

A Narrative Policy Analysis of the Accessibility for Ontarians with Disabilities Act, 2005:
Exploring Implementation in Municipal Recreation

by

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A thesis
presented to the University of Waterloo
in fulfilment of the
thesis requirement for the degree of
Master of Arts
in
Recreation and Leisure Studies

Waterloo, Ontario, Canada, 2010

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Author's Declaration

I hereby declare that I am the sole author of this thesis. This is a true copy of the thesis, including any required final revisions, as accepted by my examiners.

I understand that my thesis may be made electronically available to the public.

Abstract

The presence of disability in the political sphere has increased with the enactment of the *Accessibility for Ontarians with Disabilities Act* (AODA) in 2005. In 2008, implementation of the first standard focused on Customer Service began in accordance with the AODA. While this legislation was in its early phase, it was crucial to conduct research to understand the ways the legislation was being expressed in practical terms. Research makes it possible to point to areas of unmet promises between theoretical and practice application of the AODA so that it may attain its full potential. The purpose of this study was to conduct a narrative policy analysis during the implementation phase of the AODA to identify the parallel and divergent stories that arise from policy actors. Using an interpretive stance, this study was conducted with key people who played a role in implementing the AODA in the municipal recreation context. Participants included both persons responsible for implementing the AODA (i.e., city employees) and people with disabilities who have been directly affected by this policy. This narrative policy analysis sought to uncover the stories (stories that are repeatedly told), counter-stories (those that run counter to dominant stories), and non-stories (stories that are not present) (Roe, 1994). Three groups of narratives arose from this study. Narratives about creating and implementing the AODA included stories about clear steps to implementation, enforcement guidelines, and proactive steps to achieve accessibility. Counter-stories described a need for more specific details, explicit enforcement guidelines, and a “deal with things as they come up” course of action. Narratives about disability examined meanings of disability present in the AODA for people with and without disabilities. Additional narratives explored discrimination against people with disabilities, links between accessibility standards and the removal of barriers for people with disabilities. Issues of accessibility were further explored in the context of leisure and recreation. Analysis revealed the diversity in leisure experiences of people with disabilities, and the need to expand the definition of accessibility for better inclusion in municipal recreation. These narratives were then contrasted and combined to form a metanarrative (alternative to consensus) to recast issues surrounding the AODA in a new light. The metanarrative highlighted a gap between the theory of the AODA and its practical

applications. In theory, a policy was needed to improve the inclusion of people with disabilities in community; however, in practice, the AODA might not have the desired impact due in part to the interplay of policy and disability issues. This study suggests that the AODA is much more than what is written on paper in that it has the power to transform our society. The full intent of the AODA will be difficult to achieve until more people are aware of the legislation, its impacts, and its importance.

Acknowledgments

I would like to thank Susan Arai, my thesis supervisor, for all her support, help and thoughtful insights during my Masters degree. I also want to extend this thank you to all of the professors who shared their knowledge and input during classes and the thesis process.

I want to offer a special thank you to someone who means a lot to me. Rob, thanks for supporting me in this endeavour since the beginning. I know that listening to the long lists of issues that arose during this challenging process has not always (has it ever?) been an easy task, but you stuck with it until the end. You saved me from drinking too many glasses of wine on many nights and from shedding too many tears. Thank you for always being there.

A special thanks to Anicée and Mireille, my friends and biggest fans. I know that whenever I want to share a success or a failure, you are always there to listen. Thank you for always believing in me even when things didn't seem to go my way. Merci!

Thank you to my family for pushing me to always move forward during the past 3 years. Thank you for telling me I can succeed.

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Chapter One: Introduction

This story began in REC 650, *Leisure and Recreation for People with Disabilities*, a Masters level course in the Department of Recreation and Leisure Studies at the University of Waterloo. I decided to do a policy analysis of the *Accessibility for Ontarian with Disabilities Act (AODA)*. I spent a semester trying to uncover information about this legislation and to think critically about its various aspects in relationship with the well-being of people with disabilities. Although I felt I only scratched the surface of the AODA by exposing some of the underlying assumptions, I figured that handing in my final paper for that class would be the end of my brush with this legislation. Little did I know that this topic would fascinate me to the point that I would choose to spend the better part of a year investigating this topic in-depth. This is the origin of my exploration into the following story.

In Canada, people with disabilities represented 14.3 % of the population (4.4 million individuals) (Statistics Canada, 2006); however, this number was most likely an underestimation of the actual number of people with disabilities in Canada. One reason for this underrepresentation was the exclusion of people living in institutions, and therefore, older adults living in these settings were not included in this figure (Furrie, 2006). In addition, the number of people with disabilities was increasing; between 2001 and 2006 there was an increase of 1.9% in the number of people with disabilities in Canada. The number of people with disabilities climbed to 15.5% (1.8 million people) in the province of Ontario. Between 2001 and 2006, the median age of Canadians increased from 37.0 to 38.3 years (Statistics Canada, 2006). Since the rate of disability increases with age, the proportion of people with disabilities in Canada is likely to rise in years to come. Despite a rise in the number of people with disabilities, systemic issues and social exclusion perpetuated inequities and consequently there was a need for strong social policy if any significant change was to occur.

According to the Centre for Analysis of Social Exclusion (1998) there are three parts to the definition of social exclusion:

- It is relative to a particular group, society and/or point in time.
- People either exclude themselves or are excluded.

- It is a dynamic concept that includes present exclusion as well as a lack of hope for inclusion in the future.
(p. 13).

Social exclusion can also be “connected with the principles of equality and equity and the structural causes of their existence” (Liu, 2009, p. 326). As a population, people with disabilities have been identified under the Charter of Rights and Freedoms as a particularly disadvantaged group along with women, aboriginal people and visible minorities (Department of Justice Canada, 1982). People with disabilities have limited opportunities for education, employment and income. The Participation and Activity Limitations Survey (PALS) reported that 40% of people with disabilities had a post-secondary education compared to 48% for people without disabilities (Statistics Canada, 2006). Scotch (2000) also noted that this group was underemployed. According to the PALS, the rate of employment for people with disabilities was 41% compared to 76% for people without disabilities (Statistics Canada, 2006). These statistics highlight that unemployment has played a major role in the marginalization of people with disabilities over the past two centuries (Barnes & Mercer, 2005). With high instances of unemployment, leisure takes over work as a potential vehicle to enhance well-being for people with disabilities (Aitchison, 2003). Nonetheless, even with the recognition that “we can broaden our view of leisure from that of an individual pursuit to emphasizing the relational aspects of leisure and the role that it may play in addressing poverty” (Arai & Burke, in press, p. 158), governments and policies often use paid work as a tool to overcome social exclusion. The consequence of a focus on paid work is to draw attention away from other disabling barriers (Barnes & Mercer, 2005) and minimize the impact of leisure as a vehicle for change.

The high proportion of people with disabilities in Ontario and the systematic nature of exclusion warranted that these limited opportunities should be addressed by the provincial government. The provincial government was targeted as the most practical level of government to address issues surrounding disability. Although a disability act implemented at the national level would have greatly enhanced accessibility for all Canadians with disabilities, it would have been much more complicated to implement since many issues concerning disability such as medical care, employment,

transportation, housing, and poverty are largely under provincial/territorial jurisdiction (Council of Canadians with Disabilities, n.d.). Furthermore, the aging population warranted that issues affecting people with disabilities needed to be addressed to ensure all people have equal opportunities in the future. In the past, policies for people with disabilities faced an impasse arising from “a failure to appreciate the multidimensional character of the concept of disablement, a failure to address the normative question of what society owes to people with disabilities, and a failure to appreciate that the two issues are inextricably linked” (Bickenbach, 1993, p. 11). This, along with recognition that access is a necessary condition of inclusion (Liu, 2009), pointed to the importance of a strong policy for people with disabilities in Ontario. This led to the development of the AODA in 2005.

The argument for equal opportunities and accessibility stretches to the recreation and leisure context when looked at in the light of “the right to leisure.” Since the *Universal Declaration of Human Rights* (1948) declared every person has the right to leisure, leisure surfaced in public social policies. This right was often expressed as the ability of a person to “freely choose their activities and experiences” (World Leisure Organization, 2000). Sylvester (1992) argued that the recognition of the right to leisure was justified because “it allows people to reflect on and realize many of the personal values that constitute their well-being” (p. 16). However, McLean and Yoder (2005) argued that simply not preventing people from participating in leisure did not lead to an active participation in leisure activities. Furthermore, it was argued that the lack of leisure resources, not time, prevented people with disabilities from engaging in recreation (Aitchison, 2003). In fact, given the high rate of unemployment among people with disabilities, it was likely that poverty also played a role in preventing people from engaging in leisure. Therefore, policies needed to work to provide resources and opportunities for leisure for all, including individuals disadvantaged in today’s society.

Disability policy research was a relatively new field of study that warrants our attention (Fox, 1994). In the United States, enactment of the Americans with Disabilities Act (ADA) in the early 1990s was one event that pushed researchers to turn to policy research. However, success of the ADA was still hypothetical as it was a forgotten aspect of disability policy research (Fox, 1994). In Ontario,

the lack of studies done on the AODA was noticeable. While enacting strong policy was the first step in the right direction for the advancement of the rights of people with disabilities in Ontario, it was crucial to assess the implementation of the policy. The AODA would not attain its full potential if research was not able to point to unresolved issues and areas of tension between groups. One approach was to conduct an analysis of policy to allow for a deeper understanding of the policy implications for the affected citizens. With this in mind, the purpose of my study was *to conduct a narrative policy analysis during the implementation phase of the Accessibility for Ontarians with Disabilities Act (AODA) in a municipal recreation setting to identify the parallel and divergent stories that surround this legislation.*

Disability research lends itself to qualitative approaches due to the complexities of the disability experience (O'Day & Killeen, 2002). Although policy research often emphasized evaluation of policies and goal attainment, it was also important to look at the meaning-making process of policies through their writing and reading (Titchkosky, 2006). Meanings needed to be interpreted to emerge from the data and Wagenaar (2007) called for interpretive explanation in social sciences. A significant challenge to policy research has been the replacement of public participation by expert opinions (Walters, Aydelotte, & Miller, 2002). Therefore, adopting an interpretive approach to narrative policy analysis allowed experiences and stories of various policy actors to shine through the policy analysis. Yanow (2000) stated that since actions speak louder than words, it was important to include affected citizens (e.g., persons with disabilities) in policy analysis. I also needed the stories of policy makers and policy implementers to construct a well-rounded story about the implications of policy. Throughout this study I engaged key people who played a role in implementing the AODA for municipal recreation in a mid-sized city in Southern Ontario. My goal was to provide insight into the stories of various policy actors in the implementation of the AODA including policy makers, policy implementers, and people with disabilities. I drew on a conceptual framework for this study which incorporated the dominant models of disability that influenced the Canadian policy context, namely the biomedical model, the social model, and critical disability models.

Another issue identified in policy research has been the disjointed and inconsistent use of policy analysis (Popple & Leighninger, 2008). Therefore, to structure the analysis an adaptation of Roe's (1994) approach to narrative policy analysis was used to guide my analysis. Roe (1994) describes his narrative approach to policy analysis as a departure from more conventional ways of analyzing policies. The intent of Roe's approach was to recast the complex, uncertain, and polarized policy issues into a manageable story that allows for divergent policy stories to co-exist. His four-step framework begins with the identification of dominant stories (those stories that are repeatedly told). The identification of non-stories (stories that do not have a beginning, middle or an end) and counter-stories (stories that run counter to the dominant policy narratives) was the second step. In the third step stories were then contrasted and combined to form a new story in the form of a metanarrative (alternative to consensus). Finally, the fourth step involved examining the metanarrative and how it recast the policy problems. Using an adaptation of Roe's approach, this data analysis provided insight into the following questions:

1. Who are the policy actors involved in the implementation of the AODA at the municipal recreation level?
2. What stories surround the AODA as told by policy makers, policy implementers and people with disabilities?
3. What are the counter-stories surrounding the AODA?
4. What are the non-stories surrounding the AODA?
5. What is the metanarrative of the AODA?
6. How does this metanarrative inform our understanding of the AODA in practice?

Implementing policy that affects private and public organizations providing goods and services to people in all areas of functioning is a lengthy process. The AODA outlined five areas of accessibility standards that were to be phased in over time: customer service, transportation, information and communications, built environment, and employment (Ministry of Community and Social Services, n.d). The first standard to become law and move into implementation was the Customer Service standards on January 1st 2008 (Appendix A). Therefore, this study focused on this standard. Compliance deadlines for this accessibility standard varied according to the type of business or organization. Public sector organizations (including municipalities) are to comply by January 1,

2010 (Ministry of Community and Social Services, n.d.). All other businesses, organizations, or service providers were to comply by January 1, 2012 (Ministry of Community and Social Services, n.d.).

As a background to this study, Chapter Two introduces the concept of policy, specifically social policy. Social policy has multiple meanings, and many authors have attempted to define it. This chapter provides a broad overview of definitions and offers a definition of social policy for use in this study. The policy process is then described including the various individuals and groups who partake in this process. Their roles and participation are further examined in the context of social policy in Canada. This section offers an exploration of policy analysis, defining the concept and contrasting old and new approaches to analysis. Since my study focused on one specific disability policy, the AODA, I attempted to define disability in both theoretical and applied realms. Finally, this chapter concludes with a brief history of disability policy in Canada and introduces the AODA.

Building on the terms and concepts defined in Chapter Two, in Chapter Three I provide a description of narrative policy analysis. I situate narrative policy analysis within qualitative policy research. In the past few decades, in policy research there has been a shift to qualitative approaches such as interpretive policy analysis and narrative policy analysis. I explore these types of analyses, along with their advantages and drawbacks in Chapter Three. This chapter also contains insight regarding my role as a researcher including my approach to interviews and a discussion on reflexivity. Chapter Three describes data collection and data analysis steps taken in this study. Roe's (1994) framework to narrative policy analysis served as the basis for my study. The chapter concludes with a discussion of strategies for trustworthiness and ethical considerations in the process of conducting this study. I also include a reflexive statement pertaining to the methodology.

I then present the findings in Chapters Four and Five. The first and second steps of the analysis process are presented in Chapter Four. Guided by the five research questions, interviews and policy documents were analyzed to uncover the stories, counter-stories, and non-stories. The aim of the analysis was not to separate elements of those narratives but to allow a multiplicity of voices to arise

around the implementation of the AODA in municipal recreation. The narratives are grouped under the following three headings: (1) narratives about creating and implementing the AODA; (2) narratives about disability; and (3) narratives about discrimination, barriers, accessibility and the AODA. The first group of narratives describe the timelines and implementation of the accessibility standards with a focus on the Customer Service accessibility standard. The second group examined meanings of disability present in the AODA for people with and without disabilities. The third group explored discrimination against people with disabilities, links between accessibility standards and the removal of barriers for people with disabilities. As a context for accessibility, leisure and recreation in the AODA is explored. Following this, the policy context and the AODA are discussed including the economic context and the state of the disability movement as they relate to the implementation of the AODA in Ontario. A discussion of disability follows the narratives about disability and considers definitions of disability arising in the policy and the tensions that arise between different definitions. This aspect of the analysis also examines issues that arise when people with a disability are seen as belonging to a homogeneous group. Finally, the last group of narratives is followed by a discussion of discrimination, social inclusion, and leisure in the AODA.

Chapter Five presents the third and fourth step of the analysis process. From the stories, counter-stories, and non-stories explored in Chapter Four, a metanarrative emerged that allowed various points of views of the stakeholders to co-exist. My conclusions here critically examine the AODA. Conclusions range from those about the AODA policy itself to a reflection of the achievement of the vision of the AODA to conclusions about leisure, and equality. A discussion of the implications, both practical and theoretical, is followed by a description of the study limitations and future research.

Chapter Two: Literature Review

The purpose of this chapter was to provide the reader with an awareness and understanding of concepts that provide a foundation for this narrative policy analysis of the implementation of the *Accessibility for Ontarians with Disabilities Act (AODA)* in the municipal recreation context. Understanding leads to the ability to effect change. This chapter begins with a discussion of social policy. Various aspects are explored such as: the broad range of definitions of the concept, the different types of social policies, the policy actors and the policy process. An exploration of policy analysis, including definitions and assumptions then follows. Finally, I conclude Chapter Two a discussion of disability in the Canadian social policy context and in this study.

Social Policy

Social policy is described as being difficult to define (Doern & Phidd, 1992; Midgley, 2000; Popple & Leighninger, 2006). Arguments brought forth by academics include the lack of an agreed-upon meaning of social policy and its connection to a range of emotions when it is equated with ideas such as charitable giving and self-help (Doern & Phidd, 1992). Another reason for the difficulty of arriving at an explicit definition of social policy is the complexity of the concept itself (Midgley, 2000). The term social policy is used in at least four ways. Social policy can be used to mean a philosophical concept, a product, a process, or a framework for action (Gil, 1976). Social policy as a philosophical concept is best understood as a guiding principle around which organizations base their decisions and solutions to problems. Gil (1976) argued further that social policy can also be understood as a *product*; as the outcome of decisions to increase social well-being. Social policy may also be understood as a *process* by which organizations try to maintain stability while trying to improve. Finally, Gil (1976) described social policy as a *framework for action* in which it is “both the product and the process” (p. 5) to effect change. Similarly, Meenaghan, Kilty and McNutt (2004) explained that policy can be an *instrument to achieve a goal*, as a tool to guide people’s actions, and as

selectively allocated resources. In other words, the term social policy is a “loose and imprecise term” (Popple & Leighninger, 2006, p. 26) and it is often highly contested (Williams & Mooney, 2008).

Another issue of contention in defining social policy is the degree of inclusivity of this concept (Westhues, 2006). Depending on the authors’ views, social policy can range from a quite narrow understanding of policy that is often equated with economic issues to an encompassing one that includes an aspect of choice (Gil, 1976; Lavalette & Pratt, 2001).

Discussions about the complexity of arriving at a common definition of social policy are frequently followed by a debate about the futility of trying to define social policy. Gil (1976) argued that there is the belief that the term is self-explanatory and, therefore, does not require definition. Some authors solve this dilemma by defining social policy in non-essentialist terms. Twigg (2002) did exactly that by stating that social policy is, “an historically contingent field of study, something that emerged in the classic period of the welfare state but that has continued to change and adapt to new theorising and new social structures” (p. 421). This type of definition allows the concept of social policy to expand; however, it does not provide the basis to create a common understanding of social policy.

Understanding Policy

To further understand social policy it is important to explore two elements: the “social” and the “policy” realms. The term policy is, in itself, quite broad and a range of definitions exist. It is important to understand what policies are as they are omnipresent in the lives of all citizens of a society (Caledon Institute of Social Policy, 2007). Policies can be defined as, “statements that prescribe courses of actions in organizations” (Midgley, 2000, p.3). Gil (1976) offered another perspective on policy in which he recognized that policies can be adopted and pursued by governments, societies and other various groups present in the society. Moreover, Popple & Leighninger (2006) defined policies as tools that help to make consistently uniform decisions. A policy becomes part of the public realm when the courses of action are undertaken by a government and public resources are committed to resolve problems (Dobelstein, 2003). Torjman (Caledon Institute of

Social Policy, 2007) explained that the aim of public policies is to “achieve a goal that is considered to be in the best interest of all members of society” (p. 4). Similarly according to Doern and Phidd (1992) public policy involves a series of decisions (or non-decisions) to modify or uphold ways of life for citizens.

Citizenship, is described as the “rights and opportunities people should be able to expect from the governance of their society as well as their obligations” (Larson Schneider & Ingram, 2007, p. 329), and is often promoted through Western public policies, including social policy. Public policy theories can also be applied to the understanding of social policy. The use of social policies assumes that government interventions are the best way to enhance the interests of citizens (Midgley, 2000). Social policies, in the context of this study and very generally, are public policies that affect the welfare of citizens (Midgley, 2000).

The Content of Social Policy

One way to sort through the range of definitions of social policy is to focus on the policy content. At the narrow end, social policy is often equated with economic policies. Although most definitions of social policy include some elements of the economy, definitions at the narrow end of the spectrum focus only on economic issues. As an example, Finkel (2006) argued that one of the main elements of social policy is the distribution of wealth to individuals. Mendelson (1993) argued that since the 1950s, social policy in Canada has been dominated by the idea of the guaranteed annual income. The same economic theme can be observed in social policy in the United States of America. Amenta, Bonastia, and Caren (2001) defined social policy as, “state programs and services that address economic inequality resulting from risks to income and are bureaucratically administered to specified groups of citizens in specified circumstances” (p. 214). This definition reflects the close link between economic and social policies. Dobelstein (2003) also stated that social policies are often thought of as programs. Furthermore, monetary policies affect the types and outcomes of social policies (Mendelson, 1993). The relationship between the social and economic realm of policies can best be summarized in

the words of Hay (2008) who stated, “it is really limited to think of social policy as equalling economic policy but it is also crucial that they be seen as linked” (p. 150).

Although there is a need to recognize economic contexts that affect policies (Westhues, 2006), we have to keep in mind that social policy means more than just monetary issues. Twigg (2002) stated that, “social policy can no longer be safely defined in terms of the classic ‘social services’ or indeed state activity at all” (p. 422). The need for a broader definition stems from that recognition. Since social policy cannot simply be equated with programs and economic issues, a more comprehensive definition is needed to articulate the scope of social policy.

A more comprehensive view of social policy is often embraced by Canadian authors (Lightman, 2003). One of the most common and prevalent element within social policy definitions is the aspect of choice (Rein, 1971; Titmuss, 1974). Choice, in this context, is expressed as choosing between alternatives. Wharf Higgins, Cossom, and Wharf (2006) describe choice as selecting one option over the other. Titmuss (1974) argued this point when he defined social policy as being:

all about social purposes and the choice between them. These choices and the conflicts between them have continuously to be made at the government level, community level, and individual level. At each level (by acting or not acting) we can influence the direction in which choices are made (p. 131).

Westhues (2006) also raised this element of choice in her definition of social policy. She stated that, “social policy is a course of action or inaction chosen by public authorities to address an issue that deals with human health, safety or well being” (p. 8). Action or inaction implies that the people who made the decisions also made a conscious choice to act or to refrain from action, or to act in a particular way versus other ways.

Another aspect that often arises in broad definitions of social policy is the purpose of these policies. As Meenaghan and colleagues (2004) noted, policies are meant to “achieve some ought to be” (p. 77). In the context of social policies, this ought-to-be is the welfare of citizens in all aspects of life such as employment, recreation, and health. Alcock (2008) reinforced that point by stating that the focus of social policy is to provide support for the well-being of citizens, and that support is provided

through social action. Westhues (2006) provided another point of view about the purposes of social policies. She stated that they serve one of five purposes: solving a social problem, locating the public interest, identifying and legitimating social goals, creating a context for resolving conflicting values, and setting the direction for social action. In relation to the idea that the purpose of social policy is social action to resolve social problems, Popple and Leighninger (2008) identified the reduction of social inequalities as the central feature of social policies.

The number of different definitions of social policy became evident in this section as the range from narrow to more comprehensive was explored. Few definitions incorporate purpose, choice, and the values of ideologies behind those choices. One exception is the comprehensive definition offered by Wharf Higgins et al. (2006). According to these authors, social policy is:

a course of action or inaction chosen by public authorities to address problems that deal with human health, safety or well being. This course of action represents the choices made by policy makers, which are largely determined by their values and ideologies (p. 132).

Taking a different approach Gil (1976) focused on power and social relations in defining social policy. According to Gil policy “refers to efforts to shape the overall quality of life in a society, the living conditions of its members, and their relations to one another and to society as a whole” (p. 24). An aspect of social policies that separates them from other policies is simply that it affects the social realm of a society. Gil presented this definition of the social aspect as “having to do with life in a society and with intra-societal relationships among individuals, groups, and society as whole” (p. 12). Relationships between societal units are a key element in this definition. A Foucauldian stance to understanding social policy takes a philosophical position and sees power emerging out of the conflicting actions of society (Watson, 2000). Similarly, Dobelstein (2003) states that to understand public policy one needs to understand power. Therefore, it is important to include elements in the definition of social policy that will touch on aspects of power. Since it has been argued that power is “an outcome of social interactions” (Sibeon, 1988, p. 52), one way this can be achieved is by the incorporation of elements of interactions between members and among society in the definition as it

allows for an analysis of power. The incorporation of elements of relations between an individual, others, and society is a key part of interpretive epistemology and it can be argued that the main object of social policies are social relations (Moroney, 1981). Within the policy context, power can also be found “not only in policy decisions but in the very language in which policy issues and choices are presented to the public” (Fischer, 2003, p. 184). Another aspect of power within social policy is its distribution (Newman, 2008). In a democratic society, power begins with governmental bodies and ends with citizens. At the scale of social policy in municipal recreation, it is expected that power will be used to attain goals and will be a contested issue between the policy actors. In short, power can have the effect of creating social systems that are stratified (Iatridis, 2000) in which some groups or individuals dominate over others. On the other hand, power can also be a positive force in the instance “that it circulates throughout the community” and empowers people to act in the decision-making process (Popple & Leighninger, 2008, p. 120).

Keeping in mind that social policy is about making choices, purpose, social action, relationships and power, I offer the following definition of social policy for this study:

social policy is the choice and course of actions or inactions of a government to shape the overall quality of life in a society, the living conditions of its members, and their relations of power to one another and to society as a whole.

Types of Policies

In addition to the range of definitions, policies, either public or social, are also categorized into different “types” of policies. Four main classifications into types of policies are explored in this section. Three of these classifications group policies in relation to specific elements. First, policies can be grouped in relation to the issue or need (i.e., reactive, proactive). The focus of the distinction is on the timing of the enactment of the policies. Second, policies can be classified according to who has the authority for implementation (i.e., vertical, horizontal). Either one or several organizations can be responsible for this step. Third, policies can be categorized based on the relationship to the systems, be it political or organizational (i.e., residual, institutional). Finally, policies can be grouped based on their distribution (i.e., resource development, division of labour, rights distribution).

One of the basic distinctions that can be made between types of policies is whether the policy is *reactive* or *proactive* (Caledon Institute of Social Policy, 2005). *Reactive policies* are enacted after a problem or concern emerges which needs to be dealt with. On the other hand, *proactive policies* are enacted before a crisis surfaces, thus they are said to be pursued through “deliberate choice” (Caledon Institute of Social Policy, p. 3).

Another dimension upon which policies can be categorized is based on who has the authority for implementation. This classification creates two types of policies: vertical and horizontal policies (Caledon Institute of Social Policy, 2005; Smith, 2003). *Vertical policy*, the traditional way of making policies, refers to policies under the authority of only one organization. In contrast, *horizontal policies*, cut across many sectors of an organization or among organizations and are sometimes referred to as integrated policies.

Dobelstein (2003) states that there are two types of policies: *residual* and *institutional*. They can be differentiated by their underlying assumptions. One scenario is that the government assumes that the “political, economic, and social systems work most of the time for most people” (Dobelstein, 2003, p. 15). When problems arise they are accommodated by the enactment of public policies called *residual policies*. *Institutional policies*, on the other hand, assume that problems have to be resolved through a universally applied solution.

Finally, social policies themselves can be separated into three main groupings: *resource development* which focuses on the development of materials, goods, resources and services; *division of labour* which can be understood as society’s organization of the totality of its work load, functions, and manpower” (Gil, 1976, p. 19) and task or status allocation; and *rights distribution* which dictate who can use and appropriate natural resources and how to use them, services and material and non material goods (Gil, 1976).

These four main classifications of types of policies are some of the categories in which policies can be classified. Policies can also be grouped in accordance to the group who created the policy. I discuss this in following section.

Who Makes Policies?

Private and public policies are omnipresent in the lives of individuals living in a society; however, those same individuals seldom reflect on who makes these policies. Dobelstein (2003) identified four main categories of policy based upon the group involved in policy making: administrative policies, legislative policies, executive policies, and judicial policies.

Administrative policies are the most frequent type of policies. The policy making power of administrators is limited because the policies are often made to fit within a particular program or organization. *Legislative policies* involves government in the making of statute law and, unlike administrative policies, policy makers have no limitation on the scope of the policy making. *Executive policies* are carried out by political executives and they are bound to carry policies made by others. Finally, *judicial policies* are made by judges, but they often limit themselves to clarifying and affirming policies already in place. Public policy incorporates all groups of policy makers in the policy making process (Meenaghan et al, 2004).

