability allowance.
- 14,250 (15%) of disabled children live in households with incomes under \$30,000.<sup>45</sup>
- A high percentage of disabled children live in one-parent families.<sup>46</sup>

Costs associated with raising disabled children can be very high, and there are many examples when routine activities for most people are more costly and more difficult if a child or parent has a disability. Some particularly relevant to child poverty include:

- Transportation may be expensive and not readily available for children with special mobility issues. While the Ministry of Health has provisions to support these needs, some parents are unaware of the assistance for which the child is eligible or find it challenging to complete the process of accessing the resources.
- Children with disabilities often have special childcare needs, recreational and social needs and respite care.<sup>47</sup>

Support systems or lack of them, will have a big impact on a person's ability to access opportunities and this is especially true of children.

In general:

**Disabled children are more likely to live in low income and materially deprived households. As well, acquired disability is more likely to occur in families who are socio-economically deprived. The relationship between child poverty and disability is complex.**

### 3.3 IMPLICATIONS

In summary disabled people in New Zealand are *in general*:

- More likely to be on low incomes
- Less likely to have advanced skills and qualifications
- Less likely to be fully employed
- More likely to have health issues
- More likely to appear on other negative statistics (mental health, criminal involvement).

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42 The 2013 Disability Survey (Statistics New Zealand, 2014, p. 3).

43 The Expert Advisory Group on Solutions to Child Poverty (2012), Working Paper No. 21: Child Poverty and Disability

44 The Expert Advisory Group on Solutions to Child Poverty (2012), Working Paper No. 21: Child Poverty and Disability.<http://www.occ.org.nz/assets/Uploads/EAG/Working-papers/No-21-Child-poverty-and-disability.pdf>

45 Statistics New Zealand (2014) The 2013 Disability Survey

46 *Ibid*

47 The Expert Advisory Group on Solutions to Child Poverty (2012), Working Paper No. 21: Child Poverty and Disability.<http://www.occ.org.nz/assets/Uploads/EAG/Working-papers/No-21-Child-poverty-and-disability.pdf>



Level of support needs are the most useful predictor of constraints to participation<sup>48</sup> – community/ organisation, time, equipment, economic, intrapersonal, transport and family.

In terms of access to active recreation and sport, disabled people in general are at a disadvantage as a result of their socio-economic status. The factors which impact on their ability to access good quality active recreation and sport opportunities include:

- **Cost** – of transport, equipment, entry fees, support people
- **Information** – difficulty accessing information if internet is not always present
- **Accessibility** – adaptive equipment, adaptive transport, etc
- **Physical literacy** – including what opportunities they have had to participate from childhood onwards
- **Support** – funding for appropriate support workers to attend alongside where needed
- **Existing health conditions** (mental or physical health) which previously existed, or result from long-term impairment or long-term poverty
- **Decreased feelings of self-efficacy** and self-management due to (forced) dependency on others
- **Lack of knowledge** about how to assist (from providers) or poor attitudes
- **Access to knowledge** about what's available (funding, transport, support workers, active recreation and sport opportunities).

These factors have a greater impact on disabled children, where their situation is often compounded by deprived living situations.

*But it's hard training with others who don't know how I respond or communicate.*

*Sometimes they don't understand I'm not being difficult or stubborn*

*but I don't understand because of the way I communicate. It's very isolating.*

*Respondent, Online survey*

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48 Darcy, S., Lock, D., & Taylor, T. (2017). Enabling inclusive sport participation: Effects of disability and support needs on constraints to sport participation. *Leisure Sciences*, 39(1), 20-41.



## 4. ACTIVE RECREATION AND SPORT IN NEW ZEALAND

This section, contains an overview of the current provision of active recreation and sport in New Zealand with a lens on disabled people. This includes an overview of the partner organisations currently funded through Sport NZ as well as the many organisations – both inclusive and exclusive providers – who are working in this arena. Provision varies within and between cities, between the rural and the urban setting, and even between the same providers operating in different places.

The following information is from the Active NZ Survey (2017) and the Disability Active Recreation and Sport Survey (2018).

### Participation

Disabled people participate significantly less in physical activity, although this is more marked amongst adults. More than a third of disabled adults do not participate in active recreation and sport.

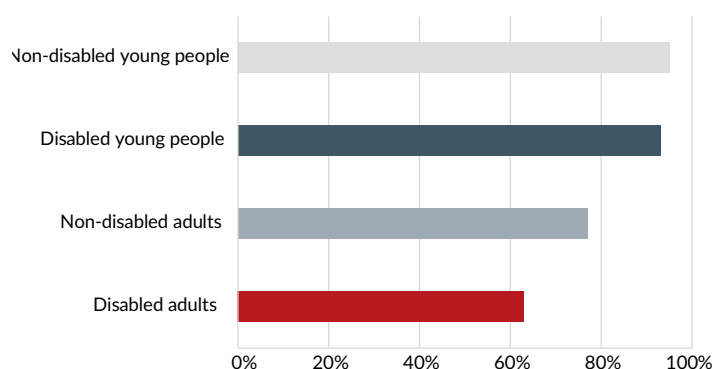
Disabled people (adults and young people) are significantly less likely to participate in competitive activity. Young people also participate less in physical education/with their class in school, and they disliked physical education more than their non-disabled schoolmates do.

Regularly-engaged-in activities are similar to non-disabled adults but at a significantly lower level of participation:

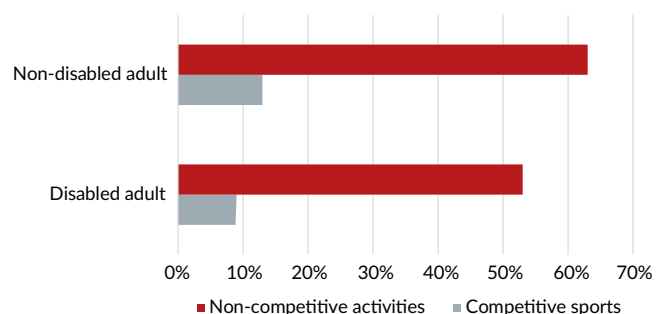
- Walking
- Gardening
- Individual workout using equipment
- Running / Jogging
- Playing games (e.g. with kids).

More formal or organised activities include: all forms of cycling, swimming and cycling (aggregation of all forms). Participation over the year also includes tramping (overnight and day), fishing, Pilates and yoga, golf, dancing and kayaking. All of these were at levels significantly less than non-disabled people.

Participation in physical activity for sport, exercise or recreation over past 7 days



Weekly participation in competitive sports and non-competitive activities (Active NZ 2017)







## Motivation

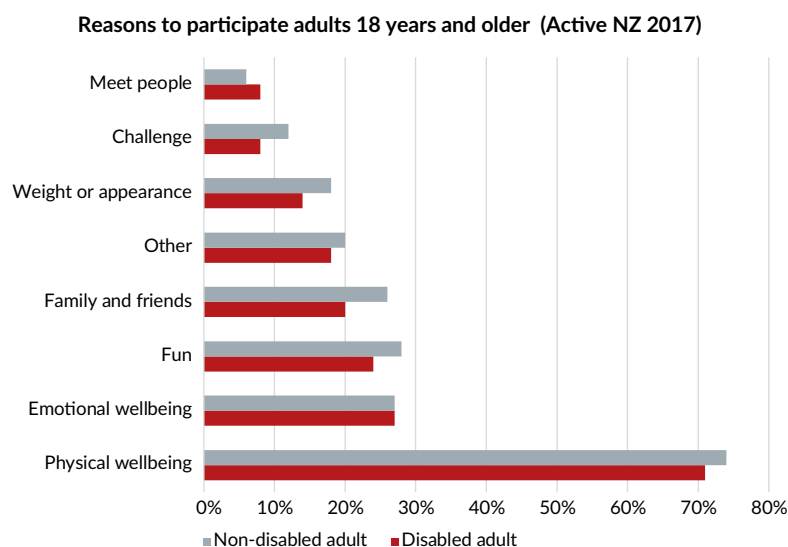
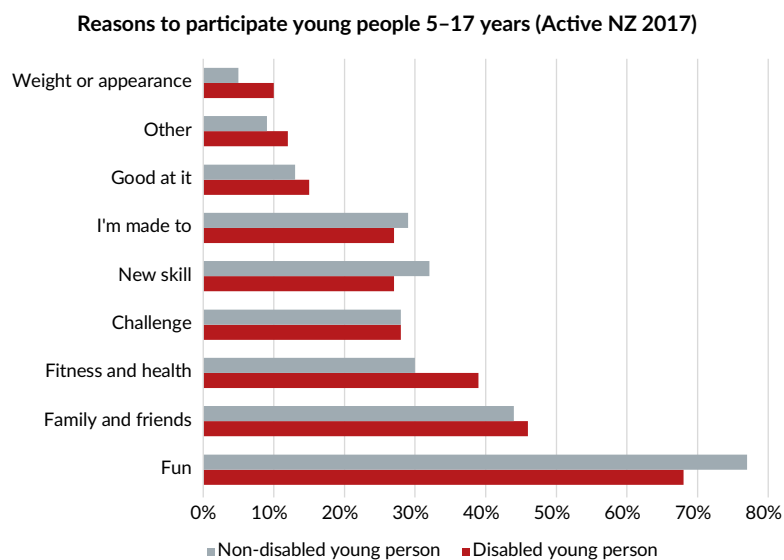
There are clear preferences for non-competitive activities amongst all groups of disabled people. More than a third of disabled adults do not participate in active recreation and sport.

The motivations of all people, both young and old, to participate in active recreation and sport are similar.

Disabled adults are motivated to participate more in physical activities, for the same reasons as non-disabled athletes. However, their motivation is significantly lower in all areas.

The significant difference is among young people who are more motivated to participate for weight management, because they are good at it, for fitness and health, and to be with friends and family. Their motivation to participate for fun is still primary, but less than that for non-disabled young people.

Disabled people, young (70%) and adult (72%), are keen to do more active recreation. The 70% of young disabled people keen to do more is greater than their non-disabled peers.





## Barriers

Young disabled people experience significant barriers to participation: tiredness, motivation, equipment, affordability, injury, lack of fitness and confidence, and no-one to go with. In contrast they're not too busy nor are they too active.

The barriers to participation for disabled adults however, more closely mirror the non-disabled adults. Once again, they are less likely to have other commitments that prevent participation.