Another way of classifying policy makers is to examine who holds the power in the policy process. Popple and Leighninger (2008) proposed three groupings related to those who make policy. The first, based on a *pluralism*, describes many groups as having power and all have some involvement in the policy making process. The second, named the *Public Choice Theory model*, is a variation of pluralism with an economic focus. It assumes that all policy actors want to use the power they have to use and make policies that will further their specific interests. The third, the *elitist model*, describes policies as reflecting the interests of the one group in power. In Canada, some analysts argue that the elite rules government (Wharf & McKenzie, 2004). However, the premise found in the categories proposed by Popple and Leighninger (2008) suggests that governments are far from being the only actors involved in the policy process. I have discussed that point further in the following section.

Who Are the Policy Actors?

The previous section focused on the individuals and groups responsible for policy making in Canada. However, it was not an inclusive description of the people, groups and organizations involved in the policy process. Only in recent times has the intimate circle of policy actors been expanded in the literature to include players other than governments. The dominant view presents governments as the sole policy actors and their role is to “confront problems and make choices, which are then enforced with the coercive power of the state” (Colebatch, 2005, p. 14). The role of policy actors is to deliberate about values and policy issues to come to a shared understanding of problems or not (Hajer, 2003).

One of the first influences of non-governmental actors before, or during the policy process is to provide public opinion (Kraft & Furlong, 2007). As mentioned above, the development of policies can stem from a public outcry about a certain issue that is important to the citizens. The power of the public opinion is relatively limited; it can hinder and/or stimulate public policy actions but it is rarely the deciding factor in policy making decisions (Burstein, 1998; Kraft & Furlong, 2007).

Due to the democratic nature of the Canadian political system, citizens have a right to participate in policy making processes (Smith, 2003). However, there are limited formal opportunities to provide their input and participate in the design and implementation of policies (Wharf Higgins et al, 2006). Participation often occurs through the formation of stakeholder groups such as interest groups, advocacy groups, and policy communities or networks. An interest group is an aggregation of individuals whose role is to promote and defend the interests of its members (Pross, 1986, as cited in Smith, 2003) through activities such as lobbying (Kraft & Furlong, 2007). Criticism of interest groups is that they overpower public deliberations, thus stopping ordinary citizens from participating (Larason Schneider & Ingram, 2007). The role of interest groups is to represent the general population in public deliberations, therefore, it homogenizes the public and takes the place of individual citizens at the discussion table. Advocacy groups are another form of aggregation of individuals. They are “groups of policy actors who share policy beliefs within a particular policy sector” (Stone, Maxwell, & Keating, 2001, p. 11). In many cases, advocacy is done by non-profit organizations on behalf of citizens (Boris

& Krehely, 2002). The mandate of advocacy groups is “a question of articulating a position and mobilizing support for it” (Jenkins, 2006, p. 309). The focus of these groups is to ensure that a wide array of opinions and ideas are circulated before any decisions are reached. In reality, citizen participation in the policy process might be taking part in services and programs formed under a policy as people provide their input of the delivery of those programs (Wharf Higgins et al, 2006). This situation might be changing in the near future as both citizens and governments are starting to see the value of citizen participation in policy issues (Smith, 2003). Researchers are also realizing the importance of including the public in their studies of policy (Burstein, 1998).

Policy networks are described as groups of individuals or institutions whose purpose is to voice the opinion of the group on policy issues (Farquharson, 2005). Borzel (1998) offers a more comprehensive definition of policy networks stating that they are,

sets of relatively stable relationships that are of non-hierarchical and interdependent nature linking a variety of actors, who share common interests with regard to a policy and who exchange resources to pursue these shared interests acknowledging that co-operation is the best way to achieve common goals (p. 254).

Similarly, policy communities describe the role and place of policy actors other than the formal government actors. They are a symbolization of the interactions between policy actors in non-formal policy processes (Miller & Demir, 2007). The common thread clustering individuals together is their interest in a matter of social policy. The main difference between policy networks and policy communities is what the members get from their participation in them. Members of policy networks get to be heard on issues that are of interest to them. On the other hand, the role of policy communities is to actively attempt to influence the policy-making process (Blom-Hansen, 1997). It is important to recognize the variety of policy actors albeit the effects of their participation in the policy process are still uncertain (Amenta et al., 2001).

The Policy Process

After arriving at a definition of social policy and recognizing the diversity of policy actors, the next step to gain a deeper understanding of policies is to examine the policy process. Many authors

have attempted to schematize the policy process to create separate and linear steps that can readily be visualized. Although the policy process has often been thought as evolving through a series of stages, it is important to realize that the steps illustrated in a policy cycle model do not always happen in sequence (Jann & Wegrich, 2007). The figure below is a typical example of an illustration of the policy cycle.

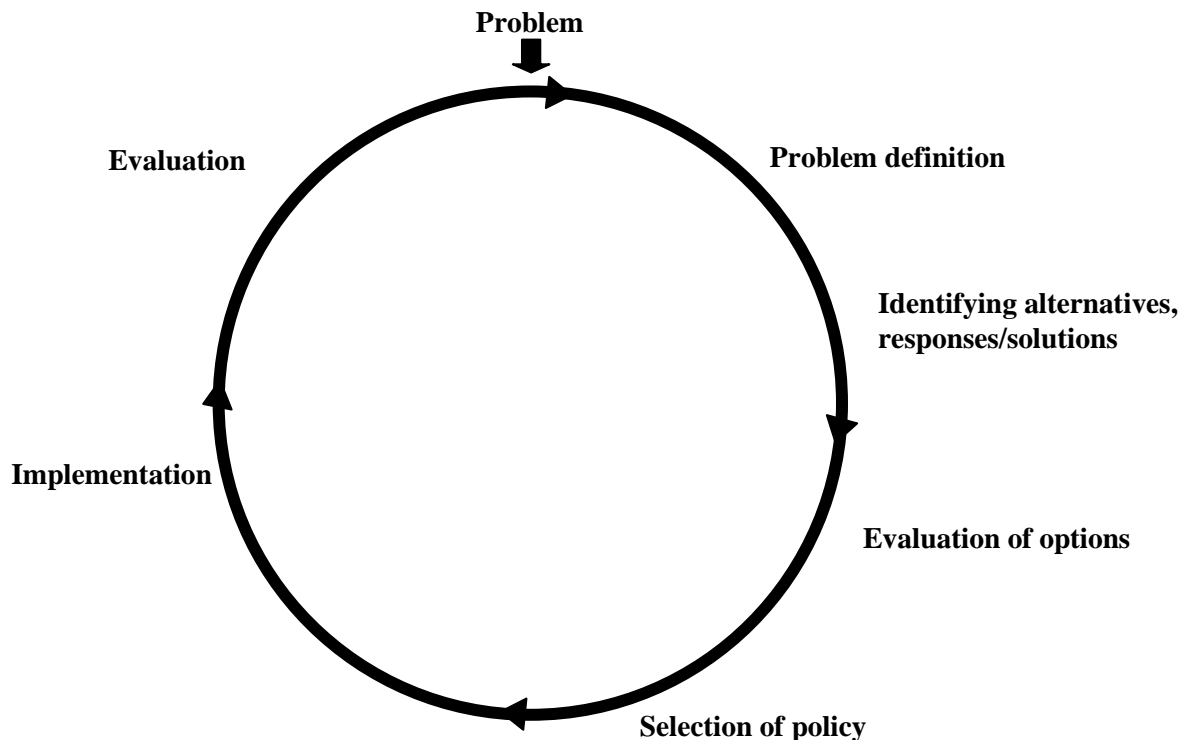


Figure 1. The policy cycle (Parsons, 1995. p.77).

There are several variations of the policy process. Some authors focus on the policy making process which includes defining the problem, establishing criteria for choice between policy alternatives, choosing the best alternative for the context, and examining the political feasibility of that alternative (Moroney, 1981). Other models focus on the larger policy process although the number of steps in the different policy models varies greatly. Popple and Leighninger (2008) include three simple steps: problem definition (stakeholders participate in defining the problem and potential solutions), the legitimation step (a policy solution is formally enacted), and the implementation phase (translation of policy objectives into specific guidelines). Parsons (1995) proposes a model that contains six steps (see

Figure 1): problem definition, identification of alternatives (possible solutions are identified), evaluation of options (solutions are evaluated on such bases as costs and feasibility), selection of policy option (solution that fits the problem the most is chosen), implementation (policy is enacted), and evaluation (assess the solution to see if it helped solve the problem). Wharf and McKenzie (2004) reiterate these steps in simple terms: initiation (following a push for change, the problem is defined), formulation (developing and analyzing alternatives), execution (chosen alternatives are reviewed and a decision is made), implementation (the control passes from policy maker to practitioner to deliver services and programs), and evaluation (assess the chosen alternative in relation to goal and make adjustments to policy).

Torjman's (2005) model of the policy process will be used to situate the AODA within the policy process timeline. I have chosen Torjman's model because it fits closely with the scope of this thesis. Furthermore, Torjman has done extensive research on disability policies in Canada and it is expected that this understanding is reflected in her research. Similar to Popple and Leighninger's model (2008), Torjman (2005) identified the first step in the policy process as the selection of the desired objective. The policy direction can come from many sources such as: the political platform of the government; discussion with various groups; previous agreements with other parties, groups and the international community; and the political, social and environmental climate that is in effect at that moment. After arriving at a decision about the policy goal, the second step involves a decision about the people the policy will be directed toward. The third step in Torjman's model is the determination of the pathway. At this stage in the process, a choice between alternatives has to be made to decide on how best to reach the objective within the constraints of the context. The fourth step involves the formulation stage. Following the choice of one alternative among many, policy makers must design the details of the policy with careful consideration given to the policy target, the cost and financing of the policy initiative, and political factors. Finally, after the formulation phase, the fifth step involves the implementation and assessment of the efficiency, effectiveness and consistency of the policy.

All of the models described in this section present steps in the policy process as being sequential; however, the policy process as it happens in the real world, is often not as structured as is presented in these theoretical models (Spicker, 2006). Although policy cycles are often critiqued for not being an accurate representation of the policy process, they are a useful tool to convey the complex nature and to enhance the public's understanding of the policy process (Jann & Wegrich, 2007).

What is Policy Analysis?

Not unlike the social policy concept, authors have coined the term *policy analysis* to mean various things. This multiplicity of meanings might be due to the incoherency and dividedness of the field (Dryzek, 1982) and it may lead to a lack of common understanding of the focus of policy analysis (Healy, 1986). Many texts written about policy analysis describe concrete ways of using policy analysis in the real world. Since the focus is on application frameworks, time is not always spent on the theoretical definition of policy analysis. In this section, I attempt to build a common understanding of policy analysis. I then delve into the intricacies of narrative policy analysis as it guides my study. Furthermore, I examine the place of narrative policy analysis among traditional and modern forms of policy analysis.

Many authors of books and articles on policy analysis refer to Dunn's definition of the concept as their working definition on the subject. Policy analysis, according to Dunn (2004), "is an applied social science discipline which uses multiple methods of inquiry and argument to produce and transform policy-relevant information that may be utilized in political settings to resolve policy problems" (p. 35). As can be inferred by this definition, the aim of policy analysis is then to find alternatives to resolve issues with and within the policy. This theme is echoed by Dobelstein (2003) who explained the purpose of policy analysts was to provide information to policy makers to guide their decisions about policy issues.

Mainstream assumptions about traditional policy analysis include seeing policy analysis as a conduit between the policy studied and the policy makers (Colebatch, 2005). The limitations of this assumption are that the policy analysts acting as conduits must then not have influence on the

meanings of the policy studied. This is consistent with a post-positivist approach when the policy analyst believes that “being objective is an essential aspect of competent inquiry” (Creswell, 2008, p. 7). In contrast, interpretive researchers, believe “it is not possible for an analyst to stand outside of the policy issue being studied, free of its values and meanings and of the analyst’s own values, beliefs, and feelings” (Yanow, 1995, p. 6). Therefore, the traditional definition of policy analysis does not work well within an interpretive approach such as narrative policy analysis. Consequently, there is the need for a broader, less prescriptive definition of policy analysis. By expanding the boundaries of the concept, one can come to refer to policy analysis as any and all methods used to study the policy at any stage of the policy process (Hajer, 2003). Although Hajer’s definition has a wide scope, more elements can be added to it to build a more comprehensive interpretive definition of policy analysis. An example of a definition that is more aligned with the interpretive paradigm is presented by Colebatch (2005), who states policy analysis “is concerned with the multiple ways in which people make sense of the world and apply ‘policy’ to it and with making links between these discourses and finding ways of linking them” (p. 113). Colebatch introduced the notion that people produce discourses that allow them to attach meanings to policy experiences. This idea is a fundamental aspect of narrative policy analysis. Narrative policy analysis is concerned with analyzing the narratives of policy actors as they “are a force in themselves and not just a story” (Bridgman & Barry, 2002).

By combining Hajer’s (2003) broad and Colebatch’s (2005) interpretive definition of policy analysis, I arrived at a definition that is reasonable for a narrative policy analysis study. For my study, policy analysis then becomes,

any and all methods used to study the policy at any stage of the policy process designed to elicit and interpret multiple ways in which policy actors make sense of the world and apply ‘policy’ to it and are concerned with making links between these discourses and findings ways of linking them.

I will explore narrative policy analysis in more detail in Chapter Three. However, as a last point about policy analysis, Sibeon (1988) argued it is important to recognize the distinction between the analysis *of* policy and the analysis *for* policy. The implication of analysis *of* policy is the belief that

knowledge is in itself worthy (Sibeon, 1988). The objective of doing analysis *of* policy involves “add[ing] to the sum of knowledge about policy” (Sibeon, 1988, p. 6). On the other hand, analysis *for* policy consists of a more practical application of research in which the data collected is used by policy-makers and practitioners. My research focused on both the analysis *of* social policy and the analysis *for* policy. I touch on the former as the purpose of my study is to further add to the knowledge about interpretive approaches to policy analysis and the importance of accessing local knowledge from various policy actors. It also consists of the latter. While it is important to contribute to knowledge, I believe that by applying the conclusions of this study to practical situations, such as the implementation of the other four standards of accessibility, this research will reach its full potential. Policy analysis as defined above will guide my interpretive gaze and purpose in this research.

What is Disability?

Disability has different meanings for different people. However, present in most definitions is a description of disability in opposition to ability (Jones, 1996). Various organizations have developed their own definitions of disability. The World Health Organization (WHO, 2001), in consultation with some advocacy groups, defined disability as, “as the outcome of the interaction between a person with an impairment and the environmental and attitudinal barriers he/she may face” (par. 5). This definition illustrated a shift from the medical model of disability to a social model. This section provides an overview of these two models of disability and the minority group paradigm. An alternative way of thinking about disability is also suggested. Although it has been stated that “there is no good definition of disability because of the various social, experiential, and biological components present” (Henderson, Bedini, Hecht, & Schuler, 1995, p. 29), this section presents alternative approaches to understanding disability and I situate myself and this study within those approaches. The place of disability in Canadian policy is also explored. It is important to understand definitions of disability since the definition adopted influences the way people are treated by society (Oliver, 1993b). Turnbull III & Stowe (2001) explained the importance of exploring the model of disability embraced by a policy when they state, “that one cannot understand the understructures of the core concepts of disability

policy without also acknowledging and beginning to understand the ways in which we and others think about disability” (p. 208). Models of disability are “simplified presentations of reality” that “provide ways of reflecting about a reality” (Devlieger, Rusch, & Pfeiffer, 2003, p. 14).

The biomedical model of disability represents the prominent view of disability used commonly in society and all levels of the government. As defined by this model, disability is a personal tragedy (Jongbloed & Chrichton, 1990). The model describes disability as an individual issue caused by an impairment (Jongbloed, 2003). The reality of the impairment for the individual with disability serves as the fundamental starting point of this model (Williams, 2003). One of the main elements of the biomedical model is the assumption that impairments cause individuals to be unable to do certain things (McColl & Jongbloed, 2006). Disadvantages and exclusion encountered by people with disabilities are assumed to reside in their inability to adapt to society’s demands and expectations (Jongbloed & Crichton, 1990). In short, this model situates the problem within people with disabilities and sees that it is their responsibility to adapt and fit in to society. Therefore, the biomedical model emphasizes the alteration of the biological condition of the person to fit in society (Rioux, 2003). Disability can be understood as a problem that “science and medicine can and must fix” (Diedrich, 2007, p. 254). Therefore, the focus of interventions for people with disabilities is on rehabilitation and the ability of the individual to overcome barriers (Jones, 1996). This model leaves little room for the recognition of society’s role in shaping disability (Rioux, 1997). However, the prominence of the biomedical model has increasingly come under scrutiny. In the 1970s and 1980s, disability studies focused on critiquing the medical model of disability (Linton, 1988). The biomedical model of disability reinforced the assumption that the quality of life of people with disabilities will be below that of people without disabilities (Devine & Sylvester, 2005). In other words, the medical model of disability connects the impairment of an individual to his situation in today’s society. In light of this view of disability it was realized that this model may not reflect the experiences of those living with disabilities (Llewellyn & Hogan, 2000).

Another way to view disability is to consider the sociocultural aspects of the phenomenon. The social construction of disability is concerned with “social contexts that enable or disable individuals who negotiate these concepts” (Shogan, 1998). Prior to delving into the social model of disability, it is important to understand the concept of social construction. This way of knowing assumes that humans construct meanings through the experience of seeking to understand the world in which they live (Creswell, 2003). In this light, “knowledge is contingent and ambiguous, a cultural and historical product formed by and filtered through the beliefs, attitudes, and actions of people living in a particular place and time” (Devine & Sylvester, 2005, p. 85). In other words, since every individual experiences the world in different ways, the meanings she attaches to the experiences differ from the meanings another individual would attach to the same experiences.

When applying the concept of social constructionism to disability, disability then becomes “an effect of the social context” in which people with disabilities are at a disadvantage because of the environments in which they live, work and play (Shogan, 1998, p. 274). This perspective allows people “to think inclusively by considering the experiences of persons with disabilities and examining the quality of their interaction” (Jones, 1996, p. 353). According to Jones (1996), this view of disability allows the experience of disability to include all individuals, with or without disabilities. The model rooted in the social construction of disability is sometimes also referred to as the socio-political model and it situates the cause of disability not within the individual but in the environment in which individuals attempt to act (McColl & Jongbloed, 2006). Disability as socially constructed is based on the concept of dependency which can be defined as “the inability to do things for oneself and consequently the reliance upon others to carry out some or all of the tasks of everyday life” (Oliver, 1993a, p. 50). In other words, the socio-political model is embedded in the battle of people with disabilities to attain their full civil rights (Burchardt, 2004).

The social model of disability is viewed as the dominant model in today’s society. It emphasizes that people with disabilities are an oppressed group and it defines disability as social oppression and not as a consequence of individual impairment (Shakespeare, & Watson, 2002). Shakespeare and

Watson also argue that those two characteristics are elements of the British social model of disability. This model is often used in comparison with the biomedical model. Unlike its counterpart, the social model assumes that disability is a societal issue (Tregaskis, 2004) that stems from the oppression of people with disabilities (Terzi, 2004) by the economic, social and physical environments (Jongbloed, 1990). This view implies that it is the responsibility of society to take into account the needs of people with disabilities and to adapt to better fit those needs (Tregaskis, 2004). According to Dewsbury et al. (2004) one of the key advancements emerging from the social model of disability is the production of an “interactionist account of disability” (p.156). This means the responsibility does not only lie with the people with disabilities, this responsibility is also a societal issue because of the interactions between people with disabilities, society, and government. One way to change environments is to introduce policies that will diminish physical, societal, and economical barriers for people with disabilities and increase supports and resources available.

Although the social model of disability has been praised for its departure from the biomedical model, there has been recent reticence about its usefulness. One of the common critiques of the social model is its exclusion of impairment from the disability experience (Shakespeare & Watson, 2002). Shakespeare and Watson further argue that the “denial of difference” (p. 19) caused by the exclusion of impairment is an important issue as it may lead people with disabilities to not identify with the disability movement. One of the other critiques of the social model of disability is that although disability interacts with other factors such as age, race and gender, this interaction is not accounted for in the model. The focus on disability only is an effective but narrow strategy for social change (Block, Blacazar & Keys, 2001).

Taking into account the failure of the biomedical and social model in providing a basis for the understanding of the construct of disability, it is imperative to look at disability in other ways (Oliver, 1993b). Aitchison (2003) stresses the importance of avoiding the “false dichotomy” that exists between the social and the medical model of disability as a more complete understanding of the phenomena requires a look at both. A critical stance allows issues of “empowerment, inequality,

oppression, domination, suppression, and alienation” to be addressed (Creswell, 2003, p. 10). Devlin and Pothier (2006) merge critical theory with disability models as they argue that “disability is not fundamentally a question of medicine or health, nor is it just an issue of sensitivity and compassion; rather, it is a question of politics and power(lessness), power over, and power to” (p. 2). The aim of a critical approach to disability is to achieve fuller participation in today’s society by people with disabilities (Devlin & Pothier, 2006). Lord and Hutchison (2007) emphasize that adopting a critical perspective is the best way to set the stage for new ideas. These authors argue that embracing “values drive[s] innovation” (p. 44) and that it is the basis for a new disability paradigm.

Rioux (1994) proposes an *equality of well-being model* to address the shortfalls of the biomedical and social models. Taking a critical approach to disability, the equality of well-being model tries to answer questions of “how to determine which rights would be guaranteed to all individuals and how to ensure that all individuals have the support to exercise those rights” (Rioux, 1994, p. 144). Rioux proposes this model embraces differences through a pluralist perspective. This means that everyone, including people in minority groups, seeks to be recognized as equal while embracing their differences (Rioux, 1994). Rioux argues one way to achieve this equality is to go beyond redistributive financial support and to redistribute other resources such as those that would support a fuller participation in life.

Another model that stems from a critical stance is the *human rights approach* to disability. This approach stems from the social model of disability in that it recognizes that disability is not solely an intrinsic characteristic of an individual but an outcome of complex social interactions (Bickenbach, 2003). The human rights approach steps into the critical realm due to its questioning of laws and policies and its attempt at reforming those (Rioux & Prince, 2002). The premise of this perspective is the provision of political and social entitlements to people with disabilities as they are also citizens (Rioux & Prince, 2002). In short, the human rights approach to disability challenges the distribution of power and the exclusion of people with disabilities from society through the enactment of laws and

policies that support and promote the equal distribution of rights for people with disabilities as they are full citizens.

It seems crucial at this point that I situate myself among these various disability models. As an interpretivist researcher, I need to acknowledge my influence and interaction with the research. Before I began this study, and as I was preparing for data collection and analysis, I aligned myself within the socio-political model. While growing up, although it was not presented as a model of disability, the view that permeated society was that people with disabilities should be part of our community and that we, as citizens, should accommodate them. Everywhere I looked, there seemed to be signs that society was adapting itself to people with disabilities: designated parking spots, Braille numbers in elevators, automatic door openers, bigger bathroom stalls, flashing lights fire alarms, etceteras. I felt satisfied that as a society we were doing our part to include people with disabilities. After doing this research and spending time thinking and reflecting about disability issues, I believe that only by adopting a more critical standpoint on disability will we, as a society, be able to advance to an inclusive society. Today, my understanding of disability is more fluid.

Disability is much more than the relations between the individual, impairment, context, and environment. It is a characteristic that is often used to describe groups of people and often influences the identity of those individuals. Thus, it must be understood that defining disability is a political issue concerned with the exclusion and inclusion of people with disabilities in our society (Oliver, 1996).

Oliver (1993b) argues that:

the only way ahead is for disabled people and researchers to work together in constructing a more appropriate research enterprise, the failure of researchers to acknowledge this will inevitably mean that disabled people will construct their own research enterprise without them (p. 67).

Disability in Canadian Policy

In the past three decades, disability has become an important issue in political realms (Barnes & Mercer, 2005) leading to an increase in policies focused on disability issues. It is crucial to define what it is that we mean by “disability policy” and what that includes. Jongbloed (2003) noted that each

model of disability leads to different goals, and is the basis for deciding what society owes to people with disabilities. According to Hahn (1986) the problem of disability is due to unfavourable attitudes that shape public policies, and those policies reflect these long lasting attitudes and values to society. In other words, definitions of disability in policies helps to form the public's views of disability and therefore shapes future policies (Titchkosky, 2006). The way disability is defined within policies affects the interventions prescribed by such laws and also has implications for the choice in methodology, methods, and for the types of research questions posed in policy analysis (Smears, 1996). Bickenbach (1993) defines disability policy as policy that answers the following two questions:

- What does it mean to have a disability?
- What is society obliged to do for those who have a disability?

He also affirms that people with disabilities should obtain respect, participation, and accommodation.

A report written by the Government of Canada (2003), entitled *Defining Disability- A Complex Issue*, provides an in-depth look at the ways in which disability has been defined in Canadian disability policies. Disability has been defined as impairment, as functional limitations, and as socially constructed. The report groups disability policies in Canada into four main categories: antidiscrimination and protection rights, activities in daily living and assistance in the home, income, and employment, and learning. In most legislation, disability is often only implicitly defined. For example, under the category of antidiscrimination and protection rights, only one law, namely the *Employment Equity Act*, explicitly defines what is meant by disability. In this case, it is regarded as functional limitations to participation in employment (Government of Canada, 2003). One of the main points of this report is that the various goals of disability programs and services and their eligibility make it difficult to arrive at one common definition of disability (Government of Canada, 2003). This dilemma is also one of the main problems associated with the *American with Disabilities Act (ADA)*. One study shows that many people with disabilities are excluded by the narrow medical definition of disability in the ADA (Areheart, 2008). It is important to realize that definitions of disability used in

legislative discussions are often more comprehensive than those of the specific disability programs and services (Government of Canada, 2003).

The goals of social policies are influenced by the ways concepts are constructed within them. This influence is also true for disability policies. Both the biomedical and social models of disability are present in Canadian policies; policies tend to transition from one to the other and back (Dunn, 2004). This means that the view of disability in policy reflects the perspective of the moment. When the medical model of disability is embraced in a policy, the policy objective then becomes compensation by offering services, including income supplementation, to those who meet the eligibility criteria (Scotch, 2000). The biomedical model manifests in social assistance programs in that diagnosis is often used as the sole basis for qualification for these programs. Implications of a biomedical definition of disability for policy include an almost exclusive focus on prevention and treatment of impairments (Hahn, 1999) and not on full participation in community life. The socio-political model of disability focuses on two policy goals: equality and human rights (Jongbloed, 2003). Social assistance programs in Canada tend to be modeled on the biomedical perspective (Jongbloed, 2003). The main implication associated with definition of disability within the sociopolitical model is a focus on the identification and elimination of environmental barriers (Hahn, 1999). However, the elimination of barriers does not ensure participation in community if adequate support and resources are not also put into place. Furthermore, it is often difficult to pinpoint which model is represented in policies due to the combinations and variations of models (Rioux, 2003).

Brief History of Disability Policy in Canada

While disability issues are now prevalent in today's Canadian policy-making process, it is not a new issue. Disability emerged as a policy issue around World War I due to the many injured soldiers returning to Canada and to the rapid industrialization that caused an increase in work related injuries (Government of Canada, 2003; McColl & Jongbloed, 2006). On the other hand, McColl and Jongbloed (2006) argue that disability issues have been present in policy since the end of the 19th century in the form of asylums and institutional residences.

Many authors mention that the 1960s and 1970s have been a period of major change for disability policy. This revolution can be linked to the growing civil rights movement which encouraged every aspect of society to be re-examined (McColl & Jongbloed, 2006). Many programs for people with disabilities emerged during these decades such as the Canadian Assistance Plan (Prince, 2001). These programs were established on the basis of “equality of condition, equality of opportunity, and equality of consideration” (Jongbloed, 2003, p. 203). This trend continued in the 1970s with the recognition of the social model of disability which influenced the goals of disability policies by focusing on the inclusion of people with disabilities by increasing the access to buildings, transportation and employment (Jongbloed, 2003). Two of the major events for people with disabilities in those decades were the enactment of the *Declaration of Human Rights for Disabled People* (McColl & Jongbloed, 2006) and the enactment of the Canadian Charter of Human Rights and Freedoms in 1982.