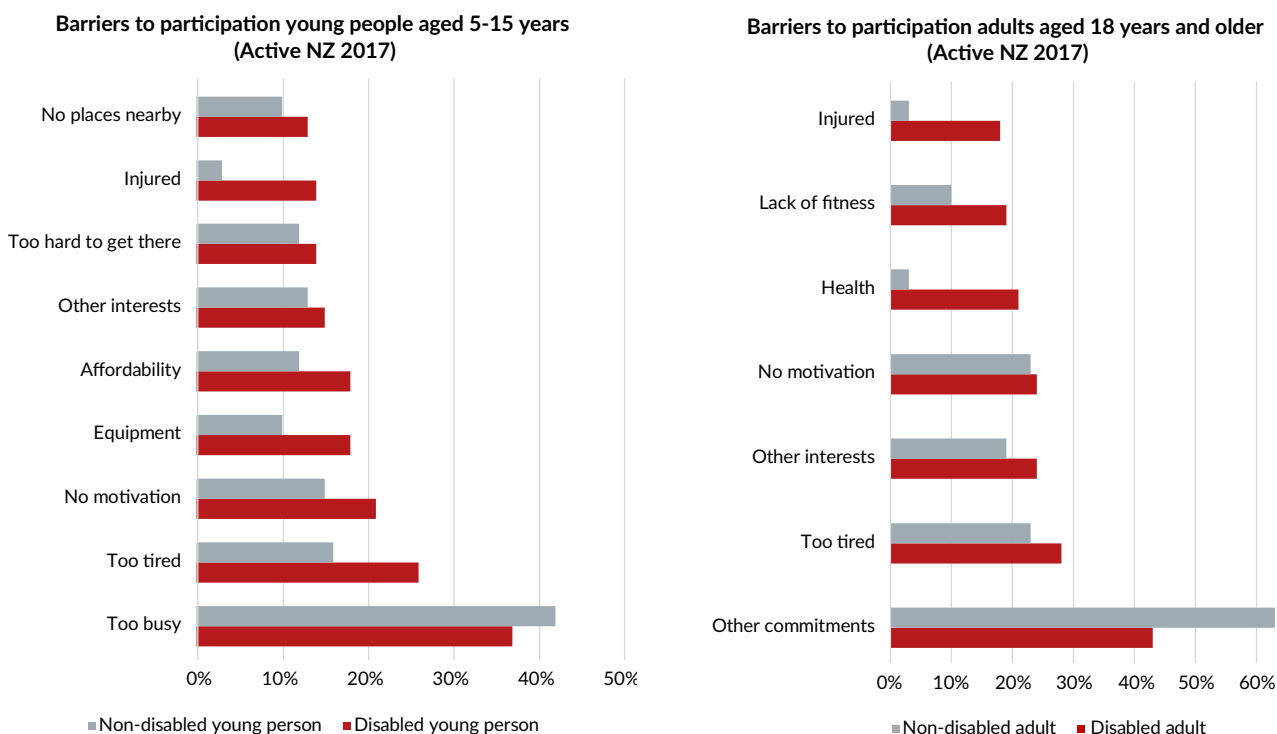
At closer inspection, using the data from the Disability Active Recreation and Sport Survey (2018), people with different impairments have different experiences. Non-disabled respondents have more positive participation experiences than disabled people.

Access to a visible competition pathway, affordability and the availability of coaches/instructors are key barriers.

People with more significant disabilities experience more barriers to participation.

Having communication and learning difficulties is reflected in a greater reporting of barriers to participation.

Those who self-reported low mental wellbeing using the WHO-5<sup>49</sup> scale, have less-positive experiences.



49 The World Health Organisation Five Wellbeing Index (WHO-5) accessed from <https://www.corc.uk.net/outcome-experience-measures/the-world-health-organisation-five-well-being-index-who-5/>



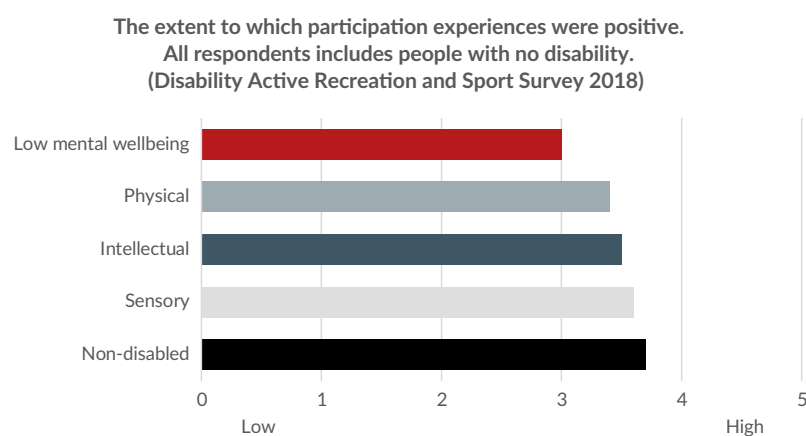
## 4.1 BARRIERS AND ENABLERS TO PARTICIPATION

The response to the Disability Active Recreation and Sport survey indicates that people with more significant disabilities experience more barriers to participation.

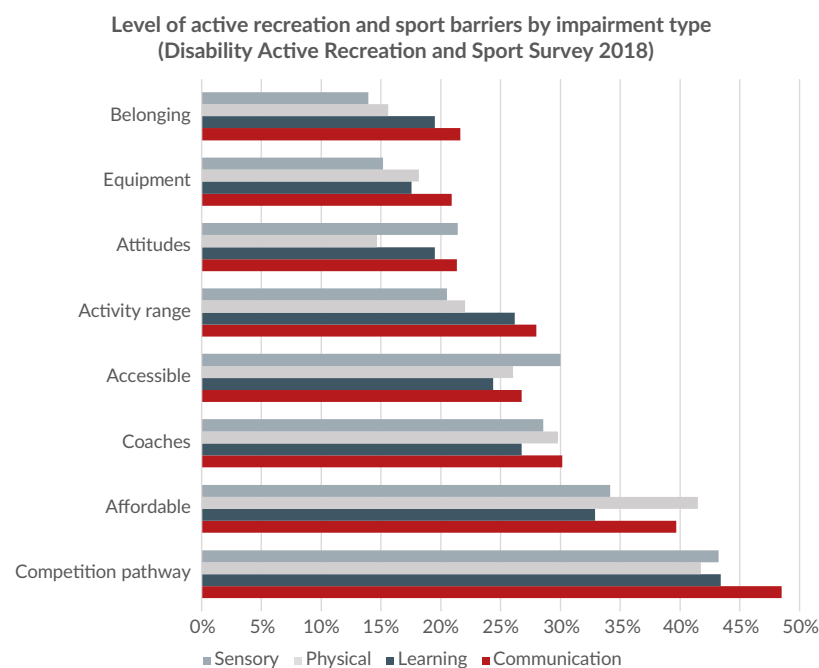
Those with a severe physical, communication, learning or sensory impairment (self-rated as 'cannot do at all' or 'can do with a lot of difficulty') have more positive experiences of active recreation and sport than those self-rating as having low mental wellbeing. Mental wellbeing was assessed using the WHO-5<sup>50</sup>, those with a score of 50/100 being considered to have low mental wellbeing.

Having learning and communication difficulties (often indicators of intellectual impairment) is reflected in a greater assessment of barriers to participation.

Affordability is the biggest barrier for people with physical impairments.



What mattered most to people 'was not where but how they participated.'<sup>51</sup>



50 The World Health Organisation Five Wellbeing Index (WHO-5) accessed from <https://www.corc.uk.net/outcome-experience-measures/the-world-health-organisation-five-well-being-index-who-5/>

51 Paul Milner & Berni Kelly (2009) Community participation and inclusion: people with disabilities defining their place, *Disability & Society*, 24:1, 47-62, DOI: 10.1080/09687590802535410



*What I'm concerned about is the need to think from a different starting point. At the recent regional Sport NZ workshops, a majority of people were talking about including the disabled, to make it work for them. This is making it an 'add on'. I know we have to start somewhere however when a person spoke to the group they referred to the 'Down's Syndrome girl' - it's a girl with Down's Syndrome, they are still a person but with different strengths and weaknesses. A subtle but major shift in thinking by those who technically are abled but really only have different strengths and weaknesses. So, the comment aspirational about the rights and contributions of disabled people needs to change. Same people, different strengths ... So perhaps something like understanding and working with diversity and different strengths within the community. Therefore, the first one would be increasing awareness and enhancing attitude towards active recreation. Understanding that the person with a disability doesn't always need enabling but more those around them having awareness and the limitations imposed by the environment. The aim is to make the environment for everyone so no accommodations are needed (universal design for learning).*

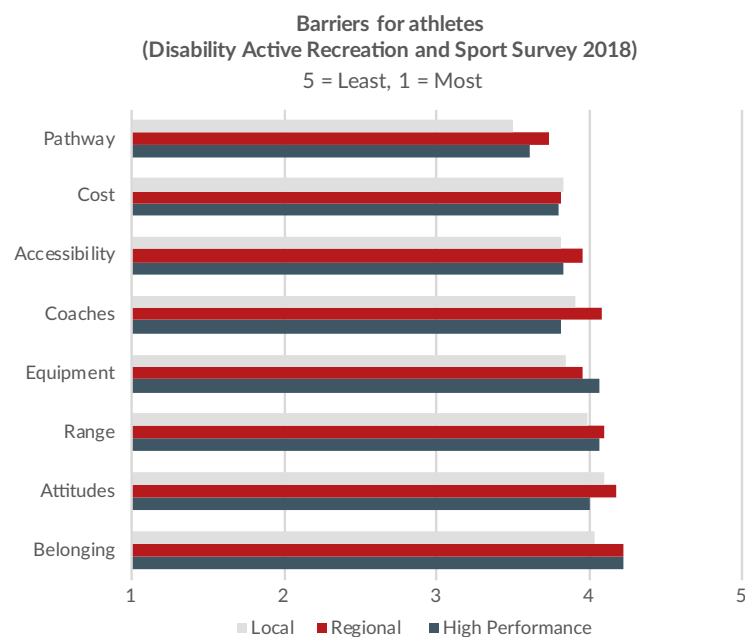
*Online survey respondent*

## Athletes' perceptions

Athletes who identified that they were participating at national level and local level experienced the following barriers to participation:

- Lack of a clearly visible performance pathway
- Cost
- Accessibility.

National athletes also identified: availability of coaches and the attitudes of others. Local athletes were more effected by equipment that was fit for use. By comparison those competing at regional levels, experienced fewer barriers than both national and local athletes and participants.





## 4.2 LOW PARTICIPATION POPULATIONS

There are clear intersections between this Disability Active Recreation and Sport Report and this government’s focus on vulnerable populations such as:

- Children being raised in high deprivation circumstances (and especially disabled children)
- Maori health and wellbeing
- Older adults
- People with mental health issues
- People receiving services from the Disability Support Service.

### The value of active recreation and sport

*There are very few groups that would officially say my disabled child is not welcome at them ... but also very few that actually cater for him, so he is still largely unable to participate in any meaningful way.<sup>52</sup>*

Some families of disabled children are able to access opportunities for their child similar to those of their non-disabled peers. These children can develop physical literacy and many participate on an equal basis.

A wide body of research documents the personal and social benefits of participation in active recreation and sport. Play, active recreation and sport have the potential to transform lives. Benefits for those who participate regularly include enjoyment and fun, increased physical and mental health, and improved life satisfaction.

A recent New Zealand study notes:

*The review indicated that there is strong (gold standard) evidence that participation in sport and physical activity can have a positive impact on physical health, on social cohesion and educational outcomes. Particular benefits ... included reduced instances of cardiovascular disease, Type 2 diabetes and obesity-related disorders (physical health benefits); empowering volunteers to gain confidence, experience and life skills (social development and cohesion); and having a positive impact on self-esteem and self confidence in children, resulting in improved self-perception (educational outcomes).<sup>53</sup>*

MOTIVATORS (ADULTS)	MOTIVATORS (YOUNG PEOPLE)
<ul style="list-style-type: none"> <li>• Physical wellbeing</li> <li>• Emotional wellbeing</li> <li>• Fun</li> <li>• Family and friends</li> </ul>	<ul style="list-style-type: none"> <li>• Fun</li> <li>• Hang out [with friends]</li> <li>• Fitness and health</li> <li>• Develop new skills</li> </ul>

52 IHC Quality of Life Survey, (2017) accessed from: <https://ihc.org.nz/survey>

53 Angus and Associates, (2017) The Value of Sport and Active Recreation to New Zealanders



## Health and wellbeing

Disabled people and in particular those with intellectual impairment, are overly represented in the statistics for many health conditions. This includes people who do not have a health condition as a direct result of their impairment. The economic benefits<sup>54</sup> of a healthy population are well documented.

For those who participate regularly in active recreation and sport, New Zealand research<sup>55</sup> notes that there is a reduced risk of:

- Depression
- Suicide
- Alzheimer's Disease
- Parkinson's Disease
- Dementia

Added to this, there can also be a reduction in anxiety levels, and improved self-esteem and life satisfaction amongst people participating in active recreation or sport. Moderate to strong evidence in the research summary showed that for individuals, there was a beneficial impact upon:<sup>56</sup>

- Self-perception
- Social competence
- Positive impacts upon community participation in rural areas
- Positive impacts upon social bonding and social interaction
- Improvement in health outcomes and related benefits (e.g. improved productivity, increased life expectancy)
- Employment opportunities.