Canada is now said to be in a period of “social investment” which tries to “ensure that people can be the best they can be as a strategy for enhancing the nation’s global competitiveness” (McKeen, 2006, p. 868). A significant achievement in governments working together is the writing of the *In Unison* report (Federal-Provincial-Territorial Council on Social Policy Renewal, 1998). This initiative marks the first time that various levels of government such as federal, provincial and territorial collaborated on disability issues. The full participation of people with disabilities in all aspects of life is the goal *In Unison* envisioned. The Government of Canada has focused its attention on creating disability policies that foster inclusion by removing barriers to participation (Government of Canada, 2005). The elimination of barriers in itself does not guarantee an increase in participation by people with disabilities. For real change to occur for people with disabilities, both policy makers and individuals will have to reshape the way they think about disability (Hayden, 2000) since disability is inherent to society (Rioux, 1997).

Chapter Summary

Understanding critical concepts about social policy and disability are important to provide a foundation for this narrative policy analysis. This chapter begins with a discussion of social policy. I explored various aspects such as: the broad range of definitions of the concept of policy, the different types of social policies, the policy actors and the policy process. I followed with an exploration of policy analysis, including definitions and assumptions. Finally, I concluded this chapter with a discussion of disability in the Canadian social policy context and in this study. Based on the concepts explored in this chapter, Chapter Three will examine traditional approaches to policy analysis and expand on narrative policy analysis in the context of this study.

Chapter Three: Methodology and Methods

This policy analysis was framed within an interpretivist framework and incorporated Roe's (1994) approach to narrative policy analysis. *The purpose of my study was to conduct a narrative policy analysis during the implementation phase of the Accessibility for Ontarians with Disabilities Act (AODA) in a municipal recreation setting to identify the parallel and divergent stories that surround this legislation.* The intent of his approach to narrative policy analysis is to recast the complex, uncertain and polarized policy issues into a manageable story that allows for divergent policy stories to co-exist.

This approach involves four steps to uncover the dominant stories, non-stories, and counter-stories in the policy narratives to create a meta-narrative that recasts the problem. Although Roe's (1994) framework is used as the starting point for this analysis, I have applied an interpretive stance instead of the postpositivist standpoint suggested. Consequently, the research questions used to frame my study are as follows:

1. Who are the policy actors involved in the implementation of the AODA at the municipal recreation level?
2. What stories surround the AODA as told by policy makers, policy implementers and people with disabilities?
3. What are the counter-stories surrounding the AODA?
4. What are the non-stories surrounding the AODA?
5. What is the metanarrative of the AODA?
6. How does this metanarrative inform our understanding of the AODA in practice?

I begin this chapter with a discussion of the traditional and modern framework of policy analysis. Narrative inquiry is then explored as a basis for the understanding of narrative policy analysis. Narrative analysis is concerned with the study of stories (Pinnegar & Daynes, 2007) to reconstruct the experience of an individual within a social context and in relation to oneself and to others (Clandinin & Connelly, 2000). This method is further explored in this chapter. I then explain data collection and data analysis in terms of the specific steps that I have taken to carry out this study. A discussion of my study as well as my role as a researcher follows. This chapter ends with an explanation of the strategies taken for trustworthiness as well as the ethical considerations.

Quantitative and Qualitative Approaches to Policy Analysis

One way to understand narrative policy analysis is to contrast it with traditional and modern forms of policy analysis. I will begin by exploring narrative policy analysis in comparison to traditional policy analysis which attempts “to identify and calculate effects of policies with apolitical, objective, neutral methods” (Marshall, 1997, p. 3). In short, traditional policy analysis focuses on the use of quantitative approaches and attempts to position itself as value-free. This will be discussed further in this section and followed by a comparison to more recent qualitative forms of analysis.

Many authors have attempted to classify policy analysis frameworks. Moroney (1981) distinguishes between rational and purpose approaches to policy analysis. The dominant method is often referred to as the rational approach and it focuses on the policy making process. It assumes that the policy making process is “rational, logical and measurable” (Parsons, 1995, p. 244). Information gathered for rational analysis is usually obtained through traditional social science methods of research (Moroney, 1981). Traditionally, analysts have focused on reaching the objective of this rational process through quantitative methods of analysis. One of these methods is the survey which has been used extensively to study social policy (Midgley, 2000). The rational approach tries to answer questions such as who, where, how and what (Parsons, 1995). The purpose approach to policy analysis examines policy issues such as financing, organization, and administration in relation to the purpose of service of the policies (Parsons, 1995).

While there are many models of policy analysis, and each model has been adapted in various ways, there are some common elements to the traditional models. According to Westhues (2006), all policy analyses must consider the adequacy, the effectiveness, and the efficiency of the policy.

Common elements of traditional policy analysis approaches can be summarized into four points:

- a definition of the policy problem,
 - the formulation of criteria to make a choice,
 - decisions about alternatives,
 - and the political feasibility of the chosen alternative
- (Moroney, 1981).

While most of the literature on policy analysis is based on quantitative and/or post-positivist methods, in the past few decades, there has been a shift to the incorporation of qualitative approaches in policy analysis. This shift might be due to the pitfalls and critiques of the traditional models of policy analysis. One of the criticisms of the postpositivist models is that the rigid structure present in every step of these frameworks prevents full exploration of the context being studied. (Dunn, 2004). Some authors have undertaken to explain the different uses of qualitative methods for policy research. In its qualitative beginnings, policy analysis was a way of reflecting about the link between action and knowledge (Dunn, 2004). From its informal debut, qualitative policy analysis has shifted to more formalized approaches such as narrative policy analysis. In my study, narrative policy analysis is used in its interpretive sense; therefore, to fully understand it there is a need to explore qualitative approaches to policy analysis.

In policy analysis, the use of qualitative methods is still in its beginning stages. At the beginning of its conception, qualitative research could be recognized because the researchers would use observations, interviews, and close reading of documents as their methods of choice (Yanow, 2007). The term qualitative, in itself, represents a variety of research methods, but they all assume some basic common elements often informed by interpretivism. One of those elements being the preference for an inductive approach (Palys, 1997; Sadovnik, 2007). Thus, qualitative researchers first collect data, analyze it and then extrapolate more general themes and theories (O'Day & Killeen, 2002).

The idea that policy inquiries could be researched through an interpretive framework sprouted around the 1960s (Yanow, 2003). While classifying research as qualitative does give the reader some clues about the methods used, it does not imply much about the nature of reality adopted for the study. It is important to understand the difference between qualitative studies that embrace a positivist or post-positivist stance and those that embrace interpretivism and constructionism. While qualitative in nature, the former are more similar to survey studies in which there is one truth and similar results can be obtained at a later date simply by following the methods. Many qualitative studies on leisure issues

in North America adhere to the post-positivist ontological view (Dupuis, 1999; Samdahl, 1999); however, this research will take an interpretive stance. Included in the characteristics of interpretivist qualitative research are: methods that focus on interaction with participants, research that is inherently interpretive in nature, a need for the researcher to reflect on his own values, and the data collected takes the form of text, images, or pictures (Creswell, 2003).

Methods should be guided by the purpose of the study. The argument put forth by Ritchie and Spencer (2002) for the need of qualitative methods in social policy research is its role in understanding social behaviour. Through the interactive nature of story-telling, this narrative policy analysis of the AODA explored individual and social issues. Sardovnik (2007) agrees with the important place that qualitative research should hold in policy research. Therefore, this study attempted to add to the growing field of qualitative policy research by using a narrative policy analysis framework.

Interpretive Approaches to Policy Analysis

Narrative policy analysis falls within the tradition of interpretive approaches to policy research. The aim of interpretive research is to enable the researcher to “see events through the eyes of those who lived in and through them” (Jennings, 1983, p. 9). The premise of this approach is that human actions are meaningful and can be explicated (Jennings, 1983). In the policy context then, policy must be understood as interpretation. Titchkosky (2006) summarizes this position, “understanding the interpretive character of policy means that instead of addressing what policy might do “for” people, we can address policy as a form of oriented social action that does something “to” how communities conceive of disability” (p. 71). Experiences surrounding the policy and policy documents must be understood as texts. Yanow (2000) argues that the enactment of the policy by implementers can be considered as ‘text’ because they are ‘read’ by various stakeholder groups. She furthers her argument by stating that the meanings derived from these texts “is created actively in interactions among all three [perspectives]” (p. 17). These perspectives reside in the author’s intent, the text itself and the reader. It can then be extrapolated from an understanding of policy and policy acts as text and their interpretations thus lend themselves to policy analysis.

Interpretive policy analysis departs from the traditional assumptions of classic quantitative policy analysis models. Yanow (2000) defines it as an approach that “focuses on the meanings of policy, on the values, feelings, or beliefs they express, and on the processes by which those meanings are communicated to and ‘read’ by various audiences” (p. 8). This is the traditional definition of interpretive policy analysis. Meanings, in this context, are defined as elements that are at the basis of our experiences with policy (Iannantuono & Eyles, 1997). Policy analysts have started to realize the importance of interpretations in research (Yanow, 1995).

Interpretivist policy analysis has a strong focus on understanding instead of concentrating on explaining (Healy, 1986). Interpretive policy analysis embraces a social constructionist nature of experience (Yanow, 2007) and assumes that all reality is constructed (Daly, 2007). The constructed reality varies from person to person, and thus, the analysis method, which is narrative analysis in this study, cannot “assume objectivity” (Riessman, 2003, p. 332). It implies that research emphasizing this paradigm would focus on how meanings are created in the situation by participants. Similarly, narrative policy analysis uses stories as a starting point to unravel the meanings that people attach to those experiences (van Eeten, 2007). Yanow (1995) elaborates on the assumptions that are the starting points of interpretation. She states that “social realities are socially constructed and that researchers and policy are themselves, at times, actors in this social process of reality construction” (p. 112). I further elaborate on this recognition of a socially constructed reality in my own research in the section on reflexivity.

Also, interpretive policy analysis seeks to answer this question: “how is the policy issue being conceptualized or ‘framed’ by the parties to the debate?” (Fischer, 2003, p. 142). Data collected for an interpretive policy analysis includes “the words, symbolic objects, and acts of policy-relevant actors along with policy texts, along with the meanings these artifacts have for them” (Yanow, 2000, p. 27). Narrative policy analysis uses the words of policy actors to engage in the study of people’s experiences. This difference is echoed in the recommendations that are derived from interpretive research as these suggestions for change are based on the experiences and decisions of policy actors

themselves (Healy, 1986). As mentioned by Wagenaar (2007) interpretive policy analysis is not a single method. There are a variety of methods that can be used in this type of analysis. Nevertheless, all these approaches are based on the premise that human life is meaningful, and therefore humans construct meanings (Bevir & Rhodes, 2003).

Narrative Policy Analysis

Narrative policy analysis borrows from the narrative inquiry field and therefore, understanding the premises and tenets of narrative inquiry is an important basis of knowledge about this form of policy research. The basis for narrative inquiry is that through story-telling, people socially construct their experiences (Glover, 2004a). Through narrative inquiry, researchers aim to “engage in the study of people’s experiences” (Clandinin, 2006). People express their identity in relation to their self, others, and communities through the telling of their experiences in the form of stories (Glover, 2003). The unit of analysis in narrative inquiry is the narrative. In this study, the terms ‘narrative’ and ‘story’ will be used interchangeably.

Narratives can be coined to mean three things. They can mean the entire life story of a person such as an autobiography, “brief, topically specific stories organized around characters, setting and plot” (Riessman, 2003, p. 333), or a combination of the first two that develops during a series of exchanges (Riessman, 2003). Glover (2003) differentiates between significant episodes of ‘personal experiences’ and life histories. The strength of using narratives in qualitative research is in their commonality in everyday life (Riessman, 1993) as it is the way in which people communicate (Fischer, 2003) and all human experiences can be told in the form of narratives (Jovchelovitch & Bauer, 2000). Stories are the basic meaning-making unit of narratives as they are used by people to make sense of experiences (Riessman, 2003). They can be defined as “a set of events that are being narrated, abstracted from their specific representation in the text” (van Eeten, 2007, p. 252). Human actions are the basis for stories (Polkinghorne, 1995). Chase (2005) states that “in addition to describing what happened, narratives also express emotions, thoughts and interpretations” (p. 656).

Stories can also be defined by their two defining elements: their temporal order and an ordered transformation (Glover, 2003). The chronological aspect of stories flows from beginning to middle to end (Jovchelovitch & Bauer, 2000). Glover (2003) further explains that stories “contain an abstract (what was the story about?), an orientation (who? what? when? where?), a complication (then what happened?), an evaluation (so what?), a result (what finally happened?), and a conclusion (how did the story end?)” (p. 147). The unified episode is drawn together by the mean of a plot (Polkinghorne, 1995). A plot is then the thread that holds the story together and allows events to be connected in such a way that the meanings can be conveyed (Glover, 2003; Polkinghorne, 1988). This process of organization of the story allows the storyteller to express the meanings they attach to the transformation from beginning to end (Glover, 2003).

One of the main theoretical principles of narrative analysis is that of the gestalt; meaning the whole is bigger than the sum of the parts (Hollway & Jefferson, 1997). The assumption behind this principle is that stories are windows into the lives of people (Riessman, 1993). Therefore, narrative analysis is a way of understanding people’s lives as they “make sense of their lived experiences through the stories they tell” (Glover, 2003, p. 147). In other words, narration allows individuals to relate to others their experiences and the meanings they attach to them (Fischer, 2003). The outcome of this type of research is, then, the generation of story (Polkinghorne, 1995) that includes all points of view, even those that contrast from the dominant one (Moss, 2004).

The use of narratives has increased in research due to the realization that they “play a role in shaping social phenomena” (Jovchelovitch & Bauer, 2000, p. 57). Narrative analysis has crossed many disciplinary boundaries (Riessman, 1993); however, it is most useful in situations where “different voices are at stake” as different social groups construct different stories (Jovchelovitch & Bauer, 2000, p. 67). Riessman (2003) states that it is also appropriate for social movement research, political change and macro-level phenomena. Moreover, Chase (2005) explains that:

narrative inquiry’s contributions to social sciences have to do with concepts and analyses that demonstrate two things: (a) the creativity, complexity, and variability of individuals’ (or groups’) self and reality constructions and (b) the power of historical, social, cultural,

organizational, discursive, interactional, and/or psychological circumstances in shaping the range of possibilities for self and reality construction in any particular time and place (p. 671).

In narrative research, a story is a way for people to make sense of their lives (Riessman, 2003) and has a beginning, middle, and an end. In narrative policy analysis, these three parts of the story take on a different meaning. Stories told about policy issues often start with a problematic situation that needs to be solved by policy makers, followed by policy intervention, and end with the consequences of a policy outcome (Fischer, 2003). In essence, “a policy story is a narrative description of a policy problem that contains a beginning, middle and end (Kaplan, as cited in Bedsworth, Lowenthal, & Kastenbergh, 2004, p. 406). Other aspects that differentiate narrative policy analysis from narrative inquiry are the issues of “uncertainty, complexity and polarization” (Roe, 1994, p. 2). Although these might happen in narrative inquiry, these three elements are an integral part of narrative policy analysis. According to Roe (1994), these issues happen often in public policy and the different policy actors’ stories are the only things left to understand the policy. Furthermore, he describes uncertainty, complexity and polarization as essential elements of this type of analysis. Without the first two there would be no policy narratives and without the last one, there would be no stories that run counter to the dominant stories of the policy issue. Because of the complex nature of policy issues, narrative policy analysis allows the researchers to focus on the particular, in opposition to the general, stories of individuals to understand human actions (Pinnegar & Daynes, 2007).

While this study examined the different stories of policy actors, it was rooted in disability studies and leisure research. Therefore, it was crucial to look at the potential for narrative analysis in both these fields. Although disability researchers have turned to narrative inquiry in recent years, Smith and Sparkes (2008) argue that there is still more that can be done to provide an important contribution to the field. As they suggest, “revealing and constructing the complexity and diversity of people’s stories told about disability and impairment are worthy goals” (p. 26). I believe that this study adds to the knowledge and understanding of disability policy for various policy actors. Furthermore, Glover (2003) insists that leisure researchers need to take a closer look at narratives as they have been

largely ignored to date. He stated that the interpretive meaning of narrative inquiry “provide[s] privileged access for understanding the way individuals articulate their own lived experiences over time with leisure situated within their experience stream of living” (p. 151). In this study, this translates to an opportunity to study how leisure is articulated in the policy stories.

Choice of Methodology

Working within an interpretive policy analysis framework which allows for the emergence of different views and meanings of policy for various actors (Yanow, 1993), this narrative policy analysis takes this view one step further by generating a new story, the metanarrative, that encompasses all voices to reframe the policy issue (Roe, 1994). One of the critiques of Yanow’s interpretive policy analysis framework is its lack of space for the inclusion of power struggles (Wagenaar, 2007). Keeping in mind that the focus of this study is not an analysis of narratives of power within the policy, some elements of a critical approach to policy analysis are integral to this research. Power and issues of conflict are inherent to the policy making process (Arts & Van Tatenhove, 2004); and therefore, these power struggle issues arose in policy actors stories about the process. Furthermore, narratives are inherently critical in that they are “persuasive and often bring about change in the way people see their own experience” (Daly, 2007). The dominant models of disability that influence the Canadian policy context, namely the biomedical model, the social model, and critical disability models are incorporated into a conceptual framework for this study. The inherent conflict and struggle in policy is explored by political scientist Deborah Stone (1988) in *Policy paradox and political reason*. She asserts that,

ideas are a medium of exchange and a mode of influence even more powerful than money and votes and guns. Shared meanings motivate people to actions and mould individual striving into collective action. Ideas are at the centre of all political conflict. Policy making, in turn, is a constant struggle over the criteria for classification, the boundaries of categories and the definition of ideas that guide the way people behave (p.7)

Laswell and Kaplan also noted that “the shaping, distribution, and exercise of power” is omnipresent in all stages of the political process (as cited in Arts & Tantenhove, 2004, p.340), hence the policy making process, a narrative approach to policy analysis of the AODA will expose issues of

conflict and power. As narratives are meaning-making units (Riessman, 2003) and they allow people to reconstruct their experiences in relation to themselves, others, and their communities (Clandinin & Connelly, 2000), issues of power arose in the stories. These issues of power were explored through an interpretive stance.

Reflections on the Choice of Methodology

Specifically, I chose to use a narrative policy analysis framework because it fits within my methodological home and that it is best suited to answer my research questions. According to Daly (2007) the best way to find my methodological home is to reflect on my values, assumptions about human nature, what I want to research, and what I want to accomplish in the end.

I chose the interpretivist paradigm because I believe that research is meant to gain a better understanding of some experiences/phenomenon and to understand human interactions. Interpretivist research is a meaning-making process that occurs “between the internal processes of the mind and the externally available processes of the social world” (Daly, 2007, p. 32). I believe that all reality is constructed through human interactions and that we, human beings, create and share the meanings of experiences. This notion of there being the construction of multiple realities about an experience is a characteristic of interpretivist ontology (Daly, 2007). Reality is internal to every individual, and therefore, there are multiple realities. However, I believe that the reality of individuals is influenced by the social context. These realities of experiences are expressed in the form of stories in narrative policy analysis. As Jovchelovitch and Bauer (2000) explain, the reality as communicated by the story teller is not an objective reality but that reality is real for them at that moment.

Site, Participants, and Sampling

Roe’s (1994) approach to narrative policy analysis guided my study. The focus of my study is threefold in that it looked at the stories of three groups of policy actors in the implementation of the AODA: policy makers, policy implementers, and people with disabilities affected by the policy. With the AODA touching policy implementers and citizens across the province of Ontario, I have limited

my study to the implementation of the Customer Service Accessibility Standard in the municipal recreation setting in Kitchener-Waterloo.

Selecting the Policy Makers

I explored four essential policy documents in relation to the AODA: the *Accessibility for Ontarians with Disabilities Act*, the *Accessibility Standards for Customer Service*, the *Guide to the Accessibility Standards for Customer Service*, and *Hansard Archives* to explore the stories of policy makers. The *Accessibility for Ontarians with Disabilities Act* is a 34 page policy document that defines the various terms and concepts used in the policy and defines what the policy entails. The *Accessibility Standards for Customer Service* is a 6 page document that established the timelines various organizations have to follow. This document also describes the policies, practices and procedures that organizations have to follow to comply with the AODA. The *Guide to the Accessibility Standards for Customer Service* is an 86 pages handbook that breaks down each aspect of the policy, practice, and procedure into manageable pieces of information. This guide describes the practical applications of the *Accessibility Standards for Customer Service Act* and is intended to be used by organizations to implement the standards. Most of the information regarding the development of the AODA was taken from the *Hansard Archives* which are the digitized version of the debates of the House of Commons of Ontario. I have taken into account Hansard Archives from 1990 to 2010. To determine which debates were relevant to my study, I included all dates that came up when I did a search for “disability”, “Ontarians with Disabilities” and “Accessibility for Ontarians with Disabilities” (please see Appendix B for the dates of the Hansard Archives that I read for use in this study). These policy documents were considered a narrative reflecting at least a partial story of the policy makers involved in their creation.

Selecting the Policy Implementers and Those Affected by the Policy

The participants were selected through snowball sampling. The purpose of sampling the policy implementers and affected citizens through snowball sampling is to find out individuals who were connected, in various ways, to the implementation of the AODA at the municipal recreation level. As Scott (1991, as cited in Farquharson, 2005) explains, “this technique assumes that groups of

influentials in a given field are interconnected: that members know each other, either personally or by reputation, so that if you ask them who the key people are, they will know” (p. 347). For this study, influential was interpreted as any person who is connected and/or affected by the implementation of the AODA.

Of the nine interviews who agreed to participate in this study, four were people with disabilities and the remaining five were policy implementers. Samantha, Alice, Kevin and Palma are people with disabilities while Cassandra, Lucy, Paige, Janet and Dakota were involved in the development and implementation of the AODA. My goal was that out of those five citizens affected by the policy, some would have had some role in the implementation of the AODA at the municipal level while others would have had no input into that process to gain a fuller picture of people’s experience of the AODA within municipal recreation. As disability encompasses many groups, I focused on individuals with physical disabilities to limit the variety of stories that might arise. As it will be argued later in this study, individuals with disabilities differ from one another. By selecting individuals with physical disabilities, I hoped that at least some of the challenges and successes of the participants with disabilities would be akin. However, the process of finding willing participants with disabilities proved to be more difficult than I thought. As expected, through my initial contact, I was able to reach people with disabilities with involvement in the implementation of the AODA.

My initial thought was that the participants in the policy implementers group should be affiliated with municipal recreation. However, I had to widen what I meant by municipal recreation to find a satisfactory number of participants. I believed that an intimate knowledge of the AODA would be more important for this study than frontline knowledge of municipal recreation. I chose to include policy implementers at different levels of the municipal and regional government as well as those that have a direct contact with affected citizens at the municipal recreation level. This group consisted of five policy implementers with some of them having contact with affected citizens. My snowball sampling started when I first contacted a person who works in that environment to have a better understanding of the inner workings of policy implementation at the municipal level. I also asked her

to refer me to people and organizations that might be willing and interested to participate in my study. From there, I contacted the people who were suggested as key individuals involved in the implementation of the AODA or who have been affected by the AODA. The first round of snowball sampling yielded one individual. I then asked her if she could think of organizations in Kitchener-Waterloo that worked with people with disabilities. With repeated contact with key people working in the implementation of the policy, I was able to find all five of my participants.

I initially thought that the people with disabilities with no involvement would be selected on the basis of their participation in municipal recreation. Therefore, the first place I started looking for willing participants was in a municipal recreation centre. With the help of a staff member, I advertised my study by posting posters around the recreation centre. The staff member also talked to regulars who might be interested in the study. No individuals with disabilities volunteered for the study at that point. The next step in the recruitment process was to contact various leisure organizations around the city of Kitchener and Waterloo. I also contacted some city run programs for people with disabilities as well as the Office for Persons with Disabilities on campus. Since they were not able to share participants' information with me, I provided them with my information and the purpose of the study. I expanded my recruiting to organizations that are specifically designed for and/or by people with disabilities with or without a focus on leisure. These efforts only yielded two participants. The other two participants with disabilities were recruited through contacting disability advocacy organizations. After reflection and discussion with my thesis supervisor, Dr. Arai, I was satisfied with the number and types of participants that I was able to interview. Of the nine interviews, five were conducted with policy implementers working at different levels of implementation and included: Lucy (regional level), Paige (municipal), Janet (municipal), Kassandra (municipal), and Dakota (front-line level). The remaining four interviews were conducted with people with disabilities including: Kevin, Samantha, Alice and Palma. All four had involvement with the implementation of the accessibility standards of the AODA.

Data Collection

Following identification and selection of participants from the three groups of policy actors, the next step in this research process was the collection of data. In this study, data will be collected from policy documents and from semi-structured interviews. The sections that follow explore the selection of documents and the interview process in more detail.

Collection of Data from the AODA Documents.

It was beyond the scope of this study to collect primary data about the experiences of the policy makers of the AODA due to budget and time restrictions. However, the policy makers' narratives about the AODA were studied through the analysis of policy documents especially the AODA itself. As argued by Yanow (2000), a policy can be considered text because it lends itself to interpretations by various policy actors and the public. Therefore, I looked at the AODA policy documents to explore the stories of policy makers. These policy documents were considered a narrative reflecting at least a partial story of the policy makers involved in its creation. It was equally as important to take into account intentions of policy makers in the analysis as their perspective is often thought to be "central and obvious" (Bessant, 2008, p. 286) that it does not warrant further analysis. It was my role, as the reader, to interpret the meanings of policy makers as reflected in the AODA documents (Fischer, 2003). The stories that I uncover in the policy document were then explored with participants during the interviews. Since I conducted the analysis of the documents before the interviews, it allowed me to pull key points from the policy and to ask questions to participants that would elicit point of views surrounding those key points.

Collection of Interview Data.

I conducted semi-structured, in-depth interviews with participants between the months of May and July 2009. Some interviews were done by phone, and others were held at a location of the participant's choice. Each interview was digitally recorded with the permission of the participant. Throughout the interview process I tried to uncover narratives about the beginning, middle and end of

the story of the implementation of the AODA from their perspectives. As I have established above, a story goes through distinct stages from beginning to middle to end. Therefore my questions were aimed at uncovering the different parts of the story. The interviews tried to touch on these three distinct parts.

To understand the implementation story, the interview was structured in the same way a story is organized. As narratives are “joint social productions” (Fischer, 2003, p. 162) and the interviews are the stage of that production, I have structured the encounters based on narrative theory with a beginning, a middle, and an end (See Appendices C, D and E for sample interview guides). I devised separate interview guides for policy implementers and people with disabilities. After introductory questions (Questions 1 through 5 for policy implementers, questions 1 through 4 for people with disabilities) asking participants about their involvement in municipal recreation and about their understanding, perceptions, and experiences with the AODA, the interview’s “beginning” starts. Questions 6 and 7 for policy implementers and question 5 for people with disabilities then moved to inquire about the AODA’s creation and the need for it. The middle of the story (questions 8 through 11 for policy implementers and questions 6 through 9 for people with disabilities) is explored in questions about the impacts of the AODA on the participants, people with disabilities, and the delivery of municipal recreation. I tried to uncover the counter-stories with questions 12 and 13 for policy implementers and questions 10 and 11 for people with disabilities. Finally, the interview ends with suggestions as to what is missing from the policy and the challenges still facing the AODA (Question 14 and 12 respectively). I have followed Glover’s (2003) philosophy on interviewing therefore, I have given “storytellers. . . an opportunity to share their accounts freely without intrusive interruptions” (p. 156) but I have followed up “their accounts with questions and requests for clarifications” (p.156). Throughout the interview process, I remained open to new information and I have explored with further questions the participants’ narratives as they unfolded.