Being socially connected is associated with a 50% reduced risk of early death – demonstrating that social disconnection is indeed a severe problem.<sup>57</sup> An increasing body of research has noted the negative impact of loneliness on people's health and wellbeing during their lives, and its contribution to early death.

**All of these benefits accrue, whether the person has an impairment or not.**

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54 Angus & Associates (2017) The Value of Sport and Active Recreation to New Zealanders

55 *Ibid*

56 *Ibid*

57 Holt-Lunstad, J., Robles, T. F., & Sbarra, D. A. (2017). Advancing social connection as a public health priority in the United States. *American Psychologist*, 72(6), 517.



### 4.3 OPTIONS FOR INTERVENTION

Another wide body of research tells us about the current barriers to inclusion which prevent people from participation in active recreation and sport, and the enablers which increase participation and remove barriers.

Dyer and Field in research for MSD’s Think Differently campaign, looked at barriers to inclusion in all aspects of social and cultural life.<sup>58</sup> Many of the identified attributes in the research relate directly to the social benefits of participation in active recreation and sport. The impact of social-connectedness on wellbeing and health is well documented and discussed below. A comprehensive list of actions for these interventions is included in the appendices.

LEVEL OF BARRIERS	INCLUSION INTERVENTIONS
<b>SOCIETAL</b>	<ul style="list-style-type: none"><li>• Mental models and fostering attitudes and practice</li><li>• Perceptions of belonging (opposite of ‘othering’)</li><li>• Structural and socio-economic</li><li>• Media</li><li>• Body image</li><li>• Seeing myself</li><li>• Policy and legislation</li></ul>
<b>COMMUNITY</b>	<ul style="list-style-type: none"><li>• Understanding and knowledge</li><li>• Diversity and inclusion</li><li>• Transport and Accessibility</li><li>• Integrative Practice</li><li>• Inclusive neighbourhoods</li><li>• Value of disabled people the economics of inclusion</li></ul>
<b>RELATIONSHIPS</b>	<ul style="list-style-type: none"><li>• Expectations of capability</li><li>• Opportunities for learning from risk and failure</li><li>• Address impact of bullying</li><li>• Create welcoming environments</li><li>• Increase resources of families</li><li>• Remove the stigma of disability</li></ul>
<b>INDIVIDUAL</b>	<ul style="list-style-type: none"><li>• Improve health status of PWD</li><li>• Self confidence</li><li>• Feelings of Personal safety and security</li><li>• Social and practical skills</li><li>• Access to networks</li></ul>

58. Appleton-Dyer and Field (2014) Understanding the factors that contribute to social exclusion of disabled people. Rapid Review for Think Differently, New Zealand.



There are 5 key *attributes of place* as important antecedents of community belonging, noting that policy values 'community inclusiveness' and 'full participation'. Note that many disabled people do not feel a part of their community even if they were physically present in it. 'Experiences of social othering in mainstream contexts punctuated narratives (from participants).'<sup>59</sup>

**Just 'being there' is meaningless to disabled people unless they are actively included and appropriately supported (where required) to make choices meaningful to them.**

***The Attributes of participation that seed a sense of belonging***<sup>60</sup>

**THE ATTRIBUTES OF PARTICIPATION THAT SEED A SENSE OF BELONGING**

- A sustained presence likely to lead to valued social identity
- Access to private worlds of intimacy
- Equal humanised relationships
- Self-authored activity
- Being 'inside communities' at ordinary times and places
- Relationships bound by mutually understood and reciprocated giving and receiving
- Active member expected to contribute
- Collective community source of reciprocal support

59 Paul Milner & Berni Kelly (2009) Community participation and inclusion: people with disabilities defining their place, *Disability & Society*, 24:1, 47-62, DOI: 10.1080/09687590802535410

60 *Ibid.* Pg 58





## 4.4 DISABLED CHILDREN, ACTIVE RECREATION AND SPORT

Following an analysis of the literature and 'what works' UK researchers came up with a number of factors which facilitated children's participation in physical activity.<sup>61</sup>

INTERVENTIONS TO FACILITATE PARTICIPATION IN PHYSICAL ACTIVITY FOR DISABLED CHILDREN	
<b>SOCIETAL</b>	The development of better partnerships between key stakeholders from the disability, sport, education and government sectors.
<b>COMMUNITY</b>	<p>When people understood disability they were more likely to be welcoming and supportive.</p> <p>Key personnel identified as facilitating participation in physical activity were coaches, instructors, and physical education teachers.</p> <p>Some schools created opportunities for children with disability to be active and this facilitated their participation.</p> <p>Facilitators included the child's desire to be active, practising skills, involvement of peers, family support, accessible facilities, proximity of location, better opportunities, skilled staff and information.</p>
<b>RELATIONSHIPS</b>	<p>The attitudes of people close to children with disability such as families, instructors and peers, were seen as central to their participation in physical activity.</p> <p>The integral role of families in facilitating their child's participation in physical activity. This included providing financial support, transport, finding suitable activities and encouragement.</p> <p>Participants also articulated that peer involvement and acceptance were strong motivators for disabled children to participate.</p> <p>The value parents place on physical activity is indicative of the level of their child's participation and parental and child beliefs about physical activity are strongly related.<sup>62</sup></p>
<b>INDIVIDUAL</b>	<p>Personal facilitators were fun and health, and the environmental facilitator was social contacts.<sup>63</sup></p> <p>The extent of sports participation for people with physical disabilities also increases with the selection of the most appropriate sport.</p> <p>Most frequently mentioned personal facilitators to initiate sports participation were fun (78%), health (61%), and competition (53%).<sup>64</sup></p>

61 Shields N, Synnot AJ, Barr M., Perceived barriers and facilitators to physical activity for children with disability: a systematic review. *Br J Sports Med* 2012;**46**:989-997.

62 Stuart, M. E., Lieberman, L., & Hand, K. E. (2006). In Shields, N., Synnot, A.J., & Barr M., Perceived barriers and facilitators to physical activity for children with disability: a systematic review, *Br J Sports Med* 2012;**46**:989-997.

63 Jaarsma et al (2014) Barriers and facilitators of sports in children with physical disabilities: a mixed-method study

64 *Ibid*



## 4.5 IMPLICATIONS FOR ACTIVE RECREATION AND SPORT

*...there is strong (gold standard) evidence that participation in sport and physical activity can have a positive impact on physical health, on social cohesion and educational outcomes.*<sup>65</sup>

People, young and old, disabled or not enjoy participation in active recreation. However, there are some people who experience more barriers that exclude them from participation. **Those with more significant impairments, and those who have challenges with concentration and communication are more likely to experience barriers to participation.** In particular they have challenges accessing opportunities, meeting the cost of participation and are less likely to access performance pathways.

Younger people are more highly motivated by fun and participating with friends and family, and they enjoy both the challenges and opportunities of new skills. **However, disabled young people are less likely to experience participation as fun and more likely to focus on fitness or weight management.**

Adults are more likely to focus on wellbeing. **Disabled adults have lower motivation to participate.**

Most non-disabled adults identify other commitments as being a significant barrier to participation. This is not the case for disabled adults, who are more likely to be too tired, have other interests or have low motivation.

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<sup>65</sup> Angus and Associates, (2017) The Value of Sport and Active Recreation to New Zealanders



## 5. UNDERSTANDING THE CURRENT SYSTEM

*My son has been to some sports activities where he doesn't quite meet the criteria. i.e. he doesn't meet classification, so he is put off keeping involved.*

*Online survey respondent*

### Partner organisations

Provision of active recreation and sport opportunities happens in families and communities, either self-created and managed, or through spaces, places and opportunities created by a range of organisations.



### Delivery

*I was 32 when I started [Boccia] – it was the first sport I could play without being hampered by my impairment ... When you go up the ranks, you have to do a lot more thinking. That's the thing I love – you have to have a brain to win.*

*It's very strategic – and normally you have to plan ahead.*

*Matthew Whiting, NZ Representative Boccia player*

The following diagrams provide a sense of how disability active recreation and sport is delivered to disabled people. More detailed information is included in the appendices.

Athletics, Swimming and Cycling, amongst others are NSOs that facilitate opportunities for disabled athletes.

Sport NZ also partners with Disability Sports Organisations: Paralympics NZ (including some para sports), Halberg Disability Sports Trust, and Special Olympics NZ.

Sport NZ's No Exceptions Fund is allocated via the Halberg Foundation, some of which supports local Parafeds.

National recreation organisations (NZRA and YMCA) and Regional Sports Trusts including Active are also funded by Sport NZ.



## High Performance

The high-performance pathway is different, because of the range of options available to para athletes, depending on their sport.

Many talented para athletes have access to the high performance pathway with support from national sports organisations and High Performance Sport New Zealand. Some sports are directly supported by disability sports organisations or Paralympics NZ. Para athletes embarking on their competition careers are engaged with clubs, regional sport and disability sport organisations and Parafeds.

The Halberg Games, while not a high performance event, is an entry point for some para athletes, and provides opportunities for many young disabled athletes to come together and compete.

*I have just been accepted into the Paralympics NZ swim team ... In this journey so far, which has been very short, I feel seen and heard, 'big ups' to Paralympics swimming NZ. In order to reach any level of competence you have to push really hard to find places that will work with and for disability.*

*Online survey respondent*

Direct funding from Sport NZ supports national sports organisations, Special Olympics NZ, Halberg, New Zealand Recreation Association and the YMCA.

Community delivery of programmes, events and services occurs through clubs, branches of Special Olympics NZ, Parafed clubs, Halberg, community facilities, disability organisations and institutions/group housing. Of course, families are also key providers of opportunity.

*These Games [Disability games] helped me connect with so many amazing people and seeing how their disability affected them just like mine affected me. I was able to trial different sports and see what ones I liked and what ones I was good at. That was a good experience and after [it] I have been doing athletics and have even competed internationally.*

*Online survey respondent*



## 5.1 GAPS AND OVERLAPS

Who is being catered for? And who is currently missing out?

**Special Olympics NZ** is open to 'all comers' and caters for a wide range of people in terms of impairments, age and other factors. However, there is a clear emphasis on 'knowing the rules' and 'good behaviour' in the training development material which means some people with social understanding issues will miss out due to the nature of sports and abstract concepts such as 'good sportsmanship'. These people are not usually involved in sport with complex participation rituals or etiquette. Note the issues covered in Ari's case study.

**Halberg Disability Sports Trust** is open to young people who are aged 21 and under with physical disability only. This can exclude some young people, given that over 50% of all disabled people have 'more than one impairment' of which one may be viewed (by them or by others) as their 'primary' impairment. Where there is a learning disability as well as a physical impairment, it is unclear as to who will qualify for support or exactly how these decisions are made, and this can sometimes be problematic.

Halberg invest in and deliver No Exceptions Training in communities throughout New Zealand.

**Paralympics NZ** has a very clear criteria for participation according to the international classification system. This is very specific about who does, and who does not qualify to compete as a Para Athlete. Those who do not qualify are referred to alternative providers.

*I join with Special Olympics NZ friends for swimming and/or basketball every Friday. I participate where I can, and love the social side of it.*

*Online survey respondent*

### Gaps in provision by partners

As a result of the consultation process, a number of gaps in current provisions have been identified.

- Location – there is a rural/city divide, with fewer opportunities in smaller communities for some activities and compromises in terms of coach availability and access to performance pathways
- Range of opportunities – range in nature and provision by Parafeds and Special Olympics NZ, with a lack of clarity about their roles
- Not all sports offered in all centres – and not all sports offered through partners, particularly Parafeds, Special Olympics NZ and the Paralympic pathway
- 'Holes' in competition pathways – where coaches at appropriate levels are not available in that area, and the inconsistency in nature and level of coaches available throughout New Zealand
- Partnerships and collaborations – including differences in how organisations collaborate or not, and the role and relationship with the regional sports trusts – Halberg, Paralympics NZ and Parafeds working in partnership in some places, not in others
- Funding inconsistencies for individuals means different levels of ability to access specialist equipment, etc required for competition sports and inconsistent application of who qualifies and who doesn't



- Physical accessibility for people with physical impairments has improved although it is still variable.
- Impairment types – there continue to be challenges around invisible impairments and where athletes 'fit'. Gaps in training around and understanding of 'invisible' impairments outside of deafness, vision impairment.
- Appropriate and affordable equipment (where applicable)
- Knowledge gaps – dependent on whether the provider (Special O or anyone else) has coaches or trainers who understand who they are working with and what might be required to facilitate participation. Knowledge by athletes, parents and families, disability support organisations
- People don't know what they don't know. Until faced with a situation they can't handle, clubs and groups tend to carry on regardless.
- Parents may be wary and not wanting to ask for what is needed, after meeting multiple obstacles along the way.

*I am not blaming the coaches, but they do not know how to approach autistic children, even I tried to talk to the coaches, their answer is "yes, I know how to do it and he'll be fine". The reality is that they DO NOT KNOW anything about autism and maybe they are ashamed/scared/lack interest/to ask. Perhaps most of the coaches are volunteers, so to coach an autistic child perhaps you have to give an extra mile of your time/care/compassion/ I am trying my best to raise awareness.*  
*Online survey respondent*

## 5.2 FUNDING

The current funding model focuses on three types of partners:

- Young people with physical impairments (Halberg)
- People with intellectual impairments (children and adults) (Special Olympics NZ)
- High performance physical, visual and intellectual impairments (Paralympics NZ).

This does not reflect the disability population, and in fact, the invisible impairments are, in the main, invisible from the investment.



### 5.3 DISABILITY SYSTEM GAPS AND OPPORTUNITIES

The current system for disability support services is in a state of flux. Enabling Good Lives is likely to have an impact. At present, however, there are issues:

- Inconsistent application of funding decisions from school through to adulthood. Some people have a high level of support – others have hardly any. ACC-funded people have greater opportunity to access active recreation and sport with higher funding levels
- Some funding agencies are more lenient than others on how funding is used (i.e. Home care for supporting recreation opportunities)
- Huge range in provision of group housing, and residential care options and opportunities for active recreation and sport – either ‘in house’ or in the community will vary accordingly. Issues such as funding, transport, available staff etc impact on ability to provide opportunities
- Enabling Good Lives is operating as a trial in some parts of New Zealand and not others. People are confused as to how their funding will operate and how decisions will be made. This state-of-flux will continue until EGL is rolled out nationwide and ‘Connectors’ are available to explain how the model works in practice.

*A goal for Sean was to be part of a rugby club. All previous attempts ... were unsuccessful. Sean obtained funding for a support person and they shared a love for rugby and together they were able to break down some barriers by accessing a sports club. The support worker taught the coaches, staff and players about disability and how to support Sean. Sean learnt social skills and made friendships. He didn't play in any teams but trained every week with the senior team... [He] continues to be a part of the rugby club 15 years later.*

*Online survey respondent on behalf of Sean*

### 5.4 OVERLAPS

Overlaps between different providers is another issue identified during the consultation process. For some people there is a lot of confusion over who is providing what; where to go for support, and what you can expect from the current partner organisations.

There is confusion over ‘who belongs’ in the ‘community provision’ space. Traditionally Parafed have been the community-access port for Para Athletes. Paralympics NZ is now funding a community development role and this has caused some confusion amongst recipients as to how these roles intersect, or whether they are using precious resources towards the same end.

### Other organisations

*I get to have weekends away with Recreate [NZ] and visit new places. I enjoy being with people my own age without my parents. I wish it was more regular. Tomorrow I am going on a river cruise with them for half a day.*

*Online survey respondent*



Other organisations providing opportunities for play, active recreation and sport may include the following – but not all of these are accessible. Opportunities vary enormously according to whether universal design principles have been applied, promotion, staffing, whether facilities are urban or rural etc.

- Territorial local authorities: pools, parks, playgrounds, open space, leisure facilities, etc
- Private wet and dry facility owners, gyms, pools, outdoor recreation providers
- Early childhood centres, schools and tertiary institutions
- Residential care providers (disabled, and older people)
- YMCAs
- Outward Bound, Hillary Outdoors Centre, others
- Regional Councils – parks, rivers, etc
- Government departments, DOC, Tourism New Zealand, etc
- Places and spaces (other)
- Clubs and groups
- Outdoor recreation providers
- Private and community providers - dance, yoga, Pilates

## 5.5 AN INEQUITABLE SYSTEM

Putting aside any discussion of impairment, the social and financial inequities caused by a ‘disabling’ society include high unemployment, low incomes, poor housing and transport, and often poor mental and physical health – the latter not necessarily related to an individual’s impairment. These inequities all negatively impact on participation in active recreation and sport. For children all these issues are compounded. These and other factors such as people’s attitudes to impairment can be overwhelming barriers to participation in everyday active recreation and sport that others take for granted. There is often no chance to develop physical literacy, or play in a team, or experience normal activities like going to the beach that others do without thinking – and these habits are established early in life. The long-term repercussions are incredibly damaging to the individual, their family and whānau, and our society.

This is an opportunity to enable participation of **all** New Zealanders across their lifetime. We can lead change by identifying barriers to participation and focusing on what motivates people. It is imperative to increase people’s awareness of the ‘disabling society’ and its impact. Understanding and increased capability will lead to greater confidence in catering to diverse needs. Co-ordinated efforts across the sector will meet the needs of the widest group of New Zealanders – particularly those who are on the outside of the current delivery system. We need to ensure that we create accessible, quality experiences for all, enabling our communities to participate in and benefit from active recreation and sport.





## 5.6 INCLUSION

*I organise a 'play and chat' session at WAGS coached by their PlayGym and Therapeutic gymnastics coach, for children age 0-16 with Downs Syndrome and their siblings. This is a fantastic opportunity for children with a very wide range of physical and cognitive disabilities (and their siblings) to get great exercise and make friends in a safe supportive environment. It also supports their whānau.*

*Online survey respondent*

Inclusive opportunities range according to the place. For example, Christchurch has a number of organisations offering 'mixed ability' opportunities such as dance and rugby – but these would not generally be available to disabled children in small towns or rural areas.

INCLUSIVE OPPORTUNITIES	EXCLUSIVE DISABILITY ACTIVE RECREATION AND SPORT	TALENTED DEVELOPMENT AND SPORTS PATHWAYS
<ul style="list-style-type: none"> <li>• mixed ability opportunities</li> <li>• arts, rugby, dance, netball</li> <li>• swimming</li> <li>• athletics</li> </ul>	<ul style="list-style-type: none"> <li>• specialist opportunities 'niche'</li> <li>• wheelchair sports (that are not Para Sports)</li> <li>• other adapted sports</li> <li>• disability recreation providers - Recreate NZ, TIMA, Achilles, RDA.</li> </ul>	<ul style="list-style-type: none"> <li>• regional sports trusts</li> <li>• sports clubs</li> <li>• schools and tertiary providers – opportunities and some facilities</li> <li>• TAs: pools, sports fields, indoor sports facilities, running tracks etc</li> <li>• private providers</li> </ul>

### Case Studies

*Just had the most amazing day up at Mount Hutt snow boarding last week. I am an adaptive member and wish that I had become [a member] sooner. By having a helper push me through the express aisle without having to remove my binding was great and made my dismount safe and easy. We achieved 18 fantastic runs from top to bottom of the summit lift. Wow the mental lift that one day has given me can't really be described. Some of the feelings are relaxed, physically motivated, a great sense of achievement. Without the adaptive support I cannot achieve nearly as good a result.*

*Online survey respondent*

*We try everything with everyone but without pressure. We don't want to stress anyone out. The young people relax when they know there will not be too much pressure and start to trust. [then] We know we can push them more than what a parent can or a one-off programme. And – they enjoy being challenged because often they haven't been challenged in other areas of their lives.*

*Karla Roberts, Director,*

*Learn Active Outdoor Recreation for people with intellectual disability*



## 5.7 OPPORTUNITIES

*Through Parafed Northland I have been able to take part in many sporting opportunities I would not otherwise have done. I hadn't surfed until they presented the opportunity to me, and I am a good swimmer so to be able to experience the water in a different way meant a lot to me.*

*Online survey respondent*

<p>A lot of focus is on the bridge (to get there) which is about accessibility.</p> <p>The focus needs to be on the bond – what happens when you arrive (at sport/rec venue) which is about inclusion.</p>	<p><b>Consider:</b></p> <ul style="list-style-type: none"> <li>• Transport</li> <li>• Level of impairment will affect ability to access</li> <li>• Welcoming support people</li> <li>• Understanding inclusion and what it might look like</li> <li>• Support disabled athletes who are no longer young.</li> </ul>
<p><i>“We are knocking on the door to inclusion but not there yet”</i></p> <p>Resourcing to support communities to create the right opportunities</p>	<p><b>Create:</b></p> <ul style="list-style-type: none"> <li>• Social engagement</li> <li>• Physical activity that is not competitive but for enjoyment</li> <li>• Facilitate the contact</li> <li>• Addressing lack of knowledge and closed attitudes</li> <li>• Develop links between 'exclusive' activity and mainstream sport or active recreation group/club.</li> </ul>
<p>Focus on play and active recreation</p>	<ul style="list-style-type: none"> <li>• Any participation is better than none</li> <li>• High performance sport is for the few</li> <li>• More people participating in a wider range of activities</li> <li>• Enabling good lives will free people to make choices, so there need to be more opportunities available.</li> </ul>
<p>Inclusive sport</p> <p><i>“My son was made to feel inadequate so he gave up playing hockey.”</i> <i>Online survey respondent</i></p>	<ul style="list-style-type: none"> <li>• Support schools to include disabled kids in physical education, play, active recreation and sport</li> <li>• Integrate disabled people into national, regional and local sports organisations.</li> <li>• Link school leavers with community offerings</li> <li>• Address issues of funding, support people, transport, cost of activity, awareness of what's available</li> <li>• Create pathways and opportunities to grow and be challenged.</li> </ul>



<b>Quality spaces and places</b>  <i>"It would be great to have access to a list of people offering exciting outdoor opportunities for young people like my son [with CP]. Without having to pay twice, once for [him] and once for carer." Online survey respondent</i>	<ul style="list-style-type: none"><li>• Get facility/field, playground design right:</li><li>• Enabling equipment</li><li>• Physical access</li><li>• 'fit for purpose'</li><li>• Equipment suitable for beginner to competitor</li><li>• Consult disabled people in the design process</li><li>• Design process has to include thinking about and consulting with Para sport organisations.</li></ul>
<b>Change mindsets of disability sector</b>	Reduce emphasis in disability services on 'safety and protection'. Strengthen referral networks:
<b>Roles and responsibilities</b>	Work collaboratively to ensure that providers are providing most opportunities at the lower levels of the performance pathway. Shared resources, places, funding, and operations especially for smaller organisations.
<b>Education and training</b>	Develop the disability, active recreation and sport sectors NSO upskill workforce Train and build skills and confidence in support worker workforce
<b>Advocacy</b>	Build recreation and sport into the EGL model
<b>Marketing and promotion</b>	Marketing strategy to the public – so they know and understand what is going on (re inclusive sport and rec) Visibility is extremely important Create opportunities for aspirations.