Role of the Researcher

In narrative research, it is presupposed that to analyze narratives, the researcher needs to provide participants with an opportunity to tell their stories (Jovchelovitch & Bauer, 2000). The traditional narrative interview model suggests that researchers should not interrupt the participant after asking an initial question (Jovchelovitch & Bauer, 2000). The interview would unfold with the researcher asking one broad question at the start of the interview and letting the participant expand on the topic (Glover, 2003; Roe, 1994). Traditional narrative interviews are unstructured and the influence of the researcher should be minimal. Researchers note that this approach falls short on two levels. First, Gillham (2005) argues that it is 'naive' to believe that people will give an account of the phenomena under study without interruptions. Furthermore, it espouses a post-positivist view in which the researcher does not affect the stories told by the participants (Glover, 2003).

Another way to approach the interview is to see it as an active dialogue between researcher and participant (Hostein & Gubrium, 1995). Pinnegar and Daynes (2007) describe this active interview as an encounter in which the researcher and the participant engage in a relationship and both learn from each other through that interaction. In this type of interview the researcher might not always follow the interview guide (Dupuis, 1999). Dupuis (1999) defines one assumption behind this approach: "the interview is very much shaped by the interviewer and his or her research agenda and, therefore, the topic areas of interest to the researcher as well as the position of the researcher are made explicit to the participants" (p. 57). As part of the preparation for the conversation, my role was to "become sufficiently acquainted with the social and cultural world of... participants to be able to engage appropriately in interaction with them" (Josselson, 2007). This step is important as stories from previous interviews should be used to probe aspects of the story that would have been ignored without this knowledge (Dupuis, 1999). Therefore, throughout the interviews I wove my interpretation of the stories of previous participants. I accomplished this by bringing the stories of previous participants forward and asking subsequent participants to discuss their views, opinions, thoughts about that story. This approach fits within the interpretivist paradigm as reality is believed to be co-constructed. Fischer

(2003) expands this idea to stories in stating that they are “joint social productions” (p. 162). Thus, I was a part of and influenced the stories told by the participants. As a researcher I believe that there should be an interaction between myself and the participants as meanings are created through those interactions. Daly (2007) explains that in interpretive research, reality is constructed through the stories and the language used. My role was to attempt to accurately capture and present the voices of the participants through the interpretation of their stories and the creation of a metanarrative. As stated earlier the research questions guiding this study focused on developing and understanding of the stories, non-stories, counter-stories, and metanarratives about the implementation of the Accessibility for Ontarians with Disabilities Act for policy makers, policy implementers and the affected citizen at the municipal recreation level. I attempted to get at those meanings by analyzing the participants’ narratives through their eyes and through mine. In essence, my role as researcher was to incorporate myself into the study and “to find ways to inquire into participants’ experiences, their own experiences as well as the co-constructed experiences developed through the relational inquiry process” (Clandinin, 2006, p. 47).

Data Analysis

I have adapted my data analysis methods from Roe (1994). Roe describes his narrative approach to policy analysis as a departure from more conventional ways of analyzing policies. The intent of his approach to narrative policy analysis is to recast the complex, uncertain and polarized policy issues into a manageable story that allows for divergent policy stories to co-exist. He uses narrative policy analysis as a stepping stone in the creation of a metanarrative that is “more amenable to conventional policy analytical approaches” (Roe, 1994, p. 1). Roe grounds his framework in an approach that is both empiricist and positivist. Although Roe does not believe that reality is socially constructed, he insists that his approach is compatible with various epistemologies. Therefore, this study used Roe’s methods to help guide and structure my analysis of interview transcripts and policy documents; however, this was done with an interpretive gaze. Roe divides the narrative process into four steps:

1. Identify the conventional or accepted stories that dominate a policy controversy.

2. Identify the existence of other narratives related to the issue that do not conform to or run counter to the controversy's dominant policy narratives (counterstories and non-stories).
3. Compare stories, non-stories and counter-stories to come up with a meta-narrative.
4. Determine if and/or how the metanarrative recasts the problem.

(Roe, 1994, p. 91)

Although Roe (1994) describes his approach as a linear process, it is important to realize that the data analysis phase will be cyclical. The cyclic nature of this process stems from the need to continuously refer to the literature to understand the stories, non-stories and counter-stories. The identification of non-stories and counter-stories is also reliant on a further exploration of the dominant stories found in both the policy document and interviews. The narrative policy analysis approach used in this study is explained step by step to allow for a better understanding.

Step 1: Identifying the Sociopolitical Context Surrounding the AODA

To provide a background context to this analysis, I have added an extra step at the beginning of Roe's framework. This step consisted of identifying the socio-political context surrounding the AODA. In this section, I started by providing some basic contextual information about the AODA such as the whys of its beginnings, its history, and the key policy actors involved. Since past laws affect the development of new ones, I will situate the AODA within the larger Ontarians with Disabilities Act movement. Critiques of the policy itself and its process were weaved within this section. The purpose of identifying the socio-political context surrounding the AODA is to present background information that will most likely emerge during the interviews. It also allowed the reader and I, as the researcher, to root our understandings of the narratives of policy actors in the context of the time. Furthermore, this first step in the analysis allowed stories, counter-stories, and non-stories to emerge. I weaved these narratives within the questionnaire for the various interviews.

Step 2: Identifying Stories

Policy documents are supposed to represent the unequivocal point of the policy makers, but it is possible that multiple interpretations emerge from their meanings. The multiplicity of meanings makes documents an interesting text to study. The first step in identifying the dominant stories of this policy issue was the narrative analysis of the AODA policy document. While Roe's (1994) post-positivist

approach consists of breaking the text into “discrete problem statements” (p. 159), I ensured an interpretive gaze by “recogniz[ing] the common themes” in the policy document. By following the plots from beginning to end, I uncovered the dominant stories. Dominant stories can also be understood as narratives that maintain the status quo, oppress and disempower individuals (Glover, 2004a). Mankowski and Rappaport (2000) add that dominant stories are told time and time again and they affect the values, beliefs and identities of people. The interview guide evolved with the identification of stories.

While there is a wide array of narrative analysis frameworks, there are no clear guidelines as to their practical applications (McCance, McKenna, & Boore, 2001). In the following paragraph, I describe the steps I took to uncover the stories. The same process was applied to the counter-stories. First, I transcribed each interview verbatim. After saving each transcript in its own word document, I encased the transcript in a table. In other words, each response to a question had its own cell. The second step that I took was to look at the essence of the message that was projected in that segment. I jotted down some key words that described the story, or part of story, that emerged from that clip of text. At this step in the process some of the key words that came out included: deadline is coming up fast, practical problems with implementation, definition of disability, people are taking it to the very end, hope nothing is missing from the standards, etceteras. Each separate portion of text was attached to an essence. When I thought that more than one essence emerged from one box of text, I separated the text. The essences that came out were, at this point, still very close to the data. They narrowly reflected the ideas of the participants. The third step involved taking all these key words and grouping together the ones that were similar. Since narrative policy analysis is not about breaking the text into discrete statements but is about creating an amalgamation of text that forms a story, I returned to the transcript and grouped the pieces of text that I felt belonged together. After this first degree of analysis, I ended up with lots of stories and counter-stories. The second round of analysis consisted of grouping together the bits of stories to form a more complete story. One of the ways I identified a narrative as a story was by asking the data: “Is this a dominant narrative?” and “Does this narrative maintain the

status quo?” I asked the following question corresponding to the focus of this study on disability: What values or ideas about people with disabilities are represented in the stories, non-stories, and counter-stories? Daly (2007) highlights the place of time in narratives in that: “although we tend to think of narratives as the construction of past actions, they are always shaped through the filters of present conditions and are likely to include hopes, dreams, and expectations of the future” (p. 111). The final product of the amalgamation of the bits of narratives is a story.

In the final aspect of this step, the stories that emerged from the policy document and the interviews were then linked to the literature to provide a deeper understanding. The existing literature on social policy, recreation, and disability was used to deepen my understanding of the different stories. Some of the concepts that I used to sensitize myself to the different stories, counter-stories, and non-stories that arose include the different understandings of social policy, the types of policies, the people who make policies versus the policy actors, the three models of disability (biomedical, social, and critical) and their prevalence and implications in Canadian policy. At the same time, I was also open to hearing new stories, counter-stories and non-stories that arose in the data.

Step 3: Identifying Counter-Stories and Non-Stories

The next step was to identify the existence of other narratives that diverge from the dominant stories. In Roe’s model these stories are called counter-stories and non-stories and interviews were examined for their presence. Counter-stories are those stories that “run counter to the controversy’s dominant policy narratives” (Roe, 1994, p. 3). Glover argues that studying people whose voices are normally silenced is a good way of offering counter-narratives to the dominant stories. Since people with disabilities are often excluded from society, I argue that they might have also been excluded from this policy process.

Counter-narratives and non-stories that were identified through the interviews were pursued during subsequent interviews. To uncover the counter-stories, I followed the same process as for the stories and follow the plots present in the transcripts. Non-stories are those narratives that do not follow the structure of stories (beginning, middle and end) on their own (Roe, 1994). They do not

conform to the definition of a story, and, therefore they can be identified because they do not contain all elements of a story. In this study, non-stories were often those narratives that stood alone or that were ignored by the policy actors. The counter-stories and non-stories were analyzed in a similar way as the dominant stories. The same concepts were taken into account and the counter-stories and non-stories will also be examined in conjunction with the literature. The questions I asked in Step 2 to uncover the stories were also asked of the data during this step.

Step 4: Identifying the Metanarrative

The aim of narrative analysis is the generation of a story. The third step of the analysis process consisted of comparing the stories, non-stories, and counter stories of the policy documents and policy actors to create a metanarrative. Although the stories, counter-stories and non-stories can stand alone, another step can be taken to reveal some deeper issues. At this step in the process, I took a step back from the data to capture the issues that ran through the stories, counter-stories and non-stories. Roe (1994) describes metanarratives as the comparison of narratives to allow the multiple voices to be heard. Metanarratives reframe the issues so that they can be examined in a different light. The purpose of the metanarrative is to “act as a departure device” to recast the problem (Bridgman & Barry, 2002, p.142). The metanarrative that emerged from this study can be divided into three layers.

Step 5: Recasting the Problem

The final step in Roe’s model which is to determine if and how the metanarrative recasts the problem. In this step, metanarratives “serve as foundational frameworks, archetypally inspiring or shaping those narratives which are built on their shoulders” (Bridgman & Barry, 2002, p. 142). Through a comparison of the overlaps and gaps found in the metanarrative with issues of power and disability, a new story emerged. The critical disability literature helped guide my analysis. This new story takes into account the narratives of policy makers, policy implementers and people with disabilities as well as my interpretation of the problem. In this step, I allowed the problem to be recasted in my own voice while integrating the voices of the three groups of actors.

Strategies for Trustworthiness

Assessing the credibility of a qualitative study varies according to the epistemological standpoint of the researcher. As mentioned above, this study takes on an interpretive stance in its use of narrative analysis. Traditional methods of establishing the rigour of a study cannot be directly applied to narrative inquiry studies (Riessman, 2003) as meanings change over time, within the context and across different contexts (Glover, 2003; Riessman, 2003). Researchers who do interpretive studies, such as narrative policy analysis, do not believe that there is one truth (Yanow, 2000). Interpretive methods are based on the notion that there are multiple interpretations of experiences as the world is socially constructed (Daly, 2007; Yanow, 2000). For policy analysis, this notion transforms policy into social action (Titchkosky, 2006) that can be then understood as text (Yanow, 2000). The meanings derived from these texts are constructed between the text itself, the reader, and the author.

Furthermore, narrative researchers have to come to terms with the significance of truth in narrative data. The validity of the stories, in the eyes of post-positivist researchers, might be disputed as, “embellishment and persuasion are accepted as fundamental features of narrative” (Glover, 2003, p. 149). Given that narrative policy analysis is a type of interpretive research, the narratives contain multiple meanings and lend themselves to multiple interpretations. As Riessman (1993) argues, it is not the ‘historical truth’ behind the narratives that interest researchers; it is the meanings given by the participants in their construction of their realities through the telling of stories. Bailey (1996) insists that in narrative studies, “it is the reconstruction of meanings, not truth, that the researcher wishes to understand” (p. 187). Narrative analysis aspires to present “results that have the appearance of truth or reality” (Glover, 2003, p. 159), namely verisimilitude. While the exploration of meanings replaces uncovering the truth in narrative analysis, there is still a need for a way to appraise the ‘quality’ of a study.

Trustworthiness has been suggested as a concept to replace truth in interpretive qualitative studies (Riessman, 1993). It can be hard to define trustworthiness as it is delineated by the criteria that compose it. One common thread is that it can be described as a process that brings the concept of

validity in the socially constructed world (Riessman, 1993). Moss (2004) proposes that provisions of trustworthiness can be understood, “as acts of integrity that researchers take to ensure they seek truth” (p. 371). Truth, in this context, is not seen as an objective reality.

Various strategies have been proposed to assess the trustworthiness of narrative research. Moss (2004) suggests that situating studies in the context and being explicit in the explanation of research procedures are key aspects of providing trustworthiness. She also emphasizes a need to ensure that all voices, stories and counter-stories, be included in the final interpretation. On the other hand, Dupuis (1999) argues that the best way to ensure quality in qualitative research is to be reflexive as a researcher. Reflexivity is the main pillar of credibility in a subjective study. It means bending back on oneself (Duffy, 2007). It also means that, first, the researcher, that is I, needed to become self aware through self-knowledge and self- reflection to be able to understand my influence on the interviews and the interpretations (Josselson, 2007). It is imperative for a qualitative researcher to examine her own values, beliefs and assumptions prior to, during, and after the research process (Rein, 1971).

Since I believe that it is impossible to have value-free and emotion-free research, I was reflexive through the whole process as a way to ensure quality in my research. I adopted Dupuis’ (1999) stance on reflexivity in qualitative research. She states that there are essential aspects to incorporate into a reflexive methodology. As a researcher, it is important that I do not try to separate who I am, on one hand, as a human being, and on the other, as a researcher. Some techniques that I used to achieve this are keeping a journal of my thoughts, emotions and findings throughout the research process, stating and sticking to my values, and making explicit my intentions and motivations for conducting this research. I allowed emotions to come through during the research process in the form of reflections in a personal journal and by incorporating those experiences into the writing of the results. However, as they are my thoughts and emotions on the research process, some of the ideas that emerged from them helped shape my data analysis.

Dupuis (1999) argues that the relationship between researcher and the participants must be an act of collaboration. As mentioned above, the interviews were dialogic in nature. Finally, I will explain

my research and analysis process in great details to allow readers to follow my train of thought and the path that I took to obtain my final interpretations. Another way to ensure that I take responsibility for my research is the use of ‘I’ in my writing of this report. Dupuis (1999) states that by using first person language, it will allow for a better incorporation of my person into my research. Furthermore, I used thick descriptions of my methods to enhance the trustworthiness of my study. I described in details what happened at each step of the analysis process. The above-mentioned strategies helped to provide trustworthiness to my study.

Ethical Considerations

A key part of the preparation of a study was to anticipate the ethical issues that might arise during the data collection and analysis procedures. One of the main reasons for anticipating these issues is to minimize the exposure to risk for participants. Creswell (2003) suggests that the researcher reflects on each of the following points:

Informed consent: Participants in this study were required to sign an agreement letter that informed them about the purpose and procedures of the study, that their agreement to participate was voluntary, and that they could withdraw from the study at any time.

Risk assessment: Power relationships can arise during interviews. Listening to the input of participants and allowing participants to set their own limits are some ways to minimize the abuse of power by the researcher. Active interviews are also a good way of addressing this as both the researcher and the participant give and take throughout the interview. A time to reflect on the exchange right after the interview was also a key aspect to give participants closure after the interview.

Confidentiality: The names of participants were changed to pseudonyms in the data storage and reporting of the study, and details which would make it possible to identify the individuals were not included in data files, printed transcripts or reports.

Data access and ownership: Recorded interviews, notes, journals, and transcribed interviews were only accessed by myself and my Advisor, Dr. Susan Arai, and were kept confidential. Furthermore, the computer and USB key that held the interview digital files was password protected. A discussion about data ownership was conducted with participants. I reassured them that they would be able to see my analysis of their experiences once it is completed in the form of an executive summary.

Finally, Clandinin (2006) reminds us that, “for those of us wanting to learn to engage in narrative inquiry, we need to imagine ethics as being about negotiation, respect, mutuality and openness to multiple voices” (p. 52).

Reflections on the Research Process

Although I tried to weave my thoughts and impressions throughout the whole research paper, I think it is important that I take a moment to reflect on the research process as a whole. As I have mentioned before, I believe that I cannot separate myself from the research and the data. I am an inherent part of this study and I believe that someone else conducting the same study would come up with slightly different conclusions. Because of this bond between my research and I, I struggled with making sure that I was presenting and representing the voices of people with disabilities in a truthful manner. I am not disabled and I do not pretend to understand the experiences of disability from an insider's perspective. However, I wanted to ensure that the narratives I offered were not only my insights into their experiences but also theirs. I realized that this study was my interpretation, but to ensure the voices of people with disabilities were present I chose to use a lot of their own words in the form of quotes and expressions, long and short, that arose in stories.

Chapter Four: Findings and Discussion from the Narrative Policy Analysis

Policy documents pertaining to the *Accessibility for Ontarians with Disabilities (AODA)* were examined and transcripts from nine interviews with participants were analyzed using a narrative policy analysis approach. The policy documents examined included the AODA policy document, *Hansard Archives*, and the Customer Service Accessibility Standards policy and guide for implementation. Guided by a narrative policy analysis approach, data were not analyzed to separate the elements but to provide insight into the stories and voices that arose around the issue of accessibility for people with disabilities. Through stories humans share their experiences and the meanings they attach to them (Fischer, 2003). Following Roe's approach to policy analysis, the data were examined for stories, counter-stories, and non-stories. The narratives are presented in this chapter in four groups and provide insight into the experiences of people with disabilities, policy makers, and people implementing the AODA in the context of municipal recreation in 2009 in the Kitchener-Waterloo region.

The first group of narratives—**narratives about creating and implementing the AODA**—describe the 15 years it took for the AODA to reach proclamation in 2005 and the additional 20 years that it will take for full implementation of the AODA in 2025. This group of narratives also explores the implementation of the Customer Service accessibility standard, the role of government, and the challenges faced by organizations implementing the AODA.

The second group of stories—**narratives about disability**—examined meanings of disability present in the AODA. Stories describe how disability is framed within the policy including a focus on the disability and a mantra that inclusion of people with disabilities benefits everyone. Counter-stories emphasized the complexity of the experience of disability, and asks the question “Who speaks for people with disabilities?” Non-stories identify limitations in the definitions of disability in the AODA including a failure to consider how disability interacts with other factors such as poverty or race, and the broader social, economic, and environmental forces that influence access.

In the third group of narratives—**narratives about discrimination, barriers, accessibility and the AODA**—stories describe the history of discrimination experienced by people with disabilities and

the meaning of full accessibility, suggesting that the removal of barriers is linked to equal opportunities for people with disabilities. Counter-stories highlight the difficulty of defining terms such as accessibility, barriers, reasonable accommodation, and inclusion for a heterogeneous group and the extraordinary efforts put forth by people with disabilities to achieve inclusion. Implementation of the AODA is then explored in the context of leisure. In the AODA there is minimal discussion of leisure and recreation apart from their mention as a key area of life that will be improved by this policy. However, participants' perspectives on leisure point to the lack of uniformity in leisure pursuits of people with disabilities, and the need to expand the notion of accessibility to all areas that affect the leisure experience in municipal recreation, rather than focus solely on accessible activities and programs.

In the following sections, the three main narratives are described. Each narrative section ends with a discussion in conjunction with the literature. In Chapter Five the metanarrative is then presented and the problem addressed by the AODA is recast in keeping with Roe's (1994) approach to narrative analysis.

Narratives of Creating and Implementing the AODA

Narratives about creating and implementing the AODA were expressed in seven stories and these seemed to be guided by the principles of the Duncan Resolution. The Duncan Resolution identifies the 11 principles that were purposefully chosen and incorporated in the AODA. The seven stories described:

- the long road of the AODA from its theoretical birth in 1990 to its proclamation in 2005,
- 2025 as the deadline by which all areas of accessibility standards must be implemented (2025),
- that the AODA must be an "Act with Teeth" and more than mere window dressing
- the AODA would supersede all other legislations that offered fewer entitlements to people with disabilities,
- the Government of Ontario was responsible for providing education and information about the AODA,
- organizations were mandated to take proactive steps to ensure accessibility, and
- accessibility was a condition of funding.

Counter-stories highlighted the practical challenges associated with implementing the AODA including: meeting the deadlines for implementation, keeping the AODA at the forefront of people's minds and the difficulties of this due to vague enforcement guidelines, understanding relationships between pieces of legislation, information and awareness of the AODA if people are not involved in the disability community. In addition counter-stories described that new standards keep emerging, that organizations would wait until the last minute to implement the accessibility standards, that businesses and organizations needed specific details to ensure they meet the standards of the AODA, and the lack of funding attached for implementation.

The Story of the AODA and the Long Road to Proclamation (1990-2005)

This story followed the path the development and implementation of the AODA has followed to date. The process was an arduous one interspersed with obstacles and set-backs. It took many years and two different governing parties for the Government of Ontario to pass the AODA into law. This section highlights the history of the AODA so far.

The story began in the summer of 1990 with Bob Rae's campaign promise to enact an Ontarians with Disabilities Act (*Hansard Archives*, June 16th 1994). It can be assumed that this promise was inspired by the enactment of the *Americans with Disabilities Act* (ADA) in the United States by President George Bush in 1990. The ADA sought to guarantee equal opportunity for individuals with disabilities in public accommodations, employment and transportation, state and local government services, and telecommunications. The aim of the ADA was to break down barriers to enable society to benefit from the skills and talents of individuals with disabilities. Underlying this was a motive to allow the country to gain from their increased purchasing power and ability to use that power, and that all Americans would be able to live fuller, more productive lives for all Americans (U.S. Department of Justice, n.d.). From that point on, the idea of enacting a similar legislation in Canada emerged but it was not until 2005, more than a decade later, that a complete AODA was formed.

May 31st 1994 the first reading of Bill 168, the *Ontarians with Disabilities Act*, occurred in the legislature of the Province of Ontario. This private members bill, introduced by Gary Malkowski (NDP

member, York East) had the ultimate goal of dismantling old barriers in society and ensuring new barriers did not form. This goal was to be accomplished by ensuring equal access to post-secondary education, transportation, and other services and facilities for Ontarians with disabilities. The definition of disability in this bill, “extends to cognitive impairments and not just physical functional mobility focused on current transportation programs” (*Hansard Archives*, June 16th 1994). Bill 168 was proclaimed as being a cost effective and respectful act (ODA Committee, 2001); however, this bill was viewed as red tape by post-secondary education establishments and the Ontario Ministry of Health and the Ministry of Education did not feel they had a part to play in it (*Hansard Archives*, June 16th, 1994). Thus, Bill 168 died soon after being introduced.

The ashes of Bill 168 sparked the formation of a coalition of volunteers whose primary goal was to, “secure the passage in Ontario of a new law which would achieve a barrier-free society for persons with disabilities (ODA Committee, n.d.). The Ontarians with Disabilities Act Committee was formed on November 29th 1994 (ODA Committee, n.d.). This group was comprised of individuals and community organizations and pledged no allegiance to any one political party because their main goal was the enactment of a strong disability policy in Ontario (ODA Committee, n.d.)

Election of Mike Harris, leader of the Conservative Party, as the Premier of Ontario in 1995 promised another step forward for those advocating for the introduction of a strong policy for people with disabilities. One of the election campaign promises Harris made was to enact a strong ODA during his first term. However, it took a few years for the Conservative government to turn their words into actions. On May 28th 1998, the first of many petitions was signed by the public and members of the Legislative Assembly to incite Harris to enact the ODA (*Hansard Archives*, May 28th 1998). This petition introduced by Alvin Curling, Liberal MPP for Scarborough North, and seconded by Frances Lankin, Liberal MPP for Beaches-Woodbine, urged the Legislative Assembly to:

immediately act on its commitment to enact an Ontarians with Disabilities Act during the current term of office, and in doing so include effective means to eliminate barriers experienced by children and young adults with disabilities and special needs and their families, and also to involve the Ontarians with Disabilities Act Committee, among others, including children and

young adults with disabilities and special needs and their families, in developing such legislation.

(*Hansard Archives*, May 28th 1998)

In response to these petitions and increasing pressure from the public, the Conservative government released a discussion paper about the ODA in July 1998. During that summer they sent the paper to 7000 interested parties, held consultations, and met with representatives from 283 organizations (*Hansard Archives*, October 1st 1998). These consultations were criticized for being closed to the public as they were by invitation only (ODA Committee, 2004). Even if people with disabilities tried to attend the policy talks, they might not have been to access the conference rooms as sessions were sometimes in non-accessible buildings (ODA Committee, n.d.)

On November 23rd 1998, the Harris government introduced Bill 83, *An Act to Improve the Identification, Removal, and Prevention of Barriers Faced by People with Disabilities*. Its purpose was to, “mandate all government ministries to systematically review their main legislation, programs, policies, practices, and services with a view to preventing and removing barriers” (*Hansard Archives*, November 23 1998). Resistance to this bill was omnipresent in the disability community and the opposition parties. One of the main criticisms of Bill 83 was its “lack of teeth” (*Hansard Archives*, November 20th and December 3rd 1998). For example, the bill itself was only approximately two pages long, with the first page being a preamble and the second explaining there was going to be recognition of existing legal obligations. Following the introduction of Bill 83, the Conservative government also announced \$800 000 for the employment of people with disabilities (*Hansard Archives*, November 25th 1998). The Opposition [the Liberal party of Ontario] asked for the withdrawal of this bill on December 3rd 1998 stating that Bill 83 lacked innovation and regulations for enforcement (*Hansard Archives*, December 3 1998). Gilles Morin, Liberal MPP in Carleton East, stated that the ODA, “was not worth the paper that it is written on” (*Hansard Archives*, December 3rd 1998). After much controversy and discussion, Bill 83 was rejected before Christmas in 1998 (*Hansard Archives*, April 28th 1999).

A little under a year later a motion introduced by Steve Peters, Liberal MPP in Elgin-Middlesex-London) was passed to enact a strong and effective Ontarians with Disabilities Act within two years (*Hansard Archives*, November 23rd 1999). The government kept this promise by introducing Bill 125, also known as the *Ontarians with Disabilities Act*, on November 5th, 2001 (*Hansard Archives*, November 5th 2001). Its purpose was, “to improve opportunities for persons with disabilities and to provide for their involvement in the identification, removal, and prevention of barriers to their full participation in the life of the province” (ODA, 2001). The ODA received immediate support from the disability community (ODA Committee, n.d.). One component of this bill was that all cities of 10 000 inhabitants or greater needed to have an accessibility advisory committee (*Ontarians with Disabilities Act*, 2001). As passed by the Legislative Assembly of Ontario, the ODA was based on the Duncan Resolution. This resolution lists eleven principles that were deemed as crucial to the development of the ODA and subsequently the AODA. These principles were not explicitly written into the AODA legislation; however, they were incorporated in the various standards of this law (*Hansard Archives*, Nov 12 2004). The 11 principles of the Duncan Resolution include:

1. Equal opportunities for people with disabilities in a barrier-free Ontario.
 2. The Ontarians with Disabilities Act's requirements should supersede all other legislation, regulations or policies which either conflict with it, or which provide lesser protections and entitlements to persons with disabilities.
 3. Full accessibility to organizations by people with disabilities.
 4. Full usability of goods, services, and facilities to people with disabilities.
 5. Employers need to take proactive steps to achieve barrier-free workplaces.
 6. The AODA should provide for a prompt and effective process for enforcement.
 7. As part of its enforcement process, the AODA should provide for a process of regulation-making to define with clarity the steps required for compliance with the Ontarians with Disabilities Act.
 8. The Government of Ontario should provide education and other information resources to companies, individuals and groups who seek to comply with the requirements of the AODA.
 9. Affirmative steps should be taken to promote the development and distribution in Ontario of new adaptive technologies and services for persons with disabilities.
 10. Full accessibility and full usability should be a condition of funding of program and service.
 11. The AODA must be more than mere window dressing.
- (*Hansard Archives*, October 29th 1998)

On October 2nd 2003, Liberal Party leader Dalton McGuinty became the newly effected Premier of Ontario. McGuinty's first action concerning the ODA was to pass Bill 12, *An Act to Amend the*

Ontarians with Disabilities Act on December 4th 2003 (*Hansard Archives*, December 4th 2003). Bill 12 stipulates all public transportation agencies, must, if buying new vehicles, make those immediately accessible and usable by people with disabilities (*Hansard Archives*, December 4th 2003).

Approximately one year after being elected, the Liberal Party introduced Bill 118, the *Accessibility for Ontarians with Disabilities Act* (*Hansard Archives*, November 12th 2004). This policy sought to improve accessibility for all Ontarians by identifying, removing and preventing barriers to accessibility (*Hansard Archives*, November 12th 2004). While the AODA was being implemented in phases, the ODA still remained in effect (York Region, n.d.). This signified that organizations must still adhere to requirements of the ODA and the AODA. Once fully implemented, the AODA will fully replace the ODA.

On June 13th 2005, the AODA was proclaimed in the Ontario legislature; that is, the AODA passed into law (*Hansard Archives*, June 13th 2005). September 2005 saw the rise of the AODA Alliance after the ODA committee ceased to exist on August 31st, 2005 (ODA Committee, n.d.). The role of the AODA Alliance differs from that of the ODA committee. The ODA committee was originally focused on getting a strong and effective legislation in place in Ontario. The AODA Alliance was to concentrate its efforts on ensuring the statute was clearly understood by the disability community, and that citizens who cared about the removal of barriers were encouraged to participate in the process of standards development (AODA Alliance, n.d.).

In December 2006, the Liberal government introduced the widely criticized Bill 107, *An Act to Amend the Human Rights Code*, which came into effect on June 20th 2008 (AODA Alliance, 2009). This bill was an amendment to the Human Rights Code (*Hansard Archives*, December 4th 2006) that sought to privatize the enforcement of human rights in Ontario (AODA Alliance, 2009). One of the many critiques of this new law was that contrary to its stated purpose of facilitating the process of protecting citizens against discrimination, fewer potential claimants have approached the Ontario Human Rights Commission since its introduction in 2008 (AODA Alliance, 2009). One of the most vocal opponents of Bill 107 was the AODA Alliance.

Story about Implementing the AODA by 2025

The AODA was situated in time in many ways. The most prominent frame of time stated in the legislation was the end point for implementation. The AODA policy document stated that all five areas of accessibility standards needed to be implemented and would be enforced by the year 2025. It was written as follows:

1. The standards development committee shall fix a target date for the implementation of the measures, policies, practices and requirements that the committee identifies for implementation at the first stage and the target date shall be no more than five years after the day the committee was established.
2. The standards development committee shall fix successive target dates for the implementation of the measures, policies, practices and requirements that the committee identifies for implementation at each of the following stages and each target date shall be no more than five years after the previous target date. (2005, c. 11, s. 9 (4))

As defined in the policy document, the role of the standards development committee was to develop accessibility standards. The committee was to be composed of four groups of individuals:

1. Persons with disabilities or their representatives.
2. Representatives of the industries, sectors of the economy or classes of persons or organizations to which the accessibility standard is intended to apply.
3. Representatives of ministries that have responsibilities relating to the industries, sectors of the economy or classes of persons or organizations to which the accessibility standard is intended to apply.
4. Such other persons or organizations as the Minister may consider advisable. (Accessibility for Ontarians with Disabilities Act, 2005)

Each area of accessibility standards requires a standards development committee. For example, there was the creation of a standards development committee responsible for developing standards for the Customer Service area.

There were also timelines attached to the implementation of the Customer Service Standards. As stated in the *Accessibility Standards for Customer Service* legislation:

The accessibility standards for customer service apply to the designated public sector organizations on and after January 1, 2010 and to other providers of goods or services on and after January 1, 2012.

On January 1st 2008, the first of the accessibility standards, Customer Service, was implemented (Ministry of Community and Social Services, n.d.). As explained by Parbhakar (2001), the AODA features binding accessibility standards. These are compulsory in that there are penalties for non

compliance. Both the public and the private sector are affected by this policy. Public organizations have until January 1st, 2010 to comply with the standards while private businesses have until January 1, 2012.

At the time of this study, other accessibility standards were in various stages of development and implementation. For example, the final proposed *Information and Communications* standard was, on April 28th 2009, submitted for consideration as law (Ministry of Community and Social Services, n.d.). The built environment, transportation, and employment standards were being examined and were either in the initial or final stages of development (Ministry of Community and Social Services, n.d.).

Janet, a policy implementer, emphatically stated that she believed having a set deadline was crucial for the successful implementation of the AODA. As she stated, “[a] deadline has to be in place or it will just, as we all know, it will just continue on and nothing will be solved or implemented.” She continued her thought by agreeing that deadlines set in place were reasonable. She went as far as adding, “the sooner the better in my mind.”

From my conversations with participants about these timelines, I sensed that confidence in the adequacy of the timelines were not exuberant; however, it was present in small doses. Although many people were hesitant to support the established timelines, there was an inkling of hope that it could be possible. For example, Paige was certain that policies and practices associated with complying with the customer service standards would be done by the end of the year as required. Furthermore, Dakota echoed that hope when she said:

I think it’s doable. Like I say we have a very old building and we’ve been chipping at it at a big success, I think at a big success rate, so I think if we can do that with a 1964 building, I would think other people in the community can do the same.

When talking about the deadlines for the implementation of the customer service regulations, Cassandra agreed with Dakota but still had reservations. She explained, “It was doable, it just wasn’t ideal.”

Opinions of people with disabilities and policy implementers diverged in their discussions about timelines. Kevin, a person with a disability, was slightly more careful with his optimism when he

stated, “It’s coming. Just coming slowly.” Because of the potential for the AODA to directly influence the experiences of people with disabilities in everyday life, deadlines seemed crucial to the implementation process. Although tainted with optimism, stories of timelines from people with disabilities offered another perspective as explained in the next section.

A counter-story about challenges to the deadlines

When I first become acquainted with the AODA legislation, I could not believe the target date for implementation of the five areas of accessibility was 2025. It seemed like a distant date that did not have much meaning at the time the study was conducted. Although the Government of Ontario emphatically stressed that 2025 should be regarded, not as the beginning, but rather the end of this long process (*Hansard Archives*, December 14th 2006). It felt to me that it was really far in the future. Alice, a person with a disability who worked to promote the AODA, described her feelings about the year 2025 and stated “it kinda feels like the apocalypse.” She described the apocalypse as being caused by a lack of money and the difficulty of rendering things accessible.

Through my conversations with policy implementers and people with disabilities, it became evident that the 2025 deadline was a sensitive subject among participants. In the counter-story that arose, participants pointed to the inadequacy of the deadlines. Some thought 2025 was just too far in the future. Most people with disabilities that I interviewed held this view. Alice explained that by the year 2025, she would be older and this legislation might not affect her in the same way it would have if it been fully implemented sooner. She said:

And I think that people have dreamed it for a long time, dream of true freedom and access by 2025, but I’m going to be like 55 years old then, you know. Ok, well maybe not 55 but 45. But I’ll feel quite a bit older and will I access some things that I would have now or, or I would have 10 years ago? Maybe not. (Alice, person with a disability)

Some of the people I interviewed believed the deadlines were too close. Palma, a person with a disability, took a long look back at what we have accomplished with the implementation of the AODA since its enactment and exclaimed:

Personally, I’m concerned that I don’t know how it’s possibly going to happen. I mean, when it was first introduced, and they said by the year 2025 everything’s gonna be accessible, I’m

thinking it's a long way down the road. Now we're creeping closer and closer to it and I don't know where the dollars are going to come from.

Most policy implementers understood the complexity of the changes in attitudes, and policies and practice needed with implementation of the AODA. They therefore, thought perhaps the deadlines were a little bit tight. Although at times, they doubted that all accessibility standards would be able to be implemented in time, they also understood that for people with disabilities, the year 2025 must feel like a long, long time away. Here Paige, a policy implementer, debated this inherent divergence in opinions:

I think that for people with disabilities it must feel ridiculously far away and just not nearly fast enough and I think I can appreciate that. That makes sense. But you know as someone working for a municipality like okay, there's a lot of work to do. I appreciate where you are coming from. But there is, it does mean that there is a lot of work to do. Partly I am like, "oh it's a little ambitious." But at the same time, I don't think that I would want to see it stretched any further because it's time, it's time to get this work done and do it. Yeah, my colleague who is actually responsible for the AODA implementation stuff was just saying that [Accessibility Advisory Committee], you've probably run across them. They did a response to the employment standard and so did HR here. [Staff] was just saying that it's interesting. You know, HR's response, staff's response, was that you know the deadlines might be a little too soon, not sure if we can meet those. And of course [Accessibility Advisory Committee]'s response is you gotta move those deadlines up. And again it's understand, I would expect that response and I, and I, get where both sides are coming from. So we'll see, we'll see.

Story of the AODA as an "Act With Teeth"

The last principle in the Duncan Resolution states that the AODA must be more than window dressing. It is written that:

The Ontarians with Disabilities Act must be more than mere window dressing. It should contribute meaningfully to the improvement of the position of persons with disabilities in Ontario. It must have real force and effect. (*Hansard Archives*, October 29th 1998)

Alice, a person with a disability, explained why she thought the AODA was crucial for people with disabilities stating, "it gives a voice to a lot of things that people experience and feel every day." Janet, a policy implementer, agreed that the AODA was necessary for the community as it allows individuals to rethink the way things are working and to realize that changes need to happen. She emphasized that the AODA is not an end, but a starting point when she said, "And things need to start

somewhere so having this whole system in place with all the standards is something that needs to be, it's a great starting point.”

Upon reading *Hansard Archives*, it became clear the AODA took the place of the ODA due to the latter's lack of teeth. In other words, the ODA was seen as not being enforceable. This was discussed by Kevin who stated that:

I know that it was preceded by the ODA in '01 and that laid out. You know a lot of laws are a lot older like the Human Rights Declaration and that kind of thing, so. Basically what it did was, was take it a step further and say what had to be done to ensure human rights. Now the ODA as far as I know generally spelled those out, well it was sorta a private sector thing and will gradually progress to the point where the ODA is no longer law.

The AODA was being developed with strong enforcement guidelines as described in the sixth principle of the AODA:

[It] should provide for a prompt and effective process for enforcement. It should not simply incorporate the existing procedures for filing discrimination complaints with the Ontario Human Rights Commission, as these are too slow and cumbersome, and yield inadequate remedies. (*Hansard Archives*, November 12th 2004)

It was often recognized that the strength of the AODA lay in its enforcement. Paige, a policy implementer, agreed the AODA has real force and effect. She recounted to me:

What I remember most hearing about is well at least this Act has teeth. Like that was the sort of the, like those were the comments that I was hearing. And you know so then remembering back to all those criticisms of the ODA, well I was like okay well that makes sense.

As Kevin described, “it's a very soft law that carries big stick.” The big stick in this situation refers to fines to be applied to individuals and organizations that do not comply with the AODA within stated timelines. How compliance would be enforced was still in development at the time of this study. According to the Ministry of Community and Social Services (n.d.), the enforcement process would be a, “multi-stage enforcement approach for achieving compliance, with an initial focus on up-front compliance assistance before more stringent enforcement measures are used.” If an individual was found guilty of not complying with accessibility standards, the maximum fine that individual could face was \$50,000 for every day in which the offence occurs (Ministry of Community and Social

Services, n.d.). In the case of organizations, the fine would rise to \$100,000 for each day of non-compliance (Ministry of Community and Social Services, n.d.).

Counter-story that the AODA is long overdue, but don't let it dwindle.

Most participants were quick to say the AODA was a very good legislation. Had I stopped at those comments, I would have thought that the AODA was revered as THE legislation for people with disabilities in Ontario. As Dakota, a policy implementer at the municipal recreation level stated, “it was good, it was generic.” Fortunately, my conversations did not stop here, I began to dig deeper with my participants and uncovered that they meant the idea of the AODA was a fine one. Alice, a person with a disability, best expressed this thought when she said: “It’s great, the concept itself is great but I have lots of question about it.” She continued by saying, “the AODA is great in that there is the dream.” She planted the seed in my mind that maybe there was more to the implementation of the AODA than just its theoretical concept. Paige, a policy implementer, continued the conversation by stating that, “overall, overall good job theoretically with the legislation.” Other participants noted that the AODA was the right thing to do for people with disabilities. Dakota went as far as saying the AODA is “almost overdue.” As Alice said, “Politically, I think it’s the right thing to do. I don’t know that the way that they’re going about it is 100% the best way to do it but. I don’t think that they always practice what they preach in a number of ways.” However, at the time of the study, most of the people interviewed suggested they had not noticed any changes in the improvement of accessibility across organizations. Samantha, a person with a disability, stated “[p]ersonally, no I haven’t noticed a change yet. So, I mean, it’s, you know, kind of reminding people out there that this is coming but I really can’t see a whole lot of changes happen so far.” As Paige, a policy implementer, explained some of the real challenges facing the AODA to become “more than mere window dressing” can be attributed to the breadth of needs among the audience the AODA is attempting to address. In her words:

Seeing the AODA as meeting the needs of the larger disability community, I don’t know if that’s, I don’t know if I am saying that clearly, but kind of I guess more doing the universal design stuff, like building it in so that we meet the needs of as many people as possible as opposed to kind of like targeting, you know, putting, looking at resources and supports and programs that meet the needs of a smaller population of the, of the disability community. (Paige)

In the end, Palma, a person with a disability, offered a sobering perspective on the implementation of the AODA. She declared:

I think that they need to stay strong on it and not let it dwindle. I think that there's a lot of great ideas and a lot of great possibilities so don't. After 21 years of working here and seeing so many programs that go great guns to start and they start to kinda dwindle and then fade away, don't let that happen to this. I mean stay strong on it. I think you've got a good framework and you really need to stay on top of it.

Counter-story that the enforcement guidelines are vague.

Enforcement in practice boasts a different story. Lucy explained that enforcement standards had not yet been put in place. According to Lucy, “we have to report on being compliant but they haven't told us what that means.” Similarly, Palma also described that despite her involvement in the implementation of the AODA, she was not clear about what exactly enforcement entails, “And what is the enforcement? You know I mean, that's the iffy part with this whole thing. Ok, yes, you must buy that if you don't, what's going to happen?”

From another point of view, Samantha stated that she thought people were going to lie about whether they had complied with the law. She said:

They also have a reporting mechanism on their website which must be adhered to once per year. As you and I know people don't, and will outright lie. They'll just say I did that and they haven't done that at all. So we get back to the person such as myself who goes into a business and knows that this section should be done and it hasn't been done. It's going to be asked that they report it. (Samantha)

This would place people with disabilities and other citizens in the role of being responsible for reporting non-compliance. Alice, in agreement with Palma and Lucy, stated she was not sure what the enforcement piece would look like. She explained that the AODA does not have the “teeth” for which it has been noted, “and the single largest complaint is that there's no teeth. There's nothing that makes this be enforceable. Well it hasn't really changed and they've put it out and it's enacted, right.”

Kevin, a person with a disability, offered a different way of looking at the enforcement of the AODA. He described a balance between pushing for compliance and making sure organizations did not get too annoyed with the whole process so that services for people with disabilities were negatively affected:

Well I would say, at the start, in enforcement it's a gross balance. Like you'll get pulling sentiments on the direction that I want to see things go if you say, "Oh yeah, that guy should have been charged, you know. He's blatantly [not doing it] for selfish reasons," whatever he was charged with. But if he's charged with something that is common that people will get, say "Well he shouldn't have been charged for that. That's normal." That would be setback AODA. (Kevin)

Story that the AODA Will Supersede All Other Legislation

Policy documents described that the AODA would supersede other legislations providing lesser protection for the human rights of people with disabilities. As stated in *Hansard*:

The Ontarians with Disabilities Act's requirements should supersede all other legislation, regulations or policies which either conflict with it, or which provide lesser protections and entitlements to persons with disabilities (*Hansard Archives*, November 12th 2004).

In addition to the AODA, two main provincial legislations provided standards for accessibility in Ontario: the *Human Rights Code* and the *Ontario Building Code* (OBC) (Ontario Human Rights Commission, 2006). The purpose of the Human Rights Code is to prevent discrimination and harassment through the provision of guidelines. The Human Rights Code touches topics such as employment, accommodation, discrimination, sexual harassment, and schooling (Ontario Human Rights Commission, n.d.). The OBC, a law that governs the construction and renovation of buildings, is often regarded as providing the lesser protection as compliance with its standards "does not necessarily result in substantive equality for users with disabilities" (Ontario Human Rights Commission, 2006, p. 5). It is crucial to understand that these legislations need to work together to achieve a barrier-free Ontario.

Counter-story of the challenges of fitting legislation together in practice.

A counter-story of confusion arose in connection to this first story that the AODA would supersede all other legislation. Confusion arises when considering how policies at the provincial level work together. When I first started my analysis of the AODA I came across the ODA and, at once, sought to understand the relationship between the two. I began by reading articles and government publications about the two legislations. Even after my in-depth readings, I did not completely understand the ramifications of the AODA in replacing the ODA. Fortunately, I was able to meet with a person who worked in implementing the AODA at the regional level. That discussion allowed me to

have a better understanding of the progression from the ODA to the AODA. I now understand that the ODA will be rescinded when the full AODA is implemented. However, I cannot say to this day that I fully understand that relationship. Seeing as I had a long process to come to some sort of understanding, I understand that individuals would be unclear on this issue.

Additional confusion arises when considering how provincial legislation works in conjunction with federal policies. Lucy, a policy implementer, offered us a glimpse into the complexity of dealing with different laws that require you to do different things:

Also we're reminded that this is the way it should be for customer service for example. This is the legislation. However, if there's any contradictions the higher level of government supersedes. This is like, this is the AODA, this is what you're supposed to follow, this is the law, but if it contradicts with human rights then it supersedes. Or if it interferes with this, then this supersedes. So the communication of how it fits within all together with other pieces of legislation is not clear. I think that the other part is not clear, that the AODA does not address is the relationship to the ODA which I believe was enacted in 2001.

In this quote, Lucy described the lack of clarity regarding the relationship of provincial policies such as the AODA to the ODA and national policies including the *Canadian Charter of Rights and Freedoms*.

Story that Government Must Provide Education and Information about the AODA

According to the AODA policy document, the Government of Ontario was responsible for providing education and information about the AODA. As written in the eighth principle of the Duncan Resolution:

The Ontarians with Disabilities Act should also mandate the Government of Ontario to provide education and other information resources to companies, individuals and groups who seek to comply with the requirements of the Ontarians with Disabilities Act.

To successfully implement the five areas of standards of the AODA, organizations targeted under this law must learn about the AODA. Paige, a policy implementer at the municipal level, explained how she spread her knowledge of disability and the AODA accessibility standards:

I think certainly just wanting to get some of that disability awareness stuff out there. And just talking about barriers and not, at the start of this, I was sort of thinking about this as disability theory, but you know, I have had [to] kind of like soften that a little bit. And you know, that's not the way I present it. But you know, just sort of like taking some of those like broad concepts and making them fit in what, what people do. (Paige)

Kassandra, a policy implementer, believed that the implementation process of the AODA itself would make people and organizations think about accessibility. Speaking about the purpose of the AODA, she stated, “I think that one of the things that it will do is that it will force individuals, businesses and organizations to think about accessibility and accommodations where they might not have done so before.” This legislation affected both public and private businesses. Therefore, participants stated there must be channels of communication put into place to relay the information. As Lucy explained, it might be easier to access information about the AODA for public organizations. She said, “Well, we’re a Regional Municipality so it’s a provincial required legislation, so. It came out through the appropriate channels from the Ministry reps.” Another participant questioned how the provincial government was going to let people know about the AODA. She said, “So I’m thinking how they’re getting people to do that. Electronic emails to remind them?”

Counter-story that awareness comes from involvement with the disability community.

Apart from organizations that have to comply with the law, it seems crucial that the general public should be aware of the AODA; however, as Alice described she had a lot of questions about awareness surrounding the legislation:

And a lot of people have no idea what’s coming. So it’s kinda the best kept secret. And so, little by little, people are gaining some understanding about what it is but I don’t think that there are that many people that have true awareness and really, from the perspective of a number of areas of the standards. I don’t know that, if there is some knowledge in [an] organization, is it going to be across the board knowledge or are they going to invest in one person that’s going to hammer it out in all areas and is that going to be the human resources department? You know, is someone going to have training related to that, you see. (Alice)

Several participants described that awareness of the AODA comes from involvement with the disability community rather than the provincial government. As Kevin described, “[b]ecause I’m disabled, I’m more attentive.” Paige, a policy implementer, noted that same idea when she declared, “And then, you know I kind of had, there was a bit of a time when I wasn’t so in tuned with, with that, with that community with disability in general.” She explained that she was not fully aware of the AODA at that point in her life because she was not in touch with the disability community.

Janet, a policy implementer, added that because of an increased awareness, people who have been aware of the AODA regulations for some time might end up being frustrated by the lack of compliance of organizations. In her words:

I think it is going to upset those individuals. That when they do go out into the community on that magical day when everything should be done and they go and there is still that, you know, they are going to a restaurant or somewhere and they still can't get in because the curb still hasn't been cut and it's not accessible. I think that's going to be frustrating, super frustrating for those individuals that have known about this all along and have these expectations and the expectations are not being fulfilled. (Janet)

Since most people do not belong to the disability community and may not be aware of legislation, participants suggested that one way to educate them was to provide information. However, efforts made to educate and inform the public about the accessibility standards did not seem to be reaching people. Alice offered her perspective as to why the efforts of the provincial government were not working:

I think people are overrun with messaging in general in every aspect of their lives and for a long time, things like cancer have been the sexy kinds of campaigns to appeal to. I don't know that it would gain a lot of momentum or attention because I think it's just "well that makes sense, ok", you know, or "oh." And it might make someone think about one or two little aspects. There are posters on the wall behind you related to access for Ontario. And people don't give them a second thought. I'm not even sure that people even look at them. They're comical, right, they're not putting a face to who it's going to affect or the tangibility related to it. It's someone's idea of yeah we should probably get the message out there, right. It seems very simple. Those messages are very, very, simple but I don't know that they catch anyone's attention. (Alice)

This issue about communication between policy makers and the general public was not unique to these two groups. It seemed the issue also existed between policy makers and policy implementers.

As Paige described, she believed that at times there were gaps in communication between agencies:

I think this may be going a little off what you were asking. I think there have been some times when we as a municipality have felt a little bit frustrated in terms of the sharing of information in that it's sort of been, some information has come a little too late and you know and this whole notion that I'm out there training and people are asking questions about enforcement, questions about some of these other things that have not been finalized where we don't have the information. . . (Paige)

Janet echoed this gap in communication. She used the example of education and information about the AODA between departments. She said that not all municipal departments are at the same level of awareness about the AODA. Those differences sometimes made it harder to work together

toward the successful implementation of the AODA. However, as Janet reminded me: “But when it’s mandated, there is no questioning to it.”

Story of Balancing Pro-Active Compliance and Organizational Flexibility

To implement the five accessibility standards, which are customer services, employment, information and communication, built environment, and transport, clear steps needed to be provided as mentioned in the seventh principle of the Duncan Resolution. Organizations’ responsibilities included putting guidelines into organizational policies, practices, and procedures. Compliance with those guidelines assumed that organizations were acutely aware of the requirements they were to meet.

In the words of the legislation:

As part of its enforcement process, the Ontarians with Disabilities Act should provide for a process of regulation-making to define with clarity the steps required for compliance with the Ontarians with Disabilities Act. It should be open for such regulations to be made on an industry-by-industry basis, or sector-by-sector basis. This should include a requirement that input be obtained from affected groups such as persons with disabilities before such regulations are enacted. It should also provide persons with disabilities with the opportunity to apply to have regulations made in specific sectors of the economy. (*Hansard Archives*, November 12th 2004)

The *Guide to the Accessibility Standards for Customer Service* provided further explanation of the steps required for compliance. It explained that the document did not suggest ways to meet the requirements as there was no single way to provide accessible services and goods. Each organization was to choose to meet the standards in ways that best suit the enterprise allowing for flexibility in organizational policies, practices, and procedures.

Discussion in Parliament noted that the AODA:

should require public and private sector employers to take proactive steps to achieve barrier-free workplaces within prescribed time limits. Among other things, employers should be required to identify existing barriers which impede persons with disabilities, and then to devise and implement plans for the removal of these barriers, and for the prevention of new barriers in the workplace. (*Hansard Archives*, November 12th 2004)

Here the emphasis was on being proactive and preventing new barriers. The idea of the AODA was to encourage organizations to start thinking about making changes right away, and prevent future barriers from arising. The only way to achieve a barrier-free Ontario is, as the existing accessibility barriers are broken down, to prevent new ones from arising.

Counter-story about needing specific details

From an outsider's perspective, it seemed that organizational flexibility to adapt requirements for compliance to their specific needs would be well received by most businesses. However, what emerged from the data was that there was a fine line between leaving room for flexibility and not providing enough details for organizations to follow. Participants suggested that to meet the requirements they needed to have more details as to how exactly they were to comply. Kassandra explained that a lot of questions were raised during the implementation process at the municipal level due to a lack of information:

One of the challenges with the customer service regulations is that it was implemented with no supporting documents or directions from the province. So that information was provided at a later date so municipalities especially were not able to do a lot of work. What are you expecting from us? What is the reporting going to be? There was a lot of questions about who was in scope with those regulations and who was out of scope. There is a lot to consider. (Kassandra)

Alice strongly believed that organizations and people needed "raw details" to implement the *Customer Service Accessibility Standards* (and, later on, the other standards). As Alice described:

Raw details, yes. Like I don't think that you can ever expect to have a standard be a standard if you're not telling people like it's gonna be. If you're saying yes you need a policy about people having service dogs and allowing them to come into your business, fine. That's it. There is a policy. Everyone will be able to come in with a service dog. Fine. But they're other elements of all those things, you know. Every front line employee will receive customer service training. What? What does that mean? Who is providing that training? How long does it have to be? Is it going to be an ongoing certification like something like WHMIS? How, like how, how? So you're gonna let every business decide how they do that on their own. I don't think that works really. (Alice)

She highlighted gaps in knowledge that may happen when guidelines for compliance are vague.

Palma suggested one way to remedy that problem was to follow these three principles: "plain language, definite ideas, and standards to back it up." Lucy, a policy implementer, suggested that one way for organizations to ensure they comply with the requirements of the AODA was to work together. As she stated, "We're just really trying to make sure that we're all on the same page and we're all communicating and collaborating and cooperating, you know, extrapolating best practices and asking for clarity and waiting for clarity." Dakota, a policy implementer, believed that most times people would like to comply with the accessibility standards but were not aware of how to put

guidelines into practice. She suggested that to implement the AODA, more specific details were needed and wanted. She thought “how-to guides” would be a great way to reach out to organizations and spread the knowledge. She said:

Like with follow up tools, how to tools. So, you know, almost how to do a simple bathroom renovation on a budget, how to do a counter renovation on a budget. I know it sounds dumb but really simple things. You could get a summer student to do it. How to do this. How to do that. It could almost be a tips sheet. How to train simply. How to do those things simply. Reminders. Do some, just some more things. (Dakota)

While a call to be proactive was a step in the right direction for the successful implementation of the accessibility standards, participants noted that additional conditions needed to be in place for this to happen. Alice, a person with a disability, highlighted that one reason for the difficulty of removing and preventing barriers was that people were not aware of all the requirements:

[Be]cause there's, there's not equal access to information for everyone. There is not an equal buy in. It's not like people are saying yes I'm behind this 100% and I understand that I have to do this for information and communications, and I have to do this, and I have to do this. Like there is a framework but there's no furniture in the house. (Alice)

As Lucy explained, the ability to be proactive was affected by how the policy was “rolled out” by government. It is hard, if not impossible for organizations to be proactive if they are not aware of the upcoming standards and requirements. As she stated:

It just makes it rather difficult to plan for long without being aware of what's required for the other, or the other, or the other, or the other, or the other. So, it's just that in terms of how it's been rolled out, it's been difficult to go beyond meeting or just becoming compliant. It's really hard to go above and beyond to see what the other pieces look like, because some of them are still a mystery. (Lucy)

Lucy, a policy implementer, clearly illustrated the position that organizations have to take when faced with implementation of the various standards. I think the position can be best summarized as one where organizations have to wait to see what was coming up and then rush to comply with requirements within the timelines.