## 6. POLICY CONTEXT

Policy guides the thinking and practice of organisations who deliver and provides a clear marker of changed attitudes to disability.

### 6.1 DISABILITY POLICY

Two important documents have guided New Zealand's disability policy: the United Nations Convention on the Rights of Persons with Disabilities, and the New Zealand Disability Strategy.

#### The United Nations Convention on the Rights of Persons with Disabilities

The Convention (UNCRPD)<sup>66</sup>, adopted in 2006, follows 'decades of work by the United Nations to change attitudes and approaches to persons with disabilities'.

There are eight guiding principles that underlie the Convention and each one of its specific articles:

1. *Respect for inherent dignity, individual autonomy including the freedom to make one's own choices, and independence of persons*
2. *Non-discrimination*
3. *Full and effective participation and inclusion in society*
4. *Respect for difference and acceptance of persons with disabilities as part of human diversity and humanity*
5. *Equality of opportunity*
6. *Accessibility*
7. *Equality between men and women*
8. *Respect for the evolving capacities of children with disabilities and respect for the right of children with disabilities to preserve their identities.*

Like all United Nations countries, New Zealand is monitored against the Convention outcomes and a copy of the most recent report is available.<sup>67</sup>

#### New Zealand Disability Strategy 2016–2026<sup>68</sup>

The revised New Zealand Disability Strategy reflects in its outcomes and language some of the changes that have occurred in New Zealand in relation to disabled people. The Strategy's underpinning principles are based on the Social Model of disability, referred to earlier. In essence, disability is when one group of people creates barriers by designing a world only for their way of living, taking no account of the impairments other people have. Barriers can be physical, like buildings not having accessible toilets, or they can be caused by people's attitudes to difference, like assuming disabled people can't do certain things.

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66 <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html>

67 First review of implementation (2014-15) accessed from; <https://www.odt.govt.nz/united-nations-convention-on-the-rights-of-persons-with-disabilities/un-reviews-of-nzs-implementation-of-the-convention/first-review-of-implementation-2014-2015/>

68 <https://www.odt.govt.nz/nz-disability-strategy/>



VISION:	
New Zealand is a non-disabling society - a place where disabled people have an equal opportunity to achieve their goals and aspirations, and all of New Zealand works together to make this happen.	
Outcome Areas	Results <sup>69</sup>
<ul style="list-style-type: none"> <li>• Education</li> <li>• Employment and economic security</li> <li>• Health and wellbeing</li> <li>• Rights protection and justice</li> <li>• Accessibility</li> <li>• Attitudes</li> <li>• Choice and control</li> <li>• Leadership</li> </ul>	<ul style="list-style-type: none"> <li>• Increase employment and economic opportunities</li> <li>• Transform the disability support system</li> <li>• Ensure personal safety</li> <li>• Promote access in the community</li> </ul>

Leadership of the strategy is located in the Office of Disability Issues, part of the Ministry for Social Development. An Outcomes Framework is being developed so that the government can track progress against the Strategy and collect information on an ongoing basis.<sup>70</sup>

### Enabling good lives – disability transformations

Enabling Good Lives (EGL) is a new approach to supporting disabled people that offers greater choice and control over the supports they receive, so that they can plan for the lives they want.<sup>71</sup> Work is currently under way on a system transformation of the disability support system to create something that works better for disabled people and with disabled people taking part in the design. The new system (Enabling Good Lives) is being trialled in regions around New Zealand prior to being implemented nationwide.<sup>72</sup>

Principles of the EGL approach are:

- Self-directed planning and facilitation
- Cross-government individualised and portable funding
- Considering the person in their wider context, not in the context of ‘funded support services’
- Strengthening families or whānau
- Community building to develop natural supports.

Disabled people are active and valued citizens with an everyday life in everyday places. Enabling Good Lives supports people to achieve desirable outcomes such as:

- Education and training
- Employment
- Being with friends
- Having relationships and a family
- Taking part in community and cultural activities.

69 <https://www.odi.govt.nz/nz-disability-strategy/disability-action-plan/>

70 <https://www.odi.govt.nz/nz-disability-strategy/measuring-progress/>

71 <http://www.enablinggoodlives.co.nz/about-egl/>

72 <http://www.enablinggoodlives.co.nz/system-transformation/transformation-papers/system-transformation-updates/april-2018-press-release/>



## Social Welfare

In addition to disability specific policies there are several other strategies that influence the disability sector:

*New Zealand Positive Ageing Strategy (2001)*<sup>73</sup> which is currently under review and will include a focus on older adults and work, appropriate housing options, and maintaining social connections.

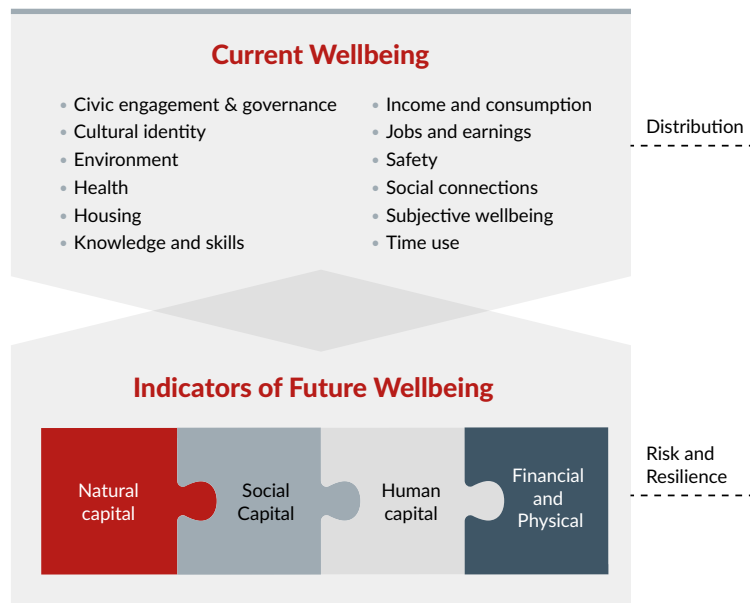
*Whānau Ora (2018 – 2022)*<sup>74</sup>, the purpose of which is Manaaki tangata, Manaaki whānau – We help New Zealanders to be safe, strong and independent. The current focus is on *Te Pae Tawhiti – Our Future*. The outcomes of this approach are: New Zealanders getting the support they require, New Zealanders (being) resilient and living in inclusive and supportive communities, and New Zealanders participating positively in society and reaching their full potential.

Both of these strategies engage with low participation populations and include aspirations that participation in active recreation and sport can be instrumental in achieving.

## 6.2 LIVING STANDARDS FRAMEWORK

The government is currently developing a Living Standards Framework<sup>75</sup> that will measure individual, community and national wellbeing – both now and for future generations. Leisure and recreation are key outcomes that contribute to life satisfaction and wellbeing.

It focuses on the “growth, distribution, and sustainability of the Four Capitals” which in turn, work together to support wellbeing, enabling people to pursue the sorts of lives they value. This model specifically includes the people’s social context and the distribution of wellbeing across the population as a whole and also across different sub-populations such as age, sex or ethnicity.

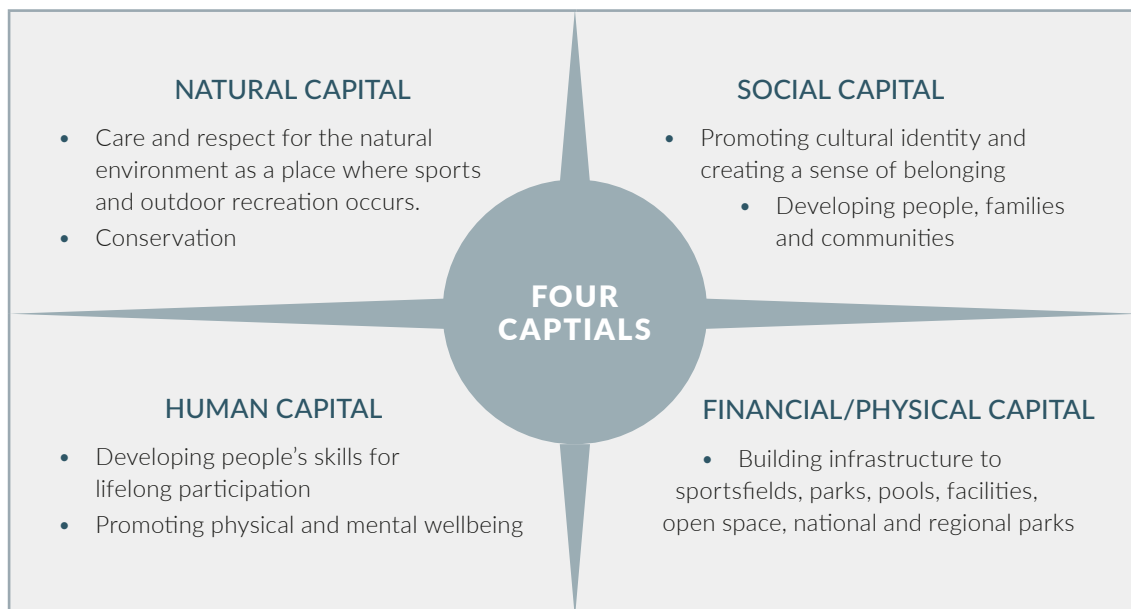


73 <https://www.msd.govt.nz/about-msd-and-our-work/publications-resources/planning-strategy/positive-ageing/>

74 <https://www.tpk.govt.nz/en/whakamahia/whanau-ora>

75 Smith, Conal (2018) Treasury Living Standards Dashboard: Monitoring Intergenerational Wellbeing. Kōtātā Insight.

Social, human, natural and physical capability are developed through active recreation and sport provision and engagement. Positive impact of participation is seen in health, work-life balance, education, social connections, environmental quality and subjective wellbeing.



### 6.3 EDUCATION

The Education Act 1989 which governs all schools, states:

*...people who have special education needs (whether because of disability or otherwise) have the same rights to enrol and receive education at state schools as people who do not.*

By extension, this includes access to Hauora/Health and Physical Education curriculum, including physical literacy.

The foundation curriculum documents for early childhood and primary schools, Te Whāriki,<sup>76</sup> commits to inclusive education.

*All children have the right to access the full depth and breadth of the curriculum.*

*Fully inclusive early childhood services provide an environment that invites, acknowledges, and celebrates the diversity that each child and their whānau bring. This includes those with disabilities, health needs, diverse family types, refugee, migrant and minority families. An inclusive curriculum is strengths-based and respects and connects with Māori values and the principles of Te Whāriki.*

*Inclusive early childhood services create a community culture that ensures all children can be actively involved in meaningful play and learning with and alongside their peers. This includes providing additional supports or removing barriers when required.*

*An essential role of kaiako is to understand how children learn and know all of the children in their service well – so that they know when and how to provide additional support and/or remove barriers for children to promote participation and learning.*

76 <https://tewhariki.tki.org.nz/en/weaving-te-whariki/inclusive-practice/>



## Special education support

Just 1.1% of the total schooling population receive funding at school through the Ongoing Resourcing Scheme (ORS)<sup>77</sup>. This covers five areas of student need for special education: learning, hearing, vision, physical, or language use and social communication. To meet ORS criteria, students must have:

- ongoing extreme or severe difficulty with any of the 5 need areas, or
- moderate to high difficulty with learning, combined with very high or high needs in any two need areas.

While those with special education needs (disability or otherwise) have the right to receive an education at state schools, and have access to the Hauora – Health and Physical Education curriculum, evidence from Active NZ (2017) indicates that many children are excluded. Funding to support students for special education requires students to have ongoing extreme or severe impairments or moderate to high difficulty with learning, combined with high needs.

Inequities arise where children may have impairments which impact on their participation in school sports and active recreation, but do not receive any funding to assist with inclusion, or where available funding is focused on classroom participation and learning.