Dakota, another policy implementer, argued that when organizations, such as her own, tried to be proactive, it caused issues with the hiring and training of staff. Further she described the magnitude

of this challenge using the Customer Service requirement of training all staff, volunteers, and third parties to be able to provide great customer service to people with disabilities. She explained:

We're trying to get all the staff. You know, they all have to be specifically trained. That's going to be a big one coming up. Because I have 65 staff on at all times. And yeah it's going to be really interesting. And every time you hire someone new which can be anytime, you have to train them right away. So we're trying to figure that piece out. That's going to be a tricky little piece. Volunteers are also tricky. It's just an interesting. And same thing, anytime a volunteer starts you have to train them. I think the biggest challenge will be keeping that piece up for them. You know, they're mandatory pieces. You know, just always having that standard up kept. That requires a lot of trainers on site. (Dakota)

Samantha, a person with a disability, did not believe organizations were going to take proactive steps to implement these accessibility standards. When asked about the implementation deadlines of the Customer Service standards, she exclaimed, "I really think it will be way to the very end. If they're going to do it, and they may not, that it would be at the very end. So it would be in the 2010 tax year which would be 2011." In contrast to being proactive, the enforcement piece of the AODA will play a role, "I personally think that people won't, local businesses, will not do something until someone reports them." One of the ways to ensure this did not happen was to have an AODA with strong enforcement guidelines.

Story that Accessibility is a Condition of Funding from Government

I believe that when this principle was accepted in the Duncan Resolution, the intention behind it was that making accessibility a condition of funding would encourage organizations to implement the accessibility standards. As written in the AODA:

The Ontarians with Disabilities Act should require the provincial and municipal governments to make it a strict condition of funding any program, or of purchasing any services, goods or facilities, that they be designed to be fully accessible to and usable by persons with disabilities. Any grant or contract which does not so provide is void and unenforceable by the grant-recipient or contractor with the government in question (*Hansard Archives*, November 12th 2004)

Dakota got to the heart of the matter when she declared, "Money talks." With that statement, she emphasized that if attached to funding, it would be easier to convince organizations to embrace the AODA accessibility standards and make the necessary changes.

Counter-story about money issues.

As can be expected, the process of handing out money does not always go as planned. When asked about funding issues Alice, a policy implementer with a disability, questioned the way the provincial government was deciding who received funding, and what that money was going toward:

The government does have a lot of pools of money and the way they go about distributing that money is ridiculous. They ask with very short timelines. And I'm not sure if that's on purpose or not. But they ask sometimes for groups and municipalities to jump through a whole bunch of hoops to get their applications in on time but they don't ask for any specifics.

To support her point, Alice provided an example of what she believed was a long and arduous process that did not always lead to expected results:

So, for example, the City of Kitchener asked the Accessibility Advisory Committee to write a letter of support to put in a new counter for their Parking Services Department that would be accessible for everyone. Okay, so they've asked for a set amount of dollars but they don't have to say what they're doing exactly or how they're doing it. So, how, how does that make sense? I don't know how that makes sense really at all, right? I don't know why or how, all of a sudden, there's this slush fund of money that just seems to crop up now and then. And people can get their applications in and probably get some money as long as it goes towards you know x, y, z physical accessibility. Because I don't think there's a greater plan of having everything standardized. I don't know that it makes a lot of sense to do it that way.

Alice argued that costs associated with implementation of the AODA accessibility standards would make people realize how difficult true accessibility was to achieve:

No, I don't think that they should foot the bill for everything. I think that there is a lot of respect and the inability for people to recognize how taken for granted true access is if there isn't some cost associated to it. And I guess it probably penalizes small businesses more than anyone else because the corporate giants will just swallow it and not even blink, right? (Alice)

Counter-story that "funding wasn't attached to it but we have to move forward regardless."

Discussions of funding were often present in my conversations with policy implementers and people with disabilities. Dakota summed up issues around money and funding when she stated, "It takes money, money, money to do those things." There was not one interview in which the topic did not come up. Often, money or funding issues arose in debates of whether the provincial government or each individual organization should be financing implementation of the AODA. There was not an

agreement in the ideas expressed by participants; however, the story that arose was one that highlighted the need to move forward together to improve accessibility.

Some participants took on the role of a tax payer to rationalize why the government should provide money for implementation of the AODA. In Samantha's words, "As a tax payer I feel that the government should be giving something. While they are giving a tax break or something to people that do these things." On the other hand, Kevin believed it was the responsibility of each and every organization to come up with the money to improve accessibility. When asked if the government should provide funding, he adamantly answered, "I feel that, yeah, government money ain't gonna happen and it shouldn't."

Lucy offered a different perspective on issues of funding when she redirected the discussion about funding toward action. Lucy noted the importance of the AODA and stated that organizations needed to stop arguing about who was going to provide the money. Instead, she stated they needed to start acting:

Municipalities haven't been given funding for the implementation of the AODA regs to date. So, yeah it would be nice to have funding to implement them and it would be nice to have support, but we don't. So we can sit and think about, we can sit and think about how nice it would be to have funding to implement the customer service regs or we can do the best with the resources that we have because it is something that is really important and it is legislated and we have to comply. (Lucy)

As Lucy described, everyone understood that money would be necessary to enact some of the changes. However, she stated that if we had to pick between trying to make Ontario accessible for everyone or ruminating about the lack of funding, we would fare better as a province with the first option. Cassandra echoed Lucy's perspective about moving forward. She explained that she thought there was a responsibility shared by all, including governments, to work together to make the AODA happen:

I believe the province has a responsibility to provide these kinds of standards and templates but I think we all have a responsibility to do what we can to make it happen and for us to realize that we need to make it a day to day operation. (Cassandra)

Discussion of the Policy Context and the AODA

Social policy is very complex (Midgley, 2000), and implementation of policy is a slow process (Stewart, 2000). As part of this implementation process, it is important to explore the AODA as a certain *type* of policy for this has crucial implications for the definition of the “problem” addressed by a policy. How a problem is defined in a policy is important for how the problem is then resolved (Dobelstein, 2003). The AODA is an anti-discrimination law and can be described as being a *de jure*, *social* policy, which is both *residual* and *proactive* in nature. However, as will be discussed in this section, problem definition within a policy is also shaped by the existence of the policy in time and the political and economic context in which it exists. The anti-discrimination nature of this policy is also explored further in the *Discussion of Discrimination, Social Inclusion, and Leisure in the AODA* that appears in a later section of this chapter.

People interpret and experience life in relation to time (Richardson, 1990). Coffey (2004) argues that “a temporal perspective provides an opportunity to reconsider the processes, practices and experiences of social policy” (p. 102). Considering the AODA in the context of time reveals three core issues inherent in this policy.

The AODA as a Solution to Past Wrongs or to Prevent Future Challenges

On the surface the AODA is a long overdue *residual policy* (enacted when problems arise) that is being reformulated as a *proactive policy*. The Government of Ontario recognized that legislations already in place did not work to break down the barriers inhibiting the full participation of people with disabilities, and, therefore the AODA was enacted to rectify the problem (Dobelstein, 2003). As a *residual policy*, the AODA makes a statement that people with disabilities are particularly disadvantaged by social structures and merit further accommodation. However, the AODA can also be classified as a *proactive policy*. This signifies that the government seeks to address future inequalities before specific examples are brought before the Human Rights Commission. In addition, within the narratives there is a sense that organizations need to be proactive and meet compliance standards for

accessibility. However, there are limitations on how proactive organizations can be as they need to wait for the accessibility standards to come out and for guidelines to be enforced. Further, when guidelines are presented they often offer few details and organizations have to ask for clarification.

Challenges to Meeting the Deadlines for the AODA

Although policy implementers believed the timelines of the AODA were feasible, they saw hurdles that might make reaching the implementation dates a difficult task. The AODA was thought to be an “act with teeth” and “the right thing to do” and people with disabilities believed implementation of the accessibility standards could not come fast enough; however, most participants feared its implementation would leave much to desire in terms of accessibility. Counter-stories often depicted a truer picture of what was happening in practice during the implementation process. Proponents of the stated deadlines believe there was no better time than the present to enact change and without deadlines the AODA might never truly be implemented because individuals and organizations would simply wait for things to change on their own. Persons who thought the deadlines were too soon, believed that such fundamental changes as mandated by the AODA needed considerable time to be implemented.

The AODA and the Interplay of the Disability Movement and Disability Legislation in Canada

A discussion of the timelines of the AODA provides only a partial picture. Thus, the third issue in the context of time is to also consider the history of the AODA within the interplay of the disability movement and disability legislation enacted in Canada. The emergence of the disability rights movement in Canada may be pinpointed to the 1960s and 1970s (Rioux & Prince, 2002) and the emergence of non-governmental organizations (NGOs). Rioux and Prince (2002) argued that there are two main types of disability NGOs. One group of NGOs centres around one specific disability, and the others “are based on the view that people with disabilities are citizens entitled to the same bundle of rights and opportunities as everyone else in society” (p. 18). For this second group of NGOs their focus is on advocacy and securing equal rights for individuals with disabilities and influencing government

to enact anti-discrimination policies (Roehrer Institute, 1996). In 1982, Canada became the first country in the world to protect people with disabilities within a Constitution in the *Canadian Charter of Rights and Freedom* (Thinking outside the box, n.d.). This constitutional right was also reinforced in the *Ontario Human Rights Code* in (1990). However, the 1990s were marked by a withdrawal of the federal government in the supervisory role of a strong disability policy (Pedlar & Hutchison, 2000), and a significant withdrawal of provincial supports in the community under Harris' Conservative government (Arai & Reid, 2003). Therefore the disability movement has had to step in to ensure that people with disabilities were not forgotten. Against the backdrop of this historical context, narratives in the previous sections described the rise (and the fall) of the bills since 1990 that culminated in enactment of the AODA in 2005. As Howe & Johnson (2008) describe, the support expressed for the *idea* of the policy is often greater than that of the actual implementation of the legislation.

Intent of Social Policy in Word and the Realities of Implementation Under Neoliberalism

As narratives reveal, the AODA is also a *de jure policy* in that it is enforceable. As Burch (1998) describes, de jure policies are those that are “from the law” (p. 11). De jure policies “are explicit statements of policy” (Burch, 1998). Although a majority of countries have de jure policies concerning disability, the aims of those policies and their effectiveness to create inclusive societies vary greatly (Michailakis, 1997). The final stories in this section explored the ways government will ensure organizations and businesses will comply through their control over funding; however, counter-stories pointed to the lack of funding attached to changes required to put the accessibility standards into practice. Further, this de jure policy must be understood within the economics and politics of the neoliberal climate in which it was developed and implemented. Political ideology plays a role in shaping both perspectives on social problems and the solutions proposed to those problems (Bryant, 2004).

Since the initial presentation of the ODA when Bob Rae's New Democrat Party was in power, Ontario has seen a marked shift to a climate of neo-liberalism beginning with Mike Harris' Conservative government and continued in Dalton McGuinty's Liberal Party which Evans (2008)

describes as the “more human face of neoliberalism” (p. 22). As Bryant (2004) explained “the Ontario Conservative government presents their individualistic approach to public policy as common sense” (p. 648) while the Liberal government offers a more personal approach in its slogan “We’re all in this together.” Neoliberalism presents a policy framework focused on the operation of the market (Coburn, 2000; Larner, 2000), and competition and privatization (Chouinard & Crooks, 2008). As Larner (2000) describes, neoliberalism values the individual, market security, freedom of choice, laissez faire, and minimal government. These values can be seen in the AODA. For example, the government of Ontario delegates responsibilities for implementing the AODA to each and every organization of the province. The onus is on the organization to comply with the various accessibility standards. In other words, it is one of the characteristics of a neoliberal government to withdraw provisions of social services (Chouinard & Crooks, 2008). Ontario was the only province that saw its economy shrink in 2008 and forecasts are predicting that the same trend will occur in 2009 (Vieira, 2009). Furthermore, for the past two years Ontario has had a cumulative deficit of 18 million dollars (Vieira, 2009). These economic changes lead to changes in the lives of the citizens. According to Sarrouh (2008), “people who are insecure about their economic future depend upon their Governments to defend their interests and to maintain and even strengthen the social standards that are essential to their perception of a good future” (p. 1). However, since Ontario is going through an economic crisis, organizations are unsure if they are going to have the monetary resources to comply with the AODA. The responsibility then passes from the state to the community. One of the consequences of that withdrawal is the increased demand on disability organizations to step up and meet the needs of the disability community (Chouinard & Crooks, 2008). However, in the neo-liberal climate organizations that provide social services to people with disabilities have had to become more market-driven in order to survive (Pedlar & Hutchison, 2000).

The Challenge of the Shift from Social Policy to Economic Policy

The dominance of neoliberalism can also be seen in shift to making economic issues central. This shift also created an *analytic tip* in the development of the AODA. The analytic tip “can be

conceived of metaphorically as the gradual accretion of negative feelings toward conventional categories of analysis until a critical moment or period arrives when analysts seem to abruptly abandon their conventional terms and switch over to newer ones” (Roe, 1994, p. 120). One of the effects of arriving at an analytic tip is that of reconceptualising an issue (Iannantuono & Eyles, 2000). With the AODA it was the reframing of social policy issue of discrimination as an economic issue. According to Tang and Peters (2006), economic issues have started to dominate social policy debates. As Jenson argues, the creation of good social policies are beneficial not only to the health of the community but also to that of the economy (Jenson, 2004). Good social policies in Canada have a dual role of meeting economic goals all the while meeting social needs (Sarrouh, 2002). Throughout early development of the AODA, there was a focus on the increased productivity that would befall on Ontario with increased accessibility for all citizens. Jenson (2004) stated that since the end of the Second World War economic shifts such as the rise of globalization and open economies, knowledge-based economies, and shifts in the international division of labour have created a desire for a better quality of life. In this context, the AODA can be seen as an effort to increase the quality of life of those citizens affected by the policy by increasing the accessibility and thus permitting for a fuller participation for all in the life of the community. As explored previously in Chapters 2 and 5, most disability policies in Canada focused on providing benefits for people with disabilities based on meeting certain criteria. The assumption behind these legislations is that people with disabilities need further accommodations because of their “incapacity” to work (Scotch, 2000).

This shift from social policy to economic policy creates a limitation to achieving an accessible society for people with disabilities. As Prince (2004) describes, when disability is only seen as a category of needs, in this case economic, policies fail to address the issues. Social policies are broader in focus; they are “guidelines or plans for creating, maintaining or improving living conditions that are conducive to human welfare” (Dawson, in press). They are a framework for action in that it dictates what actions need to happen to solve the problem (Gil, 1976). A social policy has for goal to “enhance the social well-being of citizens through social action” (Alcock, 2008, p. 3). Public policies such as the

AODA have been traditionally characterized by the assumption that interventions by governments are the best way of enacting change (Midgley, 2000). However, as the AODA moved further into implementation, counter-stories about the AODA describe a lack of specific details available to stakeholders, an emphasis on flexibility, enforcement guidelines that are vague, and dissemination of information and awareness of the AODA that is not widespread. While the AODA was to supersede all other legislation, practitioners struggled to understand how the AODA was to work with other municipal and federal policies. With this lack of guidance it is possible for *de facto policies*—unofficial policy arising from what is done (Burch, 1998)—to arise and for discrimination to continue. Participants with disabilities that I interviewed were often quick to mention that a lack of common sense hindered the implementation of the AODA and that inaccessibility was persistent within certain organizations. Within organizations continuing discrimination can stem from “neglect, ignorance, prejudice and false assumptions, as well as through exclusion, distinction or separation” (Office of the High Commissioner for Human Rights, 1994).

Narratives of Disability in the AODA

Disability—this single word evokes many different images and reactions depending on each individual’s life context. It is crucial to explore the notion of disability as it influences the way society thinks about what it owes to people with disabilities. The interview questions did not focus on defining what disability means to each and every individual. I assumed that bits and pieces of ideas around disability would surface amidst discussions of the implementation of the AODA. Four stories arose in this section. The dominant story was that people with disabilities can be identified using the definition spelled out in the AODA policy document. As policy makers try to categorize people with disabilities to make it easier to identify them, individuals are fighting back to retain their individuality and to convince others to always put the person first no matter who it is. Consequently, two counter stories emerged. The first counter story stated that every human being is different and therefore labelling might not be an effective way of pinpointing who fits in the category of “people with disabilities.” The second counter-story recognized that people with disabilities are human beings first and foremost. A

non-story, recognized by its absence in policy documents and conversations, was the interaction of disability with other factors. This non-story points to the importance of acknowledging interactions between disability and their experience of race, class, and gender.

The Story of a Focus on the Disability Not the Person

In the Accessibility for Ontarians with Disabilities Act, “disability” is defined as:

- (a) any degree of physical disability, infirmity, malformation or disfigurement that is caused by bodily injury, birth defect or illness and, without limiting the generality of the foregoing, includes diabetes mellitus, epilepsy, a brain injury, any degree of paralysis, amputation, lack of physical co-ordination, blindness or visual impediment, deafness or hearing impediment, muteness or speech impediment, or physical reliance on a guide dog or other animal or on a wheelchair or other remedial appliance or device,
- (b) a condition of mental impairment or a developmental disability,
- (c) a learning disability, or a dysfunction in one or more of the processes involved in understanding or using symbols or spoken language,
- (d) a mental disorder, or
- (e) an injury or disability for which benefits were claimed or received under the insurance plan established under the Workplace Safety and Insurance Act, 1997; (“handicap”)

This definition borrowed from the Ontario Human Rights Code, focused on various “types” of disabilities. This definition implied that every individual with a disability can fit in one of those five categories defined by their disability. In addition, this definition emphasized impairment, dysfunction, and disorder as contrasted with normal functioning or ability. One of the outcomes of defining disability upfront in the AODA was to cluster individuals with certain characteristics under the label “people with disabilities” to form the idea of a homogeneous group. This group could then be targeted with ease as its members were known.

Janet, a policy implementer, believed that categorizing people made it possible to adapt programs and services to the needs of those individuals:

In saying that you are classifying, often you are able to adapt and make changes accordingly. And yeah they do have a label on that that says who they are. But that’s a positive thing to be able to adapt and make changes. (Janet)

Counter-story about differences, as “human beings, we can’t cookie cut them.”

Labelling was identified as one of the consequences of classifying people. Dakota, a policy implementer, explained that the five categories of people with disabilities made it clear who belongs in

the group “people with disabilities.” She also mentioned that it might also have left people out who should have been included:

Yeah I think it labelled some things [note: referring to illness/disability, not the person]. And there are some things that weren't in there. If those things are in there, there are things that I thought should have been listed. I think it labelled some things. It labelled some illnesses but it forgot so many. So yeah, they did some labelling. (Dakota)

Participants identified that the challenge with labelling was that not everyone placed under a label is similar. As Dakota exclaimed, “That’s right, it’s going to be everyone under this label” and in contrast, she described that everyone is different.

As people with disabilities answered my questions about their experiences of the implementation of the AODA, they often prefaced their view of their experiences by telling me this view might be unique because other people with disabilities might differ. As Kevin described, “But that’s my particular case, being in the chair, I’m not sure what they are for every people.” Kevin suggested that different types of disabilities lead people to experience things in different ways. Palma summed up diversity in people, “human beings, we can’t cookie cut them.”

Palma and Alice both suggested that no one person with a disability is the same. Alice noted, “It’s different for everybody, right.” Palma further explained:

I have another theory. . . that we could bring a 100 people together with 100 different disabilities and we could sit down for months and months and we could hash out and try to make the building we’re working on totally accessible. And 6 months later we have someone with a different disability join the committee and all of a sudden, it’s not accessible for them. In the barrier free stuff that I’ve done, I’ve done a lot of work with the Cities of Kitchener, Waterloo, Cambridge, the Region and when we do a public building we’ve come up with a few standards where we ask for L shape grab bars in public washrooms. We find that some people need to push down to stand up so the bottom part of the L works and some people need to pull to stand up so the upper part of the L would work. It has never failed that we get a building done, it opens and then we get complaints where someone says I am better off with the ones on a slant.

There were no instances within the policy documents that acknowledged the diversity among people with disabilities.

Counter-story that “[t]he disability is secondary to the fact that I’m a human being.”

While the definition of disability used in the AODA focused on a multitude of impairments, the counter story that arose from my conversations with participants focused on being human. When

prompted to tell me a little bit about themselves, participants with a disability started by telling about various roles they take on as a human being. The piece about having a disability often followed as just another part of who they are. Alice described herself in these terms:

Well. I'm thirty years old and I'm a graduate from [name of program, name of University]. I am very heavily invested in volunteering when I'm not at my job. I feel that volunteering is a way to give back to the community and I think that I'm lucky in that I've been able to do that for so long with so many organizations and I really enjoy that. That for me is leisure, I love that. I wouldn't say that I'm personally so involved in the recreation aspect of things. My physical capabilities are not such that there is a lot that I can do in that vein without a lot of support. One of the groups that I'm involved with is [Accessibility Advisory Committee].

Alice further explained that she believes everyone should put the person first and the disability second. In interviews with other participants, having a disability was mentioned at first but only as a part of the larger portrait of the individual. Samantha described herself in these terms, "I have a disability which is multiple sclerosis and I use a wheelchair full-time. I'm a mother of, wife of one husband, and mother of three children." These descriptions point to multiplicity of roles each person, with or without disability, holds during her life.

What united the views of participants was the idea that people with disabilities were first and foremost people. After attending orientation sessions about the AODA, Palma described:

I was at a workshop a while ago and we got talking about stigmas, titles, and even within the disability movement we can't agree of what's the right words to use. My big thing is always to put the person first.

Kassandra, a policy implementer, embraced Palma's "person-first" approach and explained that it is integrated into the training provided to all municipal staff on the AODA. Here she explained that the focus is on the person and not on the disability:

Going back to my example of customer service regulations, we are not training on how to interact with a person with a visual challenge, how to interact with a person who uses a wheelchair. We are going back to the principles how do you provide ethical customer service in a way that is respectful and meets the needs of the customers. (Kassandra)

Non-Story about Interactions of Disability with Other Factors

After reading over the various narratives surrounding disability in the AODA, it occurred me that there was a non-story present surrounding the story of disability in the AODA. A non-story is a

story that is absent from the discussions. Missing was a discussion of the interactions between disability and other factors such as age, gender, race, and class. None of the participants explicitly mentioned that the reason that every individual with a disability is different is because each and every one has a different experience of life factors. If as described in the counter-stories people are diverse and we need to put the person first, then the next step would be a discussion of the intersectionality of characteristics and identities which define a person's experience and position in society.

Story that the Inclusion of People with Disabilities will Benefit Everyone.

A prominent story in the AODA was the aim to “benefit all Ontarians” as outlined in the purpose statement of the policy. This was interpreted in different ways including building a stronger community, increased accessibility for all, and added benefits for the family of individuals with disabilities. Further, participants believed the benefits would affect all Ontarians, since we are all just one moment away from having a disability.

Stating that the AODA will benefit all Ontarians assumes all Ontarians will be connected to or affected by the policies. Alice provided one possible explanation as to why policy makers might have used that phrase. She said:

I think that when Dalton McGuinty campaigned several years ago, he had the faces of Ontarians in his campaign and he included, you know, many different ethnic races, he included older people, he included younger people and he included people with disabilities. (Alice)

The assumption was that as Ontario becomes accessible, a stronger community would be formed. Dakota agreed with the use of the phrase “benefits all Ontarians” as she explained:

Yeah I can see why, why it would say that. Because I think if everybody is living together in harmony and peace, you know, it's sort of a greater thought. Yeah it benefits everybody because if everybody is segregated in little compartments and that's not going to benefit anybody because you're missing out on meeting your neighbours and friends. So if everybody just shops together, goes to school together, camps together, do things together, go to the library together, function as one instead of making all these buildings that are a higher cost. People living as one community. (Dakota)

Most of the participants agreed that improving accessibility across Ontario would most likely have a positive effect on individuals. Kevin extended possible benefits that “will fall mainly to the

elderly or ethnic populations.” Paige gave concrete examples of how she sees improvements in accessibility helping out able-bodied individuals. As she stated, she believed in:

this notion that what works well for people with disabilities is going to benefit everybody. And it’s probably going to work for a larger portion of the population. So you know, I mean, the whole classic examples of ramps or door openers. Great for people who use wheel chairs, great for people who are pushing baby strollers or you know. The door opener if your arms are full. A lot of great examples in the built environment I think. But you know we’ve also talked about things about information and communications too. Like having, having access to multiple formats, ensuring that if you get a verbal explanation you can also refer back to something in writing. Yeah that’s going to be fantastic for someone who has a learning disability and they take information better visually than by hearing it. But also like, you know, if you’re like, I don’t know a short course of medication for a very temporary kind of thing and it’s, it’s sort of you know wreaking a little havoc with one’s cognition. Or something simple like [being] up late with the kids or home with a sick child. And you know you’re just not taking information in. I guess I can see that. (Paige)

Janet offered a different perspective on how she believed the AODA would benefit all

Ontarians. She argued not only will it benefit the individual with a disability but also his family:

An example is that it is also benefiting the individuals that are surrounding that individual. For example, the family members, they have a son or daughter that uses a wheelchair let’s say. This mandate is just going to better the quality of life for the entire family or the entire community because I just believe that things are going to be that much easier and involved and it’s just going to ensure that the whole sorta quality of life for everyone. I see a change in quality of life for everybody. (Janet)

Participants noted that one main reason for including everyone in this legislation was the thin line that exists between individuals with and without a disability. Throughout the interviews, participants used the phrase “TAB” meaning temporarily able-bodied. Kevin, a person with a disability, explained what TAB means to him: “But I guess from my point of view, being somewhat new, that in life you’re only sorta ever temporarily able-bodied. Like you’re born not able-bodied and you die that way so.” He pointed out that since the line is fluid between groups, it is best to take everyone into account. Palma shared a similar opinion. She explained that she tried to communicate the message to people that everyone is a TAB person. In her words:

When I do presentations, I often remind people that everyone is just a step away from a disability. That, as an able-bodied person you’re known as a TAB, a temporarily able-bodied. You know, you slip on the ice, you do whatever and you could end up with a disability as well. So we’re trying to show that it’s, it could happen to anyone at any time. (Paige)

The importance of emphasizing the benefit of the AODA for all Ontarians was described by participants as being linked to the aging population and the baby-boom generation. Participants noted that as this generation ages, the AODA will increase in importance in their lives. As Palma described:

[I] think another big point is that with the baby boomers coming up, which is a really big part of the population, chances are good that there's gonna be disabilities involved as people age. And because the baby boomers are a group that have become vocal and have spoken up, they are looking towards the future and saying "well right now I can do this, but down the road, I'm starting to look at the buildings, and the stairs involved, and the access to them."

Counter-story that the AODA should solely focus on people with disabilities.

As participants described in the previous section, it was potentially a very thin line dividing people with disabilities and people without disabilities. Kevin, a person with a disability, spoke about the different viewpoints about who benefits from the AODA:

Well, it, it extends to a large philosophical debate, [a] viewpoint that you develop. Whether it is, well frankly, it boils right down to, is it something that involves everyone or just them [people with disabilities].

Samantha truly believed people with disabilities should be considered apart from other Ontarians because they have been discriminated against. To Samantha, people with disabilities have different life circumstances and warrant a legislation that would solely focus on improving accessibility and creating opportunities for people with disabilities. When asked if she thought the AODA would benefit all Ontarians, she replied:

I'm sorry but I have to disagree with that one. I really think it will benefit people with disabilities more than all Ontarians. I, it was designed to benefit all Ontarians but all Ontarians are not, they're not as willing to hear about people with disabilities or see people with disabilities, whether it be hidden disabilities or not in the same light as they are. People without disabilities feel that we are very, very different. (Samantha)

Story About Involving People with Disabilities When Implementing the AODA

The AODA clearly stated the purpose of this legislation was to involve people with disabilities at all levels in the development and implementation of the AODA. As stated, the legislation provided for:

the involvement of persons with disabilities, of the Government of Ontario and of representatives of industries and of various sectors of the economy in the development of the accessibility standards. (AODA, 2005)

In practical terms, this meant people with disabilities were to be a part of the committees that developed and reviewed the accessibility standards. Samantha explained how the process worked:

the government enlarged our committee, well all the committees, at one point in time. I don't think we have 42 members on our [committee]. What they wanted to do was 50% plus 1 with [a] disability from the community and I totally agree with that.