The government is developing a Disability and Learning Support Action Plan, with the intention of building on the progress of the Ministry's new Learning Support delivery model.<sup>78</sup>

## 6.4 ACTIVE RECREATION AND SPORT POLICY

There is a fundamental belief in the rights to have access to leisure (active recreation, sport and play).

### International rights

The Universal Declaration of Human Rights, endorsed by the United Nations in 1948, includes the right to leisure time. The Convention on the Rights of the Child<sup>79</sup> specifies that:

*Children have the right to rest and leisure, to engage in sport and play and recreational activities appropriate to the age of the child and to participate freely in cultural life and the arts.*

### New Zealand policy

The active recreation and sport sector is guided by the Sport and Recreation Act which articulates the role and function of Sport NZ, and the Local Government Act which shapes expectations of territorial authorities to engage in planning and provision of recreation and sport spaces and places, programmes and services.

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77 <https://www.education.govt.nz/school/student-support/special-education/ors/>

78 <http://www.education.govt.nz/news/draft-disability-and-learning-support-action-plan/>

79 [https://www.unicef.org/crc/index\\_73875.html](https://www.unicef.org/crc/index_73875.html)





### ***Sport and Recreation New Zealand Act (2002)***

Sport NZ is the agency charged with implementation of the Sport and Recreation Act. Of the 15 functions listed in the Act, there are two that relate specifically to people with disabilities:

*(n) encourage participation in physical recreation and sport by Pacific peoples, women, older New Zealanders, and people with disabilities*

*(o) recognise the role of physical recreation and sport in the rehabilitation of people with disabilities<sup>80</sup>*

### ***Ministerial Letter of Expectation (2018-19)***

Specific priorities for Sport NZ have recently been articulated by the Minister of Sport and Recreation in a Letter of Expectation for 2018–19, including:

*... a focus on how sport and physical activity can contribute to the Government's wider priorities across the social sector. This is recognition of the value that sport and physical activity can have in addressing wider social problems.*

*... four key priorities [are]:*

- 1. Grow participation by girls and women, including their ability to pursue professional sporting careers*
- 2. Improve the overall rates, and quality, of participation in sport and recreation by low participating populations*
- 3. Strengthen the long-term opportunities for New Zealanders with disabilities*
- 4. Address the drop off in young people's participation in sport and physical activity once they leave school.*

## **6.5 SPORT NZ POLICY**

Although presently undertaking a longer-term strategy review, Sport NZ currently has a suite of guiding documents that can support and enable improvements to the opportunities for disabled people. The principles underpinning each of these plans can include disabled people.

### ***No Exceptions Strategy and Implementation Plan<sup>81</sup>***

Intended to help shape the sector-wide planning, promotion and delivery of physical recreation and sport for disabled people, this focused on: organisation and sector development; best practice examples, tools and information; and training and education.

### ***Community Sport<sup>82</sup>***

With a goal to develop and sustain a world-leading community sport system across New Zealand, the philosophy of the Community Sport approach is that it is: **participant-focused, system-led, performance-driven and requires locally-led engagement.**

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80 <http://www.legislation.govt.nz/act/public/2002/0038/latest/whole.html>

81 No Exceptions Strategy and Implementation Plan (2005 – 2009) accessed from: <https://www.srknowledge.org.nz/research-completed/no-exceptions-strategy-and-implementation-plan-2005-2009/>

82 <https://sportnz.org.nz/about-us/our-publications/our-strategies/community-sport-strategy/>



### **Young People Plan<sup>83</sup>**

The vision of the Young People Plan is to **enrich and inspire the lives of young people by creating a lifelong love of community sport and being physically active.** This is achieved through physical literacy, high quality experiences, positive influences, encouragement and support, access to quality opportunities, ability to participate and compete at their level of aspiration and empowered to shape their own community sport experience.

### **Older Persons Plan<sup>84</sup>**

*Valuing connections, freedom, discovery, relaxation and rejuvenation that are priorities for older people.*

Older people are seeking new identities, opportunities to contribute and pursue their passions. Key approaches include: engaging older people, challenging stereotypes, informing people, helping providers understand about older people, and providing information to support change, addressing practical problems, being welcoming.

### **Māori Participation in Community Sport<sup>85</sup>**

Cultural capability improvement and strong leadership are pivotal levers for change. A true partnership founded on shared values, principles and quality relationships will strengthen the platform from which Māori and Sport NZ can flourish and achieve shared and common goals. Te Whetū Rēhua – The Guiding Star is a tool that supports Māori being able to participate as Māori. It recognises that a strong and secure cultural identity helps facilitate access to wider society, as well as being vital to wellbeing as indigenous New Zealanders.<sup>86</sup>

## **6.6 KEY POLICY PRINCIPLES**

The following principles from the United Nations Convention on People with Disabilities underpin the Summary Report and Recommendations and its implementation:

- Respect for inherent dignity, individual autonomy including the freedom to make one's own choices, and independence of persons
- Non-discrimination
- Full and effective participation and inclusion in society
- Respect for difference and acceptance of persons with disabilities as part of human diversity and humanity
- Equality of opportunity
- Accessibility
- Equality between men and women
- Respect for the evolving capacities of children with disabilities and respect for the right of children with disabilities to preserve their identities
- Recognition of the Treaty of Waitangi.

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83 <https://sportnz.org.nz/about-us/our-publications/our-plans-and-programmes/young-people-plan/>

84 <https://sportnz.org.nz/assets/Uploads/Active-Older-People-pamphlet-2.pdf>

85 KTV Consulting (2017) 'Maori Participation in Community Sport Review' accessed from <https://sportnz.org.nz/assets/Uploads/Maori-Participation-Review-Report.pdf>

86 <https://sportnz.org.nz/managing-sport/search-for-a-resource/guides/te-whetu-rehua-the-guiding-star>



# 7. PRIORITIES FOR ACTION

## 7.1 OVERVIEW

This Disability Active Recreation and Sport Background Report includes recommendations that are intended to shape change in the disability, active recreation and sport, and disability sport sectors. It is shaped by international and national government policy, and underpinned by some universal principles that are fundamental to disability rights.

## 7.2 PRINCIPLES

New Zealand’s obligations to the UN Convention, the government’s Living Standards Framework and the New Zealand Disability Strategy all commit our nation to being inclusive of disabled people. This is an opportunity to enact the principles of inclusion in practice.

The Disability Active Recreation and Sport Summary Report and Recommendations is designed with five strategic priorities. These are outlined below, with supporting rationale, clearly articulated outcomes and strategies.

The recommendations are based on the following key principles:

- **Respect** for inherent dignity, individual autonomy and independence
- Value of **human diversity** and humanity
- **Gender equity**
- Full and effective **participation and inclusion**
- Respect for the **evolving capacities** of all.





## 7.3 VISION

Disabled people enjoying active recreation and sport – for their own wellbeing and the wellbeing of our communities and nation.

## 7.4 PRIORITIES

The Disability Active Recreation and Sport Summary Report and Recommendations is designed with five strategic priorities:

- Take the lead
- Establish enabling attitudes
- Increase capability
- Coordinate delivery
- Provide quality experiences

The following section describes each priority with supporting rationale, clearly articulated outcomes and strategies to guide implementation.

*Disabled people participating fully alongside anyone [else] no difference.*

*Inclusion. Accessible. [opportunities] Run by educated and knowledgeable people. Influenced and guided by the person accessing the sport.  
A supportive learning opportunity for coaches, managers and organisations.  
Integrated approach between organisations.*

*Online survey participants*



## 7.5 TAKE THE LEAD

<b>Rationale</b>	<p>Sport NZ has a commitment in line with international and national policy and legislation to deliver active recreation and sport to <b>all</b> New Zealanders. Strong leadership can ensure equity of access to opportunities and resources.</p> <p>The sector is complex and fragmented, and requires leadership. Sport NZ is in a good position to lead change via NSOs, RSTs, local government, NROs, NDSOs and other partner organisations, as well as influence cross-sectoral issues, addressing fragmentation, duplication and lack of collaboration in delivery.</p> <p>All disability, active recreation and sport, and disability sport organisations have a leadership role in creating inclusive policy and practice. Their leadership will:</p> <ul style="list-style-type: none"><li>• Improve physical and mental wellbeing of disabled people – so more are able to participate in economic, social and cultural life</li><li>• Increase numbers using active recreation places and spaces</li><li>• Ensure the best use of existing resources through collaboration</li><li>• Create stronger more diverse organisations</li><li>• Be visible, leveraging action and delivery through the active recreation and sport system.</li></ul>
<b>Outcome</b>	<p>Sport NZ is the champion for active recreation and sport disability participation, recognised by government and other agencies.</p> <p>Active recreation and sport is inclusive of all disabled people, regardless of the nature of their impairment.</p> <p>The disability sector is inclusive of active recreation and sport.</p> <p>Agencies providing disability active recreation and sport are inclusive of different types of impairment.</p>
<b>Implementation</b>	<ul style="list-style-type: none"><li>• Provide good clear leadership both regionally and nationally including setting of clear expectations and facilitating change</li><li>• Work with RSTs and NSOs to include disability sport within the existing delivery systems</li><li>• Include disabled people in planning, implementation, monitoring and evaluation</li><li>• Commit to a shared vision for active recreation and sport</li><li>• Integrate disability into all Sport NZ strategies and programmes</li><li>• Implement and achieve aligned and quality practices</li><li>• Invest in the implementation of recommendations.</li></ul>
<b>Progress Indicators</b>	<ul style="list-style-type: none"><li>• A targeted number of national sports organisations and regional sports trusts with inclusive policies and practices, at governance, management and delivery levels</li><li>• Disabled people are on the agenda for providers in the active recreation and sport sector – and this is reflected in policy, programmes, staffing and delivery</li><li>• Increased numbers of disabled people in leadership and other roles across the active recreation and sport, and disability sport sectors.</li></ul>



## 7.6 ESTABLISH ENABLING ATTITUDES

<b>Rationale</b>	<p>People’s mental models<sup>87</sup> and attitudes underlie action. Attitudes of people close to disabled children are central to their participation in physical activity.</p> <p>Unconscious bias and low expectations of capability are a barrier to inclusion and reduce opportunities for disabled people.</p> <p>There are global conversations about inclusion, with expectations of inclusive activity commonplace.</p> <p>NZ is monitored against the UN Convention in terms of the rights of disabled people.</p> <p>Diversity and inclusivity are seen as strengths in active recreation and sports organisations.</p> <p>The disability support system in Aotearoa/New Zealand is undergoing radical change.</p> <p>Aspirations are shifting as disabled people are seen in leadership, creating opportunities to inspire at all steps in the life-cycle.</p>
<b>Outcome</b>	<p>Disabled people actively engaged in active recreation and sport, regardless of impairment type.</p>
<b>Implementation</b>	<ul style="list-style-type: none"> <li>• Enhance attitudes towards active recreation and sport for disabled people</li> <li>• Be aspirational about the rights and contributions of disabled people</li> <li>• Make evidence-based decisions that inform planning and provision.</li> </ul>
<b>Progress Indicators</b>	<ul style="list-style-type: none"> <li>• Targeted and measurable reduction in unconscious bias</li> <li>• Attitude change is reflected by inclusive practice</li> <li>• Increased visibility of disabled people: in the media, in active recreation and sport competition, programmes, facilities, spaces and places.</li> </ul>

### Case Study: Learn Active

Learn Active in Canterbury provides outdoor education opportunities for people with intellectual impairments aged 15 years and older. These include tramping, kayaking, rock-climbing, ropes courses, sailing, and first aid. All of which provide opportunities to explore, be challenged and have fun in the outdoors. With a tailored programme built around their strengths and challenges, students learn new skills, socialise and start to develop new roles. Programmes run all year round, and include weekday, weekend and holiday programmes as well as overnight trips. A high staff-student ratio, trained and highly skilled staff, volunteer involvement and close links to family and whānau all contribute to the programme’s success. From small beginnings the programme now offers activities 5 days a week to 103 students, is fast-growing, and has attracted sponsorship from the region.