Kevin provided an explanation as to why he thinks it was important to include people with disabilities in the development and implementation of the various accessibility standards of the AODA. As he stated: "But there is some value in the contribution that people can make that are disabled. It will, it starts to recognize or allow for that."

Counter-story asking, who speaks for people with disabilities?

Most participants agreed that including people with disabilities in discussions concerning the implementation of the AODA was the right thing to do. Paige, a policy implementer, exclaimed, "I have been quite impressed actually by the participatory nature." However, some people with disabilities were concerned about how people with disabilities were selected to sit on committees. Alice, a person with a disability, was particularly adamant that more needs to be done to go out of the way to include all voices in the process. She said:

Don't forget the little people. I, I know that the squeaky wheel gets the grease and that it's the more vocal people that, that are heard but don't forget the. That sounds patronizing now that I think about it. And by little people I mean the people that don't, don't speak up. Don't forget to look for their input. Don't, don't forget to go out of your way to make sure that they can provide you with the input that you're looking for. (Alice)

Alice expanded by questioning if there was any involvement from people with disabilities outside of the formal committees. She questioned:

I certainly don't see outside of the policy development and standard review committees and the people that are working on the standards, outside of those committees, I can't tell you that there are any people with disabilities that are working in those departments helping with this implementation. And, and that's probably a little bit unfair, but visually you identify someone with a physical disability of some kind or a sensory disability. There might be invisible disabilities there but it doesn't feel the same as knowing that's someone's got your back. And they're behind you, and they're looking out for your interests. It feels like it's political. (Alice)

Palma, a person with a disability who worked to promote accessibility, offered a simple solution to the problem of representation. She declared, "Well I would suggest, the more voices the better."

Story About Consultations with Representatives of Industry

As stated previously, the AODA emphasized that in addition to people with disabilities; there should be consultations with representatives of industries. The inclusion of this story in the main AODA policy document did not guarantee it would be experienced or talked about in the context of implementation. Even participants involved in the implementation process did not expand on this topic.

One reason this story had not yet emerged in the implementation process of the AODA was that at the time this document was written, only the customer service accessibility standards were being implemented with the focus for 2010 on public sector organizations. These accessibility standards will later affect all private businesses and organizations “that provide goods or services to the public or to other third parties in Ontario” (Ministry of Community and Social Services, 2009). Perhaps as the other four areas of accessibility standards are implemented and these organizations will be required to comply, this story will arise in practice. Most certainly challenges will arise if the industry is brought in after the fact.

Non-Story About Broader Social, Economic, and Environmental Forces Influencing Access

Policy documents suggested that the AODA and its five areas of accessibility standards stand alone in the fight to improve accessibility for all Ontarians. When thinking of opportunities for people with disabilities, certain factors were not taken into account. Lucy, a policy implementer, described some issues she believed were left out of the AODA:

I mean, yeah there's stuff with poverty and social assistance missing, there's stuff with ability missing, there's stuff to access to employment missing, there's stuff, you know, economy, job market. There's issues with, you know, child care, social relations, there's issues around it that affect volunteering so.

Lucy added to this idea noting that in this time in which sustainability is on everyone's lips, the main themes of the concept should be considered in relation with the AODA. Here she explained how she saw the link between these factors:

In terms of what's missing, there's nothing in there about the environment, environmental impact. And trying to balance the 3 pillars of sustainability. You asked about cost, cost is an

impact. Well, that's one of the pillars. Environmental is another because it exerts energy every time you press an automatic door opener versus something opening the door. Doesn't mean that the automatic door opener is not very valuable and improves customer relations immensely for people especially for people with mobility limitations. But every other person that walks by and slaps the button 'cause it's [easy] doesn't realize that it's using energy. So when we're, we're still at a point where do we bring in the education piece. I mean, not restricting the accessible door openers but looking at the energy part. For ensuring that all our buildings are accessible which will likely come out through the built environment guidelines when they are enacted and finalized.

She finished by stating that although some of these other factors had been thought about in relation to the AODA, they were not at the point where everything meshes together perfectly. In her words, "But there's a bunch of things that you know, that doesn't sit well together." As Lucy described, these issues were important to discuss within the implementation process as they raised many questions that needed to be addressed to ensure a successful implementation of the AODA.

Discussion of Disability in the AODA

One reason for examining the definition of disability is that "policy is about constructing a shared understanding of the problem" (Fischer, 2003, page 26). Definitions of disability shape policy, affect the way people with disabilities are portrayed, and define what is owed to them by society. As expressed in a speech by Colegard (2004), the meaning of disability comes from the words used. Further, disability definitions can be encountered at three levels: individual, societal, and political. It is crucial to understand that in practical situations it is not uncommon to encounter more than one meaning of disability. For example, conflicting definitions of disability might coexist in the situation of a policy implementer, with her own idea of disability, trying to apply the accessibility standards of the AODA which clearly defines who is included in the category of people with disabilities. Cutting across most stories in the previous chapter is the constant need to ask oneself: What is implied by "disability" in this story? In this section, disability as defined by the AODA will be explored and discussed in relation to the medical, social, and minority group models of disability. Jongbloed (2003) argues that each model leads to a different outcome for disability policy. In addition, Dunn (2006) noted that it is hard to classify a policy as embracing only one model because policies are often in transition between models.

Ableism and the Prominence of the Medical Model

Devine and Sylvester (2005) argue that disability is socially constructed. Therefore, there are a variety of disability stories. Many would agree with this statement. However, how does one reconcile the variety of disability experiences with the classification of individuals into the disability category? One of the characteristics of a society is its tendency to group people into identifiable categories (The Disability Rights Commission, n.d). One of the ways that those categories are created is through policies. Woodhams and Corby (2003) argue that policies often try to categorize people into collective groups. Despite efforts to create an inclusive society, policies such as the AODA separate individuals into two groups: those with disabilities and those without. Implied in the separation of citizens of a society is the comparison of one or many attributes. In the case of disability, oftentimes it is spoken of in opposition to something and that something is frequently “ability” (Jones, 1996). In other words, individuals are classified according to their level of “normalness.” Since “normal” can be interpreted in a variety of ways depending on the point of reference used to make that judgment, who is included in the category of people with disabilities keeps changing. Fullagar and Oowler (1998) support this opinion by stating that, “what constitutes normality is dependent on who and what characteristics are excluded” (p. 445). In Ontario, people with disabilities fall in, and out of, the disability category depending on the determinants of eligibility for different programs (Law Commission of Ontario, 2009).

Although it is known that the understanding of disability has evolved with time (Law Commission of Ontario, 2009), to this day the images that first come to mind when talking about people with disabilities often include images of wheelchairs, guide dogs or “anything that is fixed by birth or accident” (Disability Rights Commission, n.d., p. 6). Further, as explored earlier in this section, the AODA defines disability as being in any one of five categories: physical disability, mental impairment, learning disability, mental disorder and any injury or illness recognized under the Workplace Safety and Insurance Act, 1997 (Accessibility for Ontarians with Disabilities Act, 2005). These images reinforce a definition of disability as impairment. Disability as a medical condition

would imply that it is constant from person to person and that it can be identified based on a list of criteria. For most of the 20th century, the idea of disability as described by the medical model prevailed (Law Commission of Ontario, 2009); however, Woodhams and Corby (2003) argue that today's society often considers disability to be much more than a medical condition.

The AODA and the Minority Group Model

Despite using a definition of disability that encapsulates a medical model, the AODA also recognizes disability as being much more than solely an individual problem. The policy identifies a history of discrimination against people with disabilities. The legislation recognizes that societal barriers, such as built environments, influence the experience of people with disabilities and hinders their full participation in society. As Finkelstein (2001) describes, although impairment is a prerequisite to having a disability it does not make a person disabled, but barriers do. I argue then, that the AODA embraces the *minority group model*, which belongs to a category of socio-political models. The minority group model of disability focuses on the experiences of disability as a collective, rather than on the experiences of each individual with a disability (Hahn, 1994). Similar to the social model, the *minority group model* identifies discrimination as the primary barrier facing people with disabilities preventing full social participation, and proposes civil rights strategies as the proper policy response to barriers (Scotch & Shriner, 1997). The minority group model goes further than the social model in its understanding that the experience of disability is collective. This model goes beyond the individual level; it focuses on how the personal experience and social meaning of disability are the consequences of culture, institutions, and the built environment (Hahn, 1994). The collective experience is rooted in the experiences of the minority group, “a collectivity whose disadvantaged position in society is based primarily on unfair discrimination” (p. 149). The minority group model is reflected in the AODA in that the experience of people with disabilities is seen as being that of the whole group, not the one of an individual. In the narratives about disability, people with disabilities are seen as a whole in the context of their involvement in the development and implementation of the legislation. As long as some members of the group participate, the criteria are fulfilled.

The Challenges of Both Models

As expressed throughout this section, individuals are often labelled as belonging to specific groups. In this case, two groups are formed: individuals with disabilities and those without. Although the two groups are distinct, people move in and out of each group in accordance with the definition of disability used to define them. It is difficult to ascertain whether an individual belongs into one group or the other. Tensions arise from the lack of a universal definition of disability compounded by the fact that “the boundary between ability and disability seems to be less than clear” (Degener, 2005, p. 89). Those tensions are rooted in identity problems that are experienced by people with disabilities. It necessitates that people assume dual roles to fit within the eligibility criteria of the different laws and social programs. In other words, individuals that would otherwise not firstly identify with the disability are put into a position where they have to self-identify as having a disability to reap the benefits of certain social programs. Benefit programs for people with disabilities often force individuals to choose between identifying with an impairment to work to receive benefits or a capacity to work (Scotch, 2000). For most, this dichotomy is erroneous. Waddington and Diller (2000) believe that many of the conflicts due to definition of disability are caused by “an emphasis on sorting and labelling” (p. 22). Furthermore, the tensions created by the various definitions of disability stem from the notion that, “disability stories are not determined by a common experience” (Goodley, Lawthorn, Clough & Moore, 2004, p. 67).

What seems to be missing from policy discussions surrounding the AODA is a focus on the embodied individual experience. While it is often assumed that because of the strong negative discourses associated with disability individuals with disabilities are mostly defined by their disability (Bagatell, 2007), the non-story in this policy was the failure to address the other factors at play that work to construct disability experiences such as age, race, poverty, ethnicity, and gender (A legacy of oppression, n.d.). The interactions of these various factors produce disability differently for each person and thus make it hard for any individual to fit under official definitions of disability. In addition, narratives from people with disabilities focused on the fact that they are human beings first.

They emphasized that individuals are different from one another, and have different needs, despite all having a disability. Although disability is often used as a term that encompasses a large number of individuals, the individuals that make up this collective group can be as different from one another as any member of the society, disabled or not. In other words, the experience of disability is not as homogeneous as many like to assume. It is important to recognize and embrace differences to be able to provide equal opportunities for all (Rioux, 1994). Experiences of disability can be both based within the medical model and within the social one; in other words, experiences of disability can neither be completely explained by either of these models (Leonardi, Bickenbach, Ustun, Kostanjek and Chatterji, 2006). Leonardi et al (2006) emphasizes this point by stating that considering solely disability as being a social or medical model is a fallacy. As discussed previously, the medical model chooses to ignore societal barriers for individuals with disabilities in favour of a focus on the impairment itself. However, although often praised for its departure from the medical model, the social model forgets that disability will always carry an element of embodiment. Colegard (2004) explains simply why disability is embodied by individuals: “Our bodies are a permanent part of ourselves” (p.6). I would add that, in the case of people with physical disabilities where the impairment is often visible, the importance of acknowledging that the disability is only a part of the individual is amplified. The stories surrounding disability in Chapter 4 illustrate that point.

Narratives about Discrimination, Barriers, Accessibility, and the AODA

Narratives about discrimination, barriers, accessibility, and the AODA present some of the essential stories attached to the policy. This section explores what barriers, reasonable accommodation, and full accessibility mean in the context of the AODA. Understanding the four dominant stories presented in this section are a crucial foundation for understanding stories about relationships between people with disabilities, organizations, society, and the AODA. The first story concerned discrimination that people with disabilities have faced and the relationships between people with disabilities and the non-disabled community. Two counter-stories then arose that explored different aspects of reducing discrimination: breaking down attitudinal barriers, and consumer choice as a way

of dealing with discrimination. The second story defined the terms barriers and accessibility standards and described the link between removing barriers and increasing accessibility. Drawing on differences between individuals with disabilities, a counter-story emerged which questioned the meaning of full accessibility in light of each person's uniqueness and discussed the challenges of a focus on reasonable accommodation. Through these stories, we have come to see how these concepts are integrated in the thoughts of people with disabilities and policy implementers. The third story offers the optimistic perspective that with the removal of barriers, people with disabilities will have access to equal opportunities. Counter-stories describe the reality that people with disabilities must put in extra effort to draw on those opportunities. The counter-story explored the idea that to be fully accessible, programs, facilities, and services need to be adapted to the needs of consumers. The fourth story about leisure, recreation and the AODA offers a glimpse into accessibility and the experiences of people with disabilities in the municipal recreation context. This story boasted leisure as an important aspect in the lives of people with disabilities. Although leisure, in itself, was not directly discussed with the AODA legislation, an in-depth examination of the discussions surrounding its enactment illustrate that "play" was recognized as one aspect of the lives of people with disabilities that would be improved by the implementation of the AODA. Through my interviews, it arose that the experience of leisure for people with disabilities was often taken for granted. The first counter-story described difficulties in pinpointing exactly what leisure was for people with disabilities. Participants argued that the leisure experience was much more than the activity itself, and leisure experiences are different for everyone. The second counter-story highlighted that, although municipal recreation opportunities were accessible to people with disabilities, a lot of work still needed to be done to achieve an "ideal" leisure experience.

Story that People with Disabilities Have Been Discriminated Against

Relationships of discrimination that characterized the lives of people with disabilities are recognized within the purpose of the AODA. As it states, "[r]ecognizing the history of discrimination against persons with disabilities in Ontario, the purpose of this Act is to benefit all Ontarians." One

participant, Samantha, implied that discrimination against people with disabilities stems back to a lack of exposure. She explained that, a few decades ago, it was a much rarer occurrence to meet people with disabilities in the community. In her words:

Many years ago we were sort of, well a lot of people, were in their houses and weren't able to get out. And now you see a lot of people on the streets for instance with wheelchairs. There're a lot of people that have a disability, that is a hidden disability. When you use a wheelchair, well, it's obvious that you have a disability. I don't know how you're going to change [it]. I wish I did, but I don't. (Samantha)

Samantha also raised a point about the difficulty of eliminating discrimination from society.

Palma, another person with a disability, believed that in spite of the discrimination they experience, people with disabilities realize they deserve to be heard. She thought there, "has been enough pressure from the disabled population to say, we're missing out on a lot of things." She then explained that within the disability community, this desire to be recognized dates back to the beginning of the 1980s with the declaration, in 1981, of the Universal Year of Disabled People. She stated:

But I think that 81-82 really mobilised the world out there to say "as people with disabilities, we don't need to be locked at home, we don't need to take whatever is kind of, you know, handed to us, you know, a little pat on the head and said here you go." We realized that, you know, we're human beings, we're people and we should be able to do all of these things. (Palma)

Counter-story that discrimination will stop when attitudinal barriers can be broken.

As stated within the AODA, accessibility standards are meant to break down barriers and increase the inclusion of people with disabilities in society. With recognition that discrimination against people with disabilities must stop, the work of trying to break old stereotypes begins.

Attitudinal barriers were described as the main obstacles that people with disabilities face on a day-to-day basis. Samantha emphasized this by describing ignorance as one of the causes of negative attitudes toward people with disabilities. When asked if attitudes need to change in today's society, she emphatically responded:

Oh gosh, yes. Oh yeah. That's one of the biggest barriers as far as anybody with a disability is concerned. It really is. Attitude would be great. There are some people that are really ignorant about it, about any of the stuff that, and some people that are trying so hard that they're in the way. (Samantha)

Palma echoed Samantha's thoughts and stated that in addition to money, attitudes will be the other big thing to tackle if the AODA is to be successful.

Despite Samantha's scepticism as to how attitudinal barriers could be broken, many participants felt hopeful that there was some progress in changing attitudes. Dakota, a policy implementer who had been advocating for the inclusion of people with disabilities in recreation opportunities her whole life, believed that by enacting small changes people will eventually open their minds to accept people with disabilities. She said she can almost see the day when the general public will accept the inclusion of people with disabilities into mainstream society. In her words, she explained that:

So I guess I always believed in that. I sort of always, you know, I see a lot of people that do, a lot of people that try. I don't see a lot of people that are negligent. I think it's changing. Just television, commercials, positive things, washroom[s] with you know, it's a small piece, washrooms with the stalls, just things that weren't there when I was growing up. I think those are just small pieces that make people think and it's just that easy. So and you know, kids go to school and they have all the kids in their classes so parents have to start accepting it. I don't think it will be a hard sell anymore for very long. I think people will change their attitudes if they haven't already. Maybe I'm just hopeful but I think it'll be easy. (Samantha)

Palma infused conversations about discrimination with a message of hope. She described an initiative to change attitudes by targeting school-aged children:

Which is true but using the term, so changing attitudes I guess, through the customer service training and other things, hopefully we can change some of the attitudes, I hope. Here at the [name of organization] we've been doing a program called [name of program] for about 27 years. You know, we try to reach the kids in grade 2 to 6, hopefully then there won't be attitudes after that. Are we successful? A lot of the times, yes. But I'm not sure, as they grow older, that some of those attitudes come back again. (Palma)

Paige also thought that through the accessibility standards for customer service, such as the training component, people gain pieces of information that help to start to erode negative attitudes toward people with disabilities. She noted that people:

are taking away some ideas and there are some attitude shifts and that kind of thing. Just in the way they, they approach people. The things that are a little more difficult to, to measure or quantify like just how, how someone communicates or interacts with someone with a disability that, that will, you know, improve.

Counter-story that choice is a way of dealing with discrimination.

Discussions about *choice* also arose as a counter-story to the story of discrimination. During the interviews, participants noted that one way people with disabilities dealt with discrimination was to choose whether they will visit that establishment again. Alice described one of those situations:

I look to my peer group and I think about things like customer service and if I'm not treated well somewhere, if I'm not treated well when I go somewhere I don't go back, right. It's like anybody that has a bad experience at Tim Hortons. What do you do? You probably tell the first 7 or 8 people that you see and get it out of your system. You have a choice not to go back. So you might never go to that Tim Hortons on whatever street again. You might go to a different one that is out of your way because you might be wanting coffee or whatever. But in some cases, you just don't have a choice. There are things that you still have to do because you're an everyday kind of person, right? So I don't know. (Alice)

Kevin summarized what happens when he has not been able to access an organization with the expression, "That's a strike the dog kind of shop for me." Not going back to establishments that are not accessible is one way that Kevin fights against discrimination.

Story of Full Accessibility and the Removal of Barriers

In the AODA the described goal is to make all of Ontario's businesses and organizations fully accessible by the time the legislation is fully implemented. The second principle of Duncan's resolution was written as follows:

The Ontarians with Disabilities Act should require government entities, public premises, companies and organizations to be made fully accessible to all persons with disabilities through the removal of existing barriers and the prevention of the creation of new barriers, within strict time frames to be prescribed in the legislation or regulations. (*Hansard Archives*, October 29th 1998)

Participants hoped this would occur. One way in which hope manifested itself was in the explanation that making things accessible could be simple. From the perspective of policy implementers, Palma truly believed that it does not need to become a complicated process. This thought was echoed by Dakota. She believed that if everyone did their part, an accessible Ontario would be possible. As Dakota described, the bigger the organization, the bigger the changes that need to be made to make things accessible:

So if you're only a little business you should be able to afford a little renovation with a little money. It's [a] simple way of thinking. It's just a matter of cutting down your counter, lowering, just home renovations, you can do it. (Dakota)

The mandate of the AODA is to remove barriers which prevent full participation of people with disabilities in everyday life. As described in the AODA, a barrier:

means anything that prevents a person with a disability from fully participating in all aspects of society because of his or her disability, including a physical barrier, an architectural barrier, an information or communications barrier, an attitudinal barrier, a technological barrier, a policy or a practice; ("obstacle")

Participants noted that barriers needed to be identified and removed to improve accessibility for people with disabilities, and enable their full participation in everyday life. By implementing the accessibility standards of the AODA, it was hoped that barriers would be removed and new ones would be prevented. As defined in the AODA, an accessibility standard shall:

- (a) set out measures, policies, practices or other requirements for the identification and removal of barriers with respect to goods, services, facilities, accommodation, employment, buildings, structures, premises or such other things as may be prescribed, and for the prevention of the erection of such barriers; and
- (b) require the persons or organizations named or described in the standard to implement those measures, policies, practices or other requirements within the time periods specified in the standard. 2005, c. 11, s. 6 (6).

(AODA, 2005)

Counter-story about challenges to define accessibility and reasonable accommodation

As I read through the policy documents, I started to believe that maybe one day Ontario and its businesses and organizations would be fully accessible. Not being a part of the disability community and with the policy documents as my only exposure to the AODA and its *Accessibility Standards for Customer Service*, I embarked with all my heart on this accessibility dream. I thought my conversations with the participants would provide me with insight into how this dream was being translated into reality. Interviews with participants revealed another answer. Although Paige, a policy implementer, fully embraced the need for the AODA, when asked if she believed Ontario would one day be fully accessible, she answered:

I never say in my training sessions that Ontario is going to be fully accessible by 2025. I have no delusions about that. It's going to be a step on the way. I do, I do, think it's exciting and it's neat

to be involved in something at a juncture of real change. At least what I hope is going to be a real change. (Paige)

Another thought that came to me when reflecting on the AODA was confusion about increasing accessibility through the removal of barriers. What is accessibility? How are we going to, as unique human beings, be able to decide what characteristics make something accessible for others? Palma went as far as to question who gets to define what accessibility is for each and every individual. She said, “So I mean does the Premier really know what an accessible Ontario will be?” Part of the challenge was articulated by Alice who defined accessibility in terms of inclusion, but questioned: “So, yes they want to be inclusive, but what does that mean?” Similarly, Palma, a person with a disability with involvement in the implementation of the AODA, stated that, for her, access means a variety of things. Alice noted that full accessibility is often only addressed when that particular issue comes up, “And I think they’re only challenged to move on something when someone is really taken aback on something and they put up the political, the political fight.”

Part of the challenge in defining complete accessibility lay in the contrast between the idea of full or complete accessibility and the principle of reasonable accommodation. As the third principle from the Duncan Resolution stated:

The Ontarians with Disabilities Act should require the providers of goods, services and facilities to the public to ensure that their goods, services and facilities are fully usable by persons with disabilities, and that they are designed to reasonably accommodate the needs of persons with disabilities. Included among services, goods and facilities, among other things, are all aspects of education including primary, secondary and post-secondary education, as well as providers of transportation and communication facilities (to the extent that Ontario can regulate these) and public sector providers of information to the public e.g. governments. (*Hansard Archives*, November 12th 2004)

As highlighted by the narratives above, every person with a disability considers herself to be different from others. If every individual is different, how is it possible to reasonably accommodate for all the different needs? Samantha, a person with a disability, highlighted that full accessibility and reasonable accommodations starts with little things such as, “Large size prints for instance. It’s much easier for people to read large print than small font.” Similarly, Alice noted we will need a good dose

of common sense to be able to surmount the obstacles that lie on the road to an accessible province. As

Alice stated:

And just because someone adds a door opener to make the door be automated, it doesn't mean that it's accessible. As soon as you put a pylon or something in front of it, it renders it inaccessible, right? So are you gonna have a policy about people will not put a pylon 3 feet in front of an automatic door? Probably not, right? It's one of those common sense things that people lack. (Alice)

Use of the phrase "reasonable accommodation" leaves space for each organization or business to define reasonable accommodation. As the *Guide to the Accessibility Standards for Customer Service* (Ministry of Community and Social Service, 2008) states:

There is no single way to provide accessibility. Accessibility can often be achieved in a variety of different ways; by changing a procedure or installing an assistive device or simply by considering the needs of people with disabilities when you create services. Each organization needs to consider how they can provide goods or services to people with disabilities in light of their services, type of organization, resources and the options available for providing accessibility. In addition, what works best now may change over time and an alternate method might work better for the organization in the future. (*Guide to Accessibility Standards for Customer Service*, 2008, p. 25)

Story that the AODA Will Create Equal Opportunities

As stated in the Duncan resolution, one main reason for enacting the AODA was to create opportunities for people with disabilities:

The purpose of the Ontarians with Disabilities Act should be to effectively ensure to persons with disabilities in Ontario the equal opportunity to fully and meaningfully participate in all aspects of life in Ontario based on their individual merit, by removing existing barriers confronting them and by preventing the creation of new barriers. It should seek to achieve a barrier-free Ontario for persons with disabilities within as short a time as is reasonably possible, with implementation to begin immediately upon proclamation. (*Hansard Archives*, November 12th 2004)

In the AODA it states that people with disabilities should have "equal opportunities" for full and meaningful participation in all aspects of life in Ontario. This statement however, did not expand on what equal opportunities entail. A definition of equal opportunities appears in the *Guide for the Accessibility Standards for Customer Service*. Here, "equal opportunities" mean:

having the same chances, options, benefits and results as others. In the case of services it means that people with disabilities have the same opportunity to benefit from the way you provide goods or services as others. They should not have to make significantly more effort to access or

obtain service. They should also not have to accept lesser quality or more inconvenience. (Guide for the Accessibility Standards for Customer Service, 2008, p. 28)

Janet offered us her interpretation of this principle as she saw it applying to municipal recreation. She stated:

Everyone should be able to participate. And that's sorta how we look at the services that we offer, you know, with the City. It's essentially mandated that we cannot turn anybody away. And the nice thing about the AODA is, you know, is that we are going to have that back up as well. (Janet)

Counter-story that “If you make a greatly extraordinary effort, yes you can do anything.”

According to the *Guide to the Accessibility Standards for Customer Service*, quality included ease of accessing equal opportunities. This story explores the difficulty of quantifying opportunities presented to people with disabilities—the number of opportunities depends on the effort that needs to be poured into the experience. During the interviews, some participants mentioned they were hesitant to indicate whether equal opportunities were available to them. Kevin, a person with a disability, explained the reasons behind his hesitation. He described that with a lot of effort, he would be able to access programs, goods, or services he wanted or needed. Palma echoed this thought saying it depended on the person and that person's life circumstances. She believed she is provided with equal opportunities in the community, but through her work with other people with disabilities she has become aware that not all individuals have the energy and time to fight for equality. In her words:

Personally, yes I do. I am. And I think that it's because I speak up for what I want. I push a little bit for what I need. And I think that I know what my rights are. And I think that I'm not one to go in screaming and yelling and demanding. I like to go in and propose what it is that I need or I want. Listen to both sides of the story before, you know, making a decision. I've made, I think, a fairly good name for myself in the community so that when I go in to City Hall, they don't all go running and hide in the back room because here comes [name] again. I think that with the work that's being done, and I think that with my disability, yes I've lost both of my legs as a result of the accident but I'm able to get around. I am able to drive so I think I lead a, live a fairly “normal life.” (Palma)

Alice, a person with a disability involved in the implementation of the AODA, did not believe she has been provided with equal opportunities in community. She explained her point of view in relation to the five accessibility standards areas. She explained she does not always receive good

quality customer service from businesses and she has needed to apply for more jobs than “most people” to obtain one. As Alice described:

No. No. When it comes to customer service, there are still times when I’ll go to the restaurant and the server will talk to my friend, not me. So, no, when it comes to employment, I probably have applied to five times as many jobs as most people and not gone past the interview stage. And I feel the interview goes really well, and then I think people leave the interview and go “oh, oh, that might be difficult.” But we never have that conversation. I also think I’m very selective when it comes to jobs. I’m more realistic with myself than the average person who’s desperate for a job is. Anytime that I’ve ever applied I’ve been very cautious about where I’ve applied to make sure that it fits with my skill set and my ability to actually be aware of what the job entails where I’ve called to find out, okay. (Alice)

Alice also noted that although transportation services for people with physical disabilities exist, they do not meet her needs for flexibility and spontaneity:

When it comes to transportation, I personally have a problem with using a service like Mobility Plus because I’m more spontaneous than two days notice for booking a ride allows. So, that sucks that you know, that you can’t be a spontaneous person in those parameters. I get why they’re there. I don’t, I’m not belittling that at all. You have to have those kinds of standards for that kind of service but, I don’t think that, you know, I ride the city bus on a fairly regular basis. But it’s squishy and uncomfortable to do that and it doesn’t really make my life very efficient but if I want to be spontaneous and I don’t have anyone to drive my vehicle, the vehicle that I own, then I will use it. (Alice)

The only area in which Alice thought she was provided with equal opportunities was in terms of information and communication; however, she attributed her lack of special needs in this area as a reason for this different experience.