*Because our programmes are not a ‘one-off’ students can build skills over time. We can push, explore, or work one-on-one with a student over a period of time – we get to know the student’s individual needs and create tailored programmes.*

*Karla Roberts, Director*



## 7.7 INCREASE CAPABILITY

<b>Rationale</b>	<p>Knowledge and attitudes are closely interlinked. Building capability in <b>both</b> disability and active recreation and sport sectors creates change in thinking about disability and change in thinking about the role of active recreation and sport.</p> <p>A wealth of knowledge is available and cross-sectoral sharing of information benefits participants and providers.</p> <p>A skilled workforce will deliver better opportunities for disabled people.</p>
<b>Outcome</b>	<p>Organisations across active recreation, sport and disability sectors sharing knowledge and resources to increase internal capability.</p>
<b>Implementation</b>	<ul style="list-style-type: none"><li>• Build knowledge about the value of active recreation and sport</li><li>• Create and share information and resources about disability and active recreation and sport</li><li>• Create shared learning opportunities to improve the quality of active recreation and sport experiences</li><li>• Develop a skilled and confident workforce.</li></ul>
<b>Progress Indicators</b>	<ul style="list-style-type: none"><li>• Increased competence and confidence of the workforce to deliver quality programmes to disabled populations with specific targets and measures</li><li>• More opportunities are available for disabled people with a wider range of impairments than currently on offer – including invisible impairments.</li></ul>

*We find that many instructors are nervous yet enthusiastic to work with our participants, and often misjudge their ability to complete activities; these instructors often report that their pre-conceived ideas about the participants' abilities have been altered. There is a general lack of enthusiasm to support people with disabilities to push their limits and try their hand at more involved adventures – a highly risk-averse culture.*

*Online survey participant*



## 7.8 COORDINATED DELIVERY

<b>Rationale</b>	<p>Participants have a clearer view of who is providing what, and where to seek opportunities for participation from exploring to competing.</p> <p>Funding is limited, it makes economic sense and avoids overlaps and a 'silo' approach to delivery.</p> <p>Partnerships between key stakeholders from the disability, sport, education and government sectors makes for more effective delivery.</p> <p>The complexity and fragmented nature of current delivery means that there are gaps in delivery, duplication of provision and confusion about who is doing what.</p> <p>Reduce duplication and increase delivery to meet individual and community needs.</p>
<b>Outcome</b>	<p>Active recreation and sport partners and providers have clear roles and the impact of investment is visible.</p>
<b>Implementation</b>	<ul style="list-style-type: none"><li>• Build networks at national levels to support collaboration</li><li>• Facilitate the establishment of local networks of disability agencies, sport and recreation organisations to improve provision of opportunities for disabled people</li><li>• Collaborate between the disability sector, and active recreation and sport sectors</li><li>• Establish clear roles and responsibilities</li><li>• Align funding to recommendations.</li></ul>
<b>Progress Indicators</b>	<ul style="list-style-type: none"><li>• A targeted number of new partnerships and cross-sectoral allegiances occurring to maximise the use of resources</li><li>• Increased evidence of active recreation and sport reflected in social policy.</li></ul>

*Sport changes lives, it's not just fitness [and] wellbeing but the sense of community and belonging that comes with being part of a sporting community. It would be great if the disabled sports community was less 'silo' and we could come together with our respective sports to celebrate and support each other, rather than see each other as adversaries competing for funding.*

*Online survey participant*





## 7.9 PROVIDE QUALITY EXPERIENCES

<b>Rationale</b>	<p>People deserve choice about the level of participation, exclusive or integrated, affordable equipment and facilities, knowledgeable coaches, officials and volunteers.</p> <p>Universal design<sup>88</sup> enables people of all abilities to participate as equals.</p> <p>Equitable access to resources creates consistent delivery of programmes and facilities across organisations and regions.</p> <p>Differing income levels for disabled people depending on type and cause of impairment. People whose impairment is caused by accident receive funding/support at a very different level than people whose impairment is caused by illness and disease or is congenital.</p> <p>A clear pathway from play and exploration to lifelong engagement or competition encourages participation. Potential competitors are encouraged to remain engaged with their activity.</p> <p>Disabled people seek meaningful engagement in active recreation and sport, at a level that suits them with whatever support is needed to engage.</p> <p>Active recreation is of value itself, and a human right. Creating a more inclusive system that enables all people to participate social change.</p> <p>Active recreation can be a means to an end – more inclusive opportunities create change in our relationships, communities and society.</p>
<b>Outcome</b>	<p>Increased active recreation and sport participation and quality experiences for disabled people, regardless of impairment type.</p>
<b>Implementation</b>	<ul style="list-style-type: none"><li>• Consistently provide quality active recreation and sport experiences that include disabled people throughout New Zealand. Be creative and responsive to community needs and the capacity of organisations to deliver</li><li>• Facilitate play, active recreation and sport and exploration and lifetime participation</li><li>• Build a clear nationwide pathway from sports participation to excellence</li><li>• Create well-designed, inclusive and fit for purpose facilities, accessible parks, playgrounds and open spaces, including adaptations to existing facilities.</li></ul>
<b>Progress Indicators</b>	<ul style="list-style-type: none"><li>• Increased numbers [measured against Active NZ data] of disabled people participating in active recreation and sport in particular increased participation rates amongst disabled adults</li><li>• Participation rates of disabled people commensurate with non-disabled New Zealanders</li><li>• Number of local authority spaces and places completing accessibility audits.</li></ul>

88 [https://www.branz.co.nz/universal\\_design](https://www.branz.co.nz/universal_design): Universal design is about producing environments that are accessible to all people of all abilities, at any stage of life.



### ***Case Study: Coastlands Aquatic Centre, Paraparaumu***

Kāpiti District Council used an accessibility error to create an opportunity. The original design of the new Coastlands Aquatic Centre did not include ramp access into the main pool due to restrictions from the moving floor supplier. Complaints from the community required a new approach, and one which engaged the whole community. Manager Alison Law ran a co-ordinated stakeholder engagement workshop to get feedback on the ramp as well as input on operations, equipment and programming of the whole facility. Attended by 35 people from 22 local disability and aged support organisations, this workshop was the beginning of an on-going, fruitful relationship between the organisations and the pool management and staff. The workshop was the first time that local disability organisations had come together, so it also provided an opportunity for their own networking and development.

All facility staff attend a disability awareness workshop within their first month of employment. Specialist equipment was installed in the higher needs disability change room as a result of consultation. The Swim School Manager works with high needs customers at no charge and spends time with caregivers to teach them how to help their clients get the most out of being in the pool.

*Being such a public process has certainly raised staff awareness of disability issues to a very high degree. Customer feedback tells us that customers with disabilities are now extremely satisfied with our facilities, our services and most importantly our staff.*

*Alison Law, Parks and Recreation Manager*



## 8. RECOMMENDATIONS

The following recommendations are intended to guide the actions of Sport NZ as the lead agency.

### **Sport NZ leadership and strategic alignment**

#### ***Strategic alignment***

- Align the relevant objectives in the priorities with Sport NZ's strategic focus in all areas of work
- Review policies and practice against diversity and inclusiveness principles
- Work towards disabled people in key leadership roles throughout the system
- Allocate appropriate resources to drive out the recommended priorities as lead organisation.

#### ***Partnerships: new and existing***

- Review and re-align expectations of partners in line with the Summary Report and Recommendations objectives
- Target new funding to deliver to identified populations particularly: children and adults with 'invisible' disability or intellectual impairment; disabled people on low incomes and/or with high support needs
- Develop new partnerships with groups and organisations who deliver quality experiences to identified populations.

#### ***Inter-sectoral advocacy***

- Leverage existing cross-government relationships, especially with MSD, Education and Health to promote the value of active recreation and sport for disabled people
- Advocate for increased and aligned data collection on disabled people and in particular disabled children.

#### ***A campaign to raise awareness and change attitudes***

- Develop a high-profile campaign signalling strong leadership and placing disabled people front and centre
- Undertake staff and sectoral training and development – reflecting on attitudes, unconscious bias and promoting attitudinal change in the sector.

#### ***Disability Advisory Group***

Establish a disability advisory group made up of people with lived experience whose role is:

- to provide advice, guide and recommend on policy and programme development
- to monitor progress against the plan and review progress annually.

#### ***Research, monitoring and review***

- Build on existing data from the Active NZ Survey and other sources to create a detailed picture of current participation rates for disabled people
- Monitor progress against the recommendations, both internally in Sport NZ and overall as the lead organisation
- Review and report on progress against the recommendations annually.



## 9. REFLECTIONS

Creating changes starts with reflection and review. The following questions are 'trigger points' for change.

- What does an inclusive active recreation and sport strategy mean for me and my organisation?
- Who are our partners in this work?
- What networks, links or systems can we connect with in our community?
- What strengths do our partners have and how can we use them?
- Where is the disability community excelling in my area? What can I / my organisation do to help build on this?
- What role can we play? What role can others play?
- How can we use principles, such as collaboration, co-design and collective action to create positive change?
- How can we keep track of how well we are doing in this area?
- What is our unconscious bias? How can we learn more to change this?
- How can we partner with disabled people as leaders, advisors, facilitators of change?





# Appendices

## INTERVENTIONS TO OVERCOME BARRIERS TO INCLUSION

SOCIETAL <sup>89</sup>		POTENTIAL INTERVENTIONS
Mental models and fostering attitudes and practice		<ul style="list-style-type: none"><li>• Challenge disabling mental models via discussion, training</li><li>• Reframe how people think about disability by increasing their understanding</li><li>• Visible presence of disabled people in recreation and sport</li></ul>
Perceptions of belonging (opposite of 'othering')		Informed by media, integrative living and working, and participation as active citizens
Structural and socio-economic		<ul style="list-style-type: none"><li>• Work inter-sectorally, creating strategic alignment with relevant government strategies</li><li>• Provide equitable access to opportunities</li></ul>
Media Body image Seeing myself		<ul style="list-style-type: none"><li>• Disabled people in the media.</li><li>• Extend and expand Para Athlete coverage to those with invisible disability</li><li>• Alternative models of strength, fitness and capability</li></ul>
Policy and legislation		<ul style="list-style-type: none"><li>• UNCRPD</li><li>• Sport and Recreation Act</li><li>• Letter of Expectation to Sport NZ</li><li>• Building codes and Accessibility</li><li>• Human Rights Act</li><li>• Ministry of Health policy</li><li>• Enabling Good Lives</li></ul>
COMMUNITY		POTENTIAL INTERVENTIONS
Understanding and knowledge		Media imagery and narrative Avoid disabled people or parents of disabled children as 'victims' Asking and listening Workforce development <ul style="list-style-type: none"><li>• Sport sector</li><li>• Active recreation sector [about disability]</li><li>• Disability sector [about active recreation and sport]</li><li>• Education sector</li></ul>

89 <https://www.odi.govt.nz/guidance-and-resources/understanding-the-factors-that-lead-to-social-exclusion-of-disabled-people/>



Diversity and inclusion	<ul style="list-style-type: none"> <li>Financial value of inclusion in active recreation and sport</li> <li>Diversity as an organisational strength</li> </ul>
Transport and accessibility	<ul style="list-style-type: none"> <li>Affordable transport</li> <li>Universal design-built environment</li> </ul>
Integrative practice	<ul style="list-style-type: none"> <li>Build sustained presence likely to lead to valued social identity</li> <li>Create opportunities for being 'inside communities' at ordinary times and places</li> <li>Reflect participation of disabled people as part of building narratives</li> <li>Build requirements for inclusion and support into provider KPIs to make it happen</li> <li>(NB) Integration is not always the desired state</li> </ul>
Inclusive neighbourhoods	<ul style="list-style-type: none"> <li>Create accessible places and spaces</li> </ul>
Value of disabled people the economics of inclusion	<ul style="list-style-type: none"> <li>Recognise the \$ value of inclusive practice to facilities, programmes and events</li> <li>Disabled people as a collective community source of reciprocal support</li> </ul>
RELATIONSHIPS	POTENTIAL INTERVENTIONS
Expectations of capability	<p>Education to expect capability</p> <ul style="list-style-type: none"> <li>Family and friends</li> <li>Schools and ECC's</li> <li>Sports and recreation clubs</li> </ul> <p>Recognising capability</p> <p>Build physical literacy and confidence</p>
Opportunities for learning from risk and failure	<ul style="list-style-type: none"> <li>Refocus on 'people's talents and aspirations rather than their deficits'</li> <li>Managed risk</li> </ul>
Address impact of bullying	<ul style="list-style-type: none"> <li>Buddying</li> <li>Language</li> <li>Disabled staff</li> <li>Policy to address bullying</li> <li>Create a sense of belonging</li> </ul>



Create welcoming environments	<ul style="list-style-type: none"> <li>• Access</li> <li>• Universal design</li> <li>• Disabled people as trainers, instructors, connectors and front of house staff (for example)</li> </ul>
Increase resources of families	<ul style="list-style-type: none"> <li>• Inter-sectoral work</li> <li>• Value of physical activity, active recreation and sport in economic terms</li> </ul>
Remove the stigma of disability	<ul style="list-style-type: none"> <li>• Equal humanised relationships</li> <li>• Imagery and story telling</li> <li>• Relationships bound by mutually understood and reciprocated giving and receiving</li> </ul>
<b>INDIVIDUAL</b>	<b>POTENTIAL INTERVENTIONS</b>
Improve health status of PWD	<ul style="list-style-type: none"> <li>• Increase participation across the spectrum of activity</li> </ul>
Self confidence	<ul style="list-style-type: none"> <li>• Provide choice &amp; support</li> <li>• Self-authored activity</li> <li>• Create and build feelings of self-efficacy and confidence</li> </ul>
Feelings of personal safety and security	<ul style="list-style-type: none"> <li>• Create friendly and welcoming environments</li> <li>• Provide buddy system</li> <li>• Have disabled people as mentors and support people</li> <li>• Acknowledge the desire for separate 'exclusive' opportunities and competition</li> </ul>
Social and practical skills	<ul style="list-style-type: none"> <li>• Use visual supports and other modes of communication to invite inclusion</li> <li>• Opportunities through the lifespan build confidence:</li> <li>• Participation – having a go</li> <li>• Spectator</li> <li>• Participation ongoing</li> <li>• Skilled competitor on the pathway, etc</li> </ul>
Access to networks	<ul style="list-style-type: none"> <li>• Identify key 'promoters' in community, school etc</li> <li>• Use systems like Manawanui or others to access and train active recreation and sport support people</li> <li>• Train support people within established facilities and 'free agents' working with individuals and families</li> <li>• Create circles of support which include people with understanding of leisure theory and practice</li> </ul>





## FACILITATING ACTIVE RECREATION AND SPORT PARTICIPATION OF DISABLED CHILDREN

Facilitators to participation: in physical activity for disabled children – summary <sup>90 91</sup>	
SOCIETAL	POTENTIAL INTERVENTIONS
Development of better partnerships between key stakeholders from the disability, sport, education and government sectors.	Develop partnerships between the sport and disability sectors, local government, and schools.
COMMUNITY	POTENTIAL INTERVENTIONS
When people understood disability they were more likely to be welcoming and supportive.	<ul style="list-style-type: none"> <li>• Encourage positive societal attitudes to disability</li> <li>• Training and development for providers.</li> </ul>
Key personnel identified as facilitating participation in physical activity were coaches, instructors, and physical education teachers.	<ul style="list-style-type: none"> <li>• Introduce flexible funding arrangements for sports organisations</li> <li>• Support coaches, instructors, and physical education teachers with training.</li> </ul>
Some schools created opportunities for children with disability to be active and this facilitated their participation.	<ul style="list-style-type: none"> <li>• Ensure disabled children meaningfully participate in physical education at school</li> <li>• Encourage disabled children to participate in physical activity from early childhood.</li> </ul>
Facilitators included the child's desire to be active, practising skills, involvement of peers, family support, accessible facilities, proximity of location, better opportunities, skilled staff and information. <sup>92</sup>	<ul style="list-style-type: none"> <li>• Lessen the burden on parents of disabled children through financial or social support or incentives</li> <li>• Opportunities to practice sport-related skills and develop physical literacy</li> <li>• Buddying and peer-support systems</li> <li>• Needs assessment of the student before starting, working out where they fit [in a programme]</li> <li>• Universal design for facilities and services</li> <li>• Train staff</li> <li>• Provide appropriate relevant information to families.</li> </ul>

90 Shields N, Synnot AJ, Barr M., Perceived barriers and facilitators to physical activity for children with disability: a systematic review *Br J Sports Med* 2012;**46**:989-997.

91 Jaarsma, E. A., Dijkstra, P. U., de Blécourt, A. C., Geertzen, J. H., & Dekker, R. (2015). Barriers and facilitators of sports in children with physical disabilities: a mixed-method study. *Disability and rehabilitation*, 37(18), 1617-1625.

92 Shields N, Synnot AJ, Barr M., Perceived barriers and facilitators to physical activity for children with disability: a systematic review *Br J Sports Med* 2012;**46**:989-997.



RELATIONSHIPS	POTENTIAL INTERVENTIONS
The attitudes of people close to children with disability such as families, instructors and peers, were seen as central to their participation in physical activity. <sup>93</sup>	Incorporate practical based instructor training in disability.
Integral role of families in facilitating their child's participation in physical activity. Including: providing financial support, transport, finding suitable activities and encouragement.	<ul style="list-style-type: none"> <li>• Introduce flexible or subsidised payment options for families of children with disability</li> <li>• Encourage children to participate in physical activity from early childhood.</li> </ul>
Participants also articulated that peer involvement and acceptance were strong motivators for children with disability to participate.	<ul style="list-style-type: none"> <li>• Buddy systems</li> <li>• Inclusive practice in school and out.</li> </ul>
The value parents place on physical activity is indicative of the level of their child's participation and parental and child beliefs about physical activity are strongly related. <sup>94</sup>	<ul style="list-style-type: none"> <li>• Support parents:</li> <li>• Information</li> <li>• Education</li> <li>• Supported opportunities so it's not 'one more thing' they have to do.</li> </ul>
INDIVIDUAL	POTENTIAL INTERVENTIONS
Personal facilitators were fun and health, and the environmental facilitator was social contacts. <sup>95</sup>	
The extent of sports participation for people with physical disabilities increases with the selection of the most appropriate sport.	Ask children with disability and their families their preferred activity choices.
Most frequently mentioned personal facilitators to initiate sports participation were fun (78%), health (61%), and competition (53%). <sup>96</sup>	Create opportunities that are fun and promote good health, and include visible pathways to competition.

93 Shields N, Synnot AJ, Barr M., Perceived barriers and facilitators to physical activity for children with disability: a systematic review *Br J Sports Med* 2012;**46**:989-997.

94 Stuart, M. E., Lieberman, L., & Hand, K. E. (2006). In Shields, N., Synnot, AJ., & Barr M., Perceived barriers and facilitators to physical activity for children with disability: a systematic review, *Br J Sports Med* 2012;**46**:989-997.

95 Jaarsma, E. A., Dijkstra, P. U., Geertzen, J. H. B., & Dekker, R. (2014). Barriers to and facilitators of sports participation for people with physical disabilities: A systematic review. *Scandinavian journal of medicine & science in sports*, 24(6), 871-881.

96 *Ibid*



## CURRENT PROVISION BY SPORT NZ FUNDED PARTNERS

Key roles and functions of agencies currently funded via Sport NZ their focus is described below.

	WHO	MISSION	DELIVERY	PARTICIPATION SPECTRUM
<b>SPECIAL OLYMPICS NZ</b>	9,900 + athletes with an ID.	<ul style="list-style-type: none"> <li>Quality training and competition in a variety of sports for all children and adults with an intellectual impairment... (etc)</li> <li>Global vision (2016-2020)</li> <li>Improve opportunities for athletes to perform at their best</li> <li>Build positive attitudes for people with ID.</li> </ul>	<ul style="list-style-type: none"> <li>Sports</li> <li>Events and Games</li> <li>Athlete Leadership</li> <li>Clubs, schools and transitioning</li> <li>Law Enforcement Torch Run.</li> </ul>	<ul style="list-style-type: none"> <li>Have a go</li> <li>Participation – community level</li> <li>Training and Competition (national and international)</li> </ul>
<b>HALBERG DISABILITY SPORTS TRUST</b>	Young people 21 years and under with a physical disability.	To enhance the lives of physically disabled New Zealanders by enabling them to participate in sport and recreation.	<p><b>People</b> – relevant opportunities for young people:</p> <ul style="list-style-type: none"> <li>National Adviser Outreach</li> <li>Youth Council</li> <li>Manaakitanga Leadership</li> <li>Inclusion Training</li> </ul> <p><b>Programmes</b> – engagement in quality sport and recreation</p> <ul style="list-style-type: none"> <li>Halberg Games</li> <li>Regional sports events</li> <li>Recreation Project</li> </ul> <p><b>Partners</b> – promote inclusion, leverage awareness</p>	Participation – Community sports and active recreation activities.



	WHO	MISSION	DELIVERY	PARTICIPATION SPECTRUM
<b>PARALYMPICS NZ</b>	Para Athletes Or people with potential to become a Para Athlete.	Excellence and Equity Through Sport.	<p><b>LEAD</b> – Prepare, select and lead teams to Paralympic Games</p> <p><b>EXCEL</b> – Ensure development of programmes, systems and events to support Para-Athletes to win medals</p> <p><b>CHAMPION</b> – Acknowledge and celebrate disabled New Zealanders</p> <p><b>ADVOCATE</b> –Promote equity through sport.</p>	Training and competition at national and international level.

	WHERE ARE PARAFEDS	SPORTS RANGE	PARTNERS	STAFFING
<b>PARAFED</b>	Regional branches spread throughout New Zealand.	<ul style="list-style-type: none"> <li>• Parafeds range in what they offer, and include:</li> <li>• Opportunities from explore to excel</li> <li>• Pathways into particular sports</li> <li>• Pathways into only Paralympic sports</li> <li>• Regional and national camps</li> <li>• Junior games</li> <li>• Introduction to sport.</li> </ul>	<ul style="list-style-type: none"> <li>• Achilles</li> <li>• Boccia NZ (provide guidance)</li> <li>• Snowsports NZ (provide guidance)</li> <li>• Halberg</li> <li>• RSOs, NSOs, NDSOs</li> <li>• Paralympics NZ</li> <li>• Sport NZ</li> <li>• DHB</li> <li>• Defence Force (Invictus)</li> <li>• Schools</li> <li>• NZ Spinal Trust</li> <li>• Ministry of Health</li> <li>• DHB Spinal Unit</li> <li>• Tertiary Training Organisations</li> <li>• TLAs</li> <li>• EI</li> <li>• CCS DA</li> <li>• And others.</li> </ul>	<p>Ranges according to size of organisation and funding</p> <p>From 0.8 FTE to 3.5.</p>





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LUMin

PO Box 17 031, Karori  
Wellington 6147  
New Zealand  
P 04 476 2254  
E [lumin@lumin.co.nz](mailto:lumin@lumin.co.nz)  
[www.lumin.co.nz](http://www.lumin.co.nz)