Story that Leisure is an Important Aspect of the Lives of People with Disabilities

The terms leisure or recreation were not explicitly used in any part of the AODA or the *Accessibility Standards for Customer Service*; however, *Hansard Archives* offered a glimpse in the discussions surrounding the development and implementation of these two policy documents. It was through the reading of hundreds of pages of discussions about the AODA that I discovered instances in which leisure and recreation were discussed. Of most relevance were references to “play” as one of three main facets of life that would be positively affected by implementation of the AODA. This was identified by the Liberal Party of Ontario. For example, on May 27th 2008, Madeleine Meilleur, the Minister of Community and Social Services, stated that everyone should be: “working together to

make our province a more inclusive place for people with disabilities to live, work and play” (*Hansard Archives*, May 27th 2008). Although mentions of leisure in discussions surrounding the development and implementation of the AODA were brief, the message rang clear: leisure was important in the lives of people with disabilities and would be improved by implementation of the policy.

It was understood that businesses and organizations, both public and private, providing recreation and leisure goods and services were included in the definition of “organizations” to which these legislations applied. Organizations, such as municipal recreation centres, were defined in the AODA as:

- any organization in the public or private sector and includes,
 - (a) a ministry of the Government of Ontario and any board, commission, authority or other agency of the Government of Ontario,
 - (b) any agency, board, commission, authority, corporation or other entity established under an Act,
 - (c) a municipality, an association, a partnership and a trade union, or
 - (d) any other prescribed type of entity; (“organisation”).

Interlude About the Ideal Leisure Experiences for Persons with Disabilities

During the interviews I asked participants questions about both concrete leisure experience and an “ideal” leisure experience. With policy implementers, I asked them to describe an ideal leisure experience for people with physical disabilities in the municipal recreation context. Moreover, if the policy implementer worked at the recreation center level, I inquired about the sorts of programs and activities in which people with disabilities participated. During interviews with people with disabilities, both those with and without involvement in the implementation of the AODA, I asked about their current leisure activities with an emphasis on municipal recreation. I also took them through an imagination exercise in which I asked participants to describe an ideal leisure experience for someone with a physical disability. Furthermore, all participants were asked about the implementation of the *Accessibility Standards for Customer Service* and the AODA in general and how this policy could help create the ideal leisure experience for a person with a disability in a municipal recreation setting.

Counter-story about differences in leisure experiences of people with disabilities.

Responses to questions about current leisure pursuits and ideal leisure experiences varied from individual to individual. One thread of the story that emerged through my conversations was that leisure was different for everyone, whether the person had a disability or not. When asked to describe her leisure pursuits, Palma immediately launched into a long list of her favourite past-times:

Let's see. Scrap-booking, reading, I'm a grandma of five so unfortunately I only have one living here in the city that I get to spoil on a regular basis. But my husband and I like to travel and I drive my own vehicle with hand controls on it. So we can take off and have some fun. Couple of years ago, we bought ourselves a little red convertible so when the weather is nice, we like nothing more than to put the top down on the convertible and away we go. Spending time with family, friends. I like doing volunteer work. I'm on a few various boards and things like that. Shopping, cooking, reading, those kinds of things.

Other participants stated they did not have much leisure or recreation in their lives. As Samantha (a person with a disability involved with implementation of the AODA) stated, "I haven't really had any leisure experience. Not really, no." She later explained that during her free time, she loved to volunteer at various organizations. This love for volunteering was echoed by Alice (also a person with a disability involved with the implementation of the AODA) who stated that for her, volunteering was leisure:

I am very heavily invested in volunteering when I'm not at my job. I feel that volunteering is a way to give back to the community and I think that I'm lucky in that I've been able to do that for so long with so many organizations and I really enjoy that. That for me is leisure, I love that. I wouldn't say that I'm personally so involved in the recreation aspect of things.

Although the focus of my line of interviewing was to understand the story of the AODA in municipal recreation, I soon realized I needed to change the way I was looking at narratives of leisure. After my first conversation with a person with a disability, it became apparent that my notion of leisure might have been too guided by my own experience and not enough by other people's real life experiences. As an able-bodied graduate student, my leisure experiences vary and I only feel limited by my lack of desire to try new things.

Kevin, a person with an acquired physical disability, categorized his current leisure experiences as new leisure. He described what he does for entertainment:

I, sure, I look at stuff on the internet for entertainment. I read. I don't have travel a lot. I travel within Ontario, I and, I, the way I have to look at a lot of stuff is new entertainment. Riding the bus or going to the mall, things I would never have done or have liked. I have to learn to like.
(Kevin)

Kevin's leisure experience reflected a need to change the kinds of activities he did for fun, as a result of acquiring a disability. However, activities he identified as being part of his leisure repertoire were not specific to a person with a disability.

A common thread among all participants arose in their description of an ideal municipal recreation experience for people with physical disabilities. They highlighted that the leisure experience was much more than simply the leisure activity itself. The essence of the ideal leisure experience was expressed by Dakota, a front-line policy implementer. She described that the ideal was having, "a normal day like everybody else." She explained that programs and activities run by the recreation centre try to make everybody's day the same as everybody else's. Janet, a policy implementer, supported Dakota's philosophy by describing leisure experiences in an ideal world, "it's just everybody is on the same page whatever their abilities are." To achieve that goal, participants described that there was more to consider than just the types of activities available for people with disabilities. Alice, a person with a disability, noted that those aspects included transportation, participation to the best of one's abilities, and accessibility:

Really like for me it depends on what it is that I am or would be doing but for me, the ability to get to where I need to get to, be able to get into where I need to get to, and to be able to participate to the fullest capacity that I'm capable of participating. So that means that there needs to be transportation to get there, that the building needs to be accessible and that means that, that people's attitudes need to be open.

This thought was echoed by Palma, a policy implementer, when she described that it was the little details such as parking spots and washrooms that made it possible for someone with a physical disability to enjoy an activity at a municipal recreation centre. She declared:

My ideal is to drive my vehicle to a building, have adequate available parking so that the parking spots are wide enough to get in and out of my van, to access the building easily, and be able to participate on what's going on inside. And if you're there for any length of time and you need to use a washroom, that it's not a hassle to find it and to use it.

Counter-story that there is still a lot of work that needs to be done.

Two main arguments arose about the work still needing to be done on the AODA. First, participants described there was room for improvement. Second, since there was room for improvement, participants noted there must be a good foundation already laid. This second point was argued by policy implementers who noted that they try their best to include people with disabilities in their programs. Dakota, a policy implementer, was adamant that the City (Municipality) was fairly inclusive. She explained that the initiatives were in place to make leisure experiences as close to ideal as possible. Dakota stated:

Okay well for the last eight years and before that, we've been providing children with inclusion facilitators at summer camps and also adults if they come with schizophrenia for adult classrooms. Say painting or something and they're just very disruptive or they just need a little bit of help we can get them someone. We also have a PAL system where people can bring a family member. The family member doesn't take the class but they don't have to pay for the class. We've had that system a long time in Kitchener now so. I think we've been fairly inclusive where other municipalities have missed the boat. So that's been positive thing and that's been in place a long, long time. And fees wise, which can also be an exclusion, a fringe exclusion, but it's also the reason a lot of people can't be included. A lot of people with disabilities are on a pension so they lose recreation altogether. (Dakota)

Paige, a policy implementer, also praised efforts made to improve accessibility at the municipal level. After explaining that she thought the needs of the community were met with the leisure opportunities provided, Cassandra also noted that standards were going to push the municipality further with the provision of leisure experiences to people with disabilities. Similarly, Janet argued that although there were already a variety of programs and services in place for people with disabilities, she would certainly like to see more added. Here she explained the areas she felt more improvement was needed:

The biggest thing too is there's programs and services available for children, youth and seniors. I would like to see more programs available for youth and seniors, We do offer a lot of programs and services for children because it's easier to adapt programs for younger children. As you reach sorta youth and adults and seniors and they are more specific and they're all interested in different activities and more variety would be really good. (Janet)

An aspect of this counter-story was that there was still a lot of work that needed to be done to achieve an ideal leisure experience. Alice, a person with a disability, stated that experiences at the city level were acceptable for the moment but there was still room for improvement:

I think, I think currently, it's ok. Leisure and recreation experiences within the municipality specifically affiliated with cities or levels of government, they're ok. They're working on being better than what they are. But I don't always think in the past, they've looked at common sense sorts of features of accessibility, what comes to their program. (Alice)

Palma, a person with disability with involvement in the implementation of the AODA, believed that the foundation for accessibility has, for the most part, already been laid; however, she believed that attempts at accessibility do not reach far enough to allow people with disabilities to participate fully. She identified that there is a belief among recreation centre staff that their programs are accessible, but in fact they are not:

I think that having staff that has some time availability to work with the person. Whether it's, you know, that they take longer to fill out the form or they need help in doing, what am I thinking, a craft or whatever is happening at this building. I know one of the things that we work on here is swimming is an issue. I have people that would really like to go swimming. So work has been done to get pools in the community accessible. But, so a person can't go without support if they need help to change, and then they need help to get into the pool. Maybe once they're in the pool they can swim on their own but they need that. And the cities don't have that kind of staff. So we work with the cities of Waterloo at Waterloo Rec where we have staff that will go and assist a person to get change and get into the pool. But we don't have any program to assist the person in the pool. And the cities don't either. They have lifeguards. They don't have anyone to assist in the pool. (Palma)

Kevin, a person with a disability, asked me if I had ever been to a certain park. He then told me a story about one of his negative leisure experience. Kevin had decided to go swimming on a hot summer day; however, when he got to the park he quickly realized the facilities were not set up for a person using a wheelchair. As soon as I said that I had not been to this park, he said:

Neither had I. But it was pretty hot, two summers ago and I, at that time, in a manual chair all the time, wouldn't that be nice, I'll just go out there and roll into the lake. It's sorta shaped like a big bowl. So, from a recreation and leisure point of view they had no idea how to handle this guy showing up with a wheelchair. That whole experience could have been better. It's kind of funny story because I've found that when you get into the water, the grips on the chair get really slippery and it really doesn't move underwater without a great deal of effort because it provides a lot of drag. So, the tires are also inflated and it starts to float. So, anyway. I was having a really hard time, [and he] was sitting up there watching. Kinda looking through his sunglasses, looking very cool. And I was scared, so I didn't think he was very well trained. But I gather that's going to change now. (Kevin)

Discussion of Discrimination, Social Inclusion, and Leisure in the AODA

As described in the stories in this section the AODA is touted as anti-discrimination legislation which emphasizes the accessibility and the removal of barriers to create equal opportunities for people with disabilities. The counter-stories begin to highlight some of the challenges associated with this focus. If we are to truly break this cycle of discrimination, we need to extend this conversation to consider aspects of a broader concept of social inclusion, rather than the narrow emphasis in neo-liberal theory on equal opportunity. For Saloojee (2003), the focus of social inclusion is on the valued recognition and full participation of individuals in the community, so that they can benefit from and contribute to society. As he states:

...social inclusion is about social cohesion *plus*, it is about citizenship *plus*, it is about the removal of barriers *plus*, it is anti-essentialist *plus*, it is about rights and responsibilities *plus*, it is about accommodation of differences *plus*, it is about democracy *plus*, and it is about a new way of thinking about the problems of injustice, inequalities, and exclusion *plus* (p. 198).

Similarly, Prince (2004) proposes that inclusion is multidimensional and, “it happens on an everyday or episodic basis, in informal or formal ways, and on interpersonal, organizational, interagency, intergovernmental, and intersectoral levels” (p. 79). Further Saloojee argues that the discourse around inclusion of people with disabilities into mainstream society cannot be separated from that of social exclusion. Concerns around social inclusion should be centred on society’s structures that prevent the inclusion of certain groups into society.

This section sought to explore social inclusion in the leisure context for people with disabilities as the vision of the AODA is for social inclusion to be achieved in all aspects of the lives of people with disabilities. Using leisure as an example of a facet of the life of an individual with disability, social inclusion is examined. Despite the difficulty of defining social inclusion, many scholars have studied this concept. Social inclusion goes one step further than the integration of people with disabilities and the idea of equal opportunities in an accepting environment. Concepts crucial to the understanding of social inclusion that are also explored in this section included equality of outcome, difference, accommodation, social cohesion, and citizenship. The AODA is still in the infancy of its

implementation, and, therefore, it is too soon to tell whether or not social inclusion for people with disabilities in Ontario will result from its enactment.

Equal Opportunity Versus Equal Outcome

In contrast, the AODA is more narrowly conceptualized as legislation. Degener (2004) explains that this legislation, “has the purpose to prevent unequal treatment which is rooted in stereotypes and stigma” (p.5). As described by Hahn (1996) antidiscrimination laws aim to promote equal opportunities through the removal of barriers. In keeping with this, the AODA acknowledges the history of discrimination experienced by people with disabilities and seeks to remove barriers to accessibility to allow people with disabilities to participate fully in the everyday life of society (AODA, 2005). In the case of the AODA, equal opportunities are assumed to not be available to people with disabilities due to discrimination and the accessibility standards are an attempt to remedy to the situation. This emphasis on individual rights, equality, and the idea of equal opportunity is rooted in liberal theory. Equality relies on principles of fairness (Woodhams & Corby, 2003) in the provision of equal opportunities for all members of society. The liberal conception of equal opportunities exists, “when all individuals are enabled freely and equally to compete for social rewards” (Cockburn, 1989, p. 214). According to Labonte, (2004), this approach is an ineffective way to reach a goal of fairness and equal opportunities have become the “mantra of neo-liberalism” (p. 119) and under neo-liberalism, equality is understood not as equality of outcomes, but as the equality of opportunities (Sarrouh, 2002). This emphasis on individual rights, equality, and the idea of equal opportunity is a necessary but insufficient condition to achieve social inclusion. As the Roeher Institute (2003) argues there are two main components of social inclusion: first, people with disabilities need to have access, and, second, they need to have the practical means necessary to participate. The AODA focuses on alleviating the barriers to access, and, therefore, its focus is on the first component of social inclusion; however, it does not readily address the second aspect of social inclusion. Further, while the emphasis of the AODA is on equal opportunity it is watered down by the idea of reasonable accommodation. While organizations and businesses have only to meet a standard of reasonable

accommodation, people with disabilities will have to continue to exert “extraordinary effort” to experience inclusion.

The leisure stories that arose from this study point to the need for improvement in social inclusion in the municipal recreation context. While the barriers to participation are numerous, people with disabilities still participate in leisure pursuits. Thus there must be factors that are working to allow participation. Those factors are often referred to as enabling factors. Enabling factors to leisure for people with disabilities are centred on the support received by others to help them engage in leisure pursuits (Specht, King, Brown & Forris, 2002). It can be extrapolated that support from others help individuals with disabilities to negotiate through the barriers. Similarly, Henderson et al (1995) propose, “that participation is dependent, not on the absence of constraints, but rather upon negotiation through them” (p. 29). This statement offers a ray of hope for policy makers and policy implementers in that, although the AODA seeks to remove all barriers to accessibility, it might prove to be a difficult task to accomplish. However, recreation centres should fare relatively well if they can put into place support systems to permit the negotiation of barriers.

Disability Versus Difference

A second challenge within the AODA arises in the categorization of disability and the failure to accommodate a broader notion of difference. Satz suggests that anti-discrimination laws are limited in their mandate because they view disability as a definite identity category. Some opponents to this type of legislation argue that antidiscrimination laws are not effective to decrease inequities (Bambra & Pope, 2007) and Mabbett (2005) argues that one of the pathways to ensure that anti-discrimination laws are successful is the need for a decategorization of disability. As described in the disability stories, a non-story highlights the lack of mention of other factors that might influence opportunities for people with disabilities such as experiences of race, poverty and social assistance. Social inclusion raises a call for anti-essentialism and counter stories a call for broader attitudinal change in society.

This same tension between a focus on disability or a focus on difference permeates the stories and counter-stories as well as the leisure studies literature. Some have argued that leisure experiences

for people with disabilities do not differ greatly from those of persons without disabilities because people with disabilities are human beings first. Further, Specht and colleagues (2002) argues that in studies of the benefits of leisure and recreation, since the experiences are similar whether or not disability is present, the findings can be applied to people with disabilities (Specht, 2002). However, other authors argue for an emphasis on difference. Aitchison (2003) suggests that the way leisure is defined affects the types of experiences that are included. For example, leisure as free time “may be problematic for people whose freedom is relative freedom dependent on the support and care of others” (p. 963).

Accessibility Versus Accommodation

As highlighted above, all humans are different from one another. The purpose of the AODA is to increase accessibility for people with disabilities. Accessibility then becomes a “slippery term” (Church, 2003) as individuals experience disability in his own way. In other words, the divergences in the individual definitions of disability lead to variety of disability experiences (Devine & Sylvester, 2005). Similarly, one of the main stories talks about the difficulty of describing accessibility because everyone is different. One of the questions posed was: “How is it possible to render something accessible for each and every individual when everyone has different needs and considers different aspects important?” One point that needs to be brought for in this discussion of accessibility is the quality of that accessibility which is often not considered in measures of accessibility. As one can assume, quality is a personal and relative measure of accessibility.

Although the positive impacts of those experiences on the lives of individuals with and without disabilities have been repeatedly shown, the stories from Chapter 4 illustrate that leisure is not a significant aspect of the lives of people with disabilities. Recreation opportunities in the municipal recreation context vary greatly.

Others suggest it is crucial to realize that the disability does have a “modifying element” on the experiences (Henderson et al, 1995). One “modifying element” is that persons with disabilities sometimes have more time to engage in leisure pursuits due to the lower levels of employment

(Aitchison, 2003). However, they often have “fewer leisure resources than the general population” (Aitchison, 2003, p. 956). Further, as expressed in stories about access in Chapter 4, the leisure experience includes aspects such as inadequate transportation, the need for a person to accompany that individual, inaccessible buildings, and attitudinal barriers from other participants. Several studies have examined those barriers. Specht et al (2002) found that transportation difficulties, lack of support to engage in various activities, and prejudice from others are barriers to leisure for people with disabilities. Supporting these findings, Beart, Hawkins, Kroese, Smithson, and Tolosa (2001), in a study of people with learning disabilities, reported that lack of transportation and support were the main barriers to participation.

Individual Participation Versus Social Inclusion

The identification, removal, and prevention of barriers of the AODA accessibility standards seek to increase the accessibility to recreation experiences that are also available to others. In other words, the focus is on increasing the participation of people with disabilities into recreation experiences. This continues much of the research in leisure studies which emphasizes individual participation and the pursuit of individual benefits. For those who have an acquired disability, leisure can be considered as a coping resource (Hutchinson, Loy, Kleiber, & Dattilo, 2003). Other studies describe mental and physical health benefits, enjoyment, proving oneself and developing self worth, and building friendship and feelings of belonging (Specht et al., 2002), protective factors (Caldwell, 2005). Fullagar and Oowler (1998) conclude by offering that, “leisure experiences offer opportunities to image our desires and thus recreate our sense of who we are” (p. 446).

The benefits of recreation are not limited to the individual level. It has been argued that recreation can promote social inclusion in situations that go further in the design of programs, structures, and agency than the simple assumption that participation equates inclusion (Donnelly & Coakley, 2002). Leisure can be conceived as a “relational determinant of individual and community health” (Arai & Burke, in press) and is therefore examined as a context for social inclusion. Leisure, like work, is an area of life in which social exclusion may manifest itself on a daily basis.

Representation Versus Citizenship

Another concept of social inclusion that merits to be explored is that of citizen participation in the policy process. Three of the stories raised in the section about relationships and the AODA focus on the participation of people with disabilities in the implementation process of the AODA. The main story highlighted the recognition that there is value in including people with disabilities in the policy process. Bryant (2002) suggests that the policy process can be informed by different types of knowledge. She argues that one type of knowledge that is often forgotten is that of anecdotes provided by community members. Arai and Burke (in press) emphasize that “we must ensure that the voices of the people most affected by the policy are heard in the policy arena” (p.?). In the case of the AODA, this participation presents itself mainly in that there is a requirement to have at least 50% of accessibility standards committee members be people with disabilities. In that respect, this legislation goes further than most, as Wharf Higgins et al. (2006) state, there are generally few opportunities in which people with disabilities are asked to participate as full citizens even though it is their right as citizens (Smith, 2003). However, the counter-story that relates to participation raises questions about representation. Although policies that include people with disabilities in the policy process can be praised for their departure from the traditional model, it solicits us to ask the question: Is this enough? In other words, how far should we go to ensure that people with disabilities are participating in the policy process in a meaningful way? One of the participants of this study asks herself if participating in formal opportunities such as standards committee is enough. Oliver and Barnes (2006) would most likely respond with a resounding “no”. These authors state that the participation of people with disabilities must not stop at improving the conditions for people with disabilities but that it must be framed as a “wider struggle” that aims to better society. Priestley (2008) offers a glimpse into what he imagines the future of participation for people with disabilities will look like when he stated that there may be less room at the policy table for individuals with disabilities because that room will be taken up by advocacy groups.

Chapter Summary

Chapter Four presented stories, counter-stories, and non-stories under three headings including stories about: creating and implementing the AODA; disability in the AODA; and discrimination, barriers, accessibility and the AODA. Each section explored thoughts of policy implementers and people with disabilities about the implementing the *Customer Service Accessibility Standards* of the AODA in the municipal recreation context. Throughout the stories, tensions between intent and ideas within the AODA and its practical application were highlighted. Following the presentation of each group of narratives was a more in-depth discussion. To further analyze the stories, they are compared and contrasted in Chapter Five to create a metanarrative that encompasses all viewpoints.

Chapter Five: Metanarrative and Conclusion

One of the main messages to have transpired from this study is that the AODA is a complex policy that is much more than what is written on paper. The main AODA policy document is just over 30 pages long while the Customer Service standards are written out in a 10 page document. In those 40 pages or so, it is nearly impossible to clearly describe and explain all the intricacies of this legislation. As identified by Iannantuono and Eyles (1999), it is crucial to describe the history behind a policy as it helps to understand the reasons why the policy took shape. The narratives explored in Chapter 4 allow a multiplicity of opinions and voices to arise from the debate around the AODA. Chapter Four identified the policy actors, stories, counter-stories and non-stories surrounding the AODA. The final step in this narrative policy analysis is to identify the metanarrative which recasts the problem in a new light. A metanarrative links the various narratives into a new whole and allows a new perspective to shine through. The metanarrative that arises may be stated as follows:

There are two facets of the AODA: the theoretical law and the applied one. In theory, a policy was needed to improve the inclusion of people with disabilities in community; however, in practice, the neo-liberal emphasis on economic policy, equal opportunity and reasonable accommodation will lessen the impact of this social policy. Although mandating the AODA to benefit everyone might be necessary to its implementation, its concept of equality does not address the systemic oppression that people with disabilities have faced. Further, the impact of the policy is lessened by the continued categorization of people into groups of disabilities and a failure to acknowledge difference. Inclusion of all into everyday social life will require a broader lens of social inclusion which considers equality of outcome rather than just opportunity, difference rather than just disability categories, accommodation rather than just access, and social cohesion and citizenship rather than participation and representation. Examining leisure in the implementation of the AODA highlights the importance of taking into account all aspects of an experience of social inclusion to move the AODA from unmet promises to the creation of an inclusive society.

The narratives explored in Chapter 4 highlighted the gap between theory and practice in the implementation of the AODA. Frequently the narratives described in the stories were related to the idea and concepts behind the creation of the AODA while the counter-stories exposed narratives related with its practical application into everyday society. One way to bridge that gap and move forward with the implementation of the AODA is to step back and reflect further on the AODA.

Recasting the Policy Issue

The final step in Roe's model of narrative policy analysis is to recast the metanarrative to arrive at a new understanding of the policy issues at hand. One of the main points to arise from the metanarrative was the divide between the theoretical AODA and its practical application. This duality points to the importance of uncovering the deep-rooted concepts that stops the AODA from attaining its full potential in its application. In this section, I will re-examine Torjman's model of policy development in light of the metanarrative, take a closer look at power struggles, and redefine the scope of the policy problem.

In Chapter Two, I identified Torjman's (2005) model of the policy process as the one I chose to explain policy development. I will re-examine each step of the model using insights from this research. The first step is the selection of the desired objective. Although this step seems straightforward, the decision taken at this point will affect the basis of the policy. In the AODA, the initial problem appears to be that people with disabilities are not fully participating in everyday society due to accessibility barriers. After taking a closer look, the focus of the policy was further reduced by the emphasis placed on the economic benefits for Ontario. In other words, by increasing accessibility for people with disabilities, it was hoped that they would be able to contribute to the economy as full members of Ontario society. The metanarrative helps to uncover that to effectively change the lives of people with disabilities the policy problem needs to be shifted to include broader concepts such as: equality of outcome, difference, accommodation, and social inclusion, and citizenship. I believe that with a shift from a narrower scope of the problem to a broad understanding of these concepts, the AODA will shift from an anti-discrimination legislation to a transformative law.

In policy analysis literature, the concept of transformative policy is infrequently explained and the transformative role of policy often overlooked (Mkandawire, 2007). Transformative social policy "suggests a return to the wider vision of social policy" (Adesina, 2008, p. 5) that includes the concepts of equality and social solidarity. An important aspect of this type of policy, alongside protection and the economy, is the "transformation of relations" (Adesina, 2008, p. 6; UNRISD, 2006). Although

transformative policy is most often used in the context of developing nations, it is still relevant for developed countries such as Canada (Mkandawire, 2007). As an anti-discrimination law, the AODA transforms social relations between people with disabilities and those without. In the case of people with disabilities in Ontario, much still needs to be done in terms of relations for their full inclusion into society: attitude barriers need to be broken, politics of difference need to be implemented and acceptance of diversity needs to become the norm. For this study, transformative policy is a policy that empowers a society to work towards full inclusion and participation of all in all aspects of everyday life.

The second, third and fourth step are as follows: deciding who the policy will be directed toward, determine the pathway among options to reach the objectives, and formulate the details of how the policy will be designed. Although issues of power also arise in the first step, they are evident in these three stages of the policy process. At the beginning of my research, I knew that power was going to arise somewhere within the analysis of the narratives. My reasoning was that as long as there are interactions between different groups of stakeholders, issues of power would emerge. After acknowledging that in my process, I set power issues aside. Now that I look back on the narratives and metanarrative I realize power has been omnipresent throughout this study.

Power can be both a tool for domination and a tool for cooperation (Devon Dodd & Hebert Boyd, 2006). The former emphasizes using the “power over others by using (or withholding) resources to ensure compliance” (p. 8), while the former is about deciding together which resources will be used and for what purpose. Both of these forms of power can be found in the AODA policy process. As a tool for domination, it can be found in the decision of the government to decide that all organizations in Ontario need to increase accessibility for people with disabilities. Insights into the policy process also arose in the form of the stories and counter-stories. Power as a tool for domination is observed in narratives about the definition of disability. The government exercised its power by deciding what disability entails for the AODA. Thus, people labelled as having a disability as per the AODA are powerless in deciding whether or not, their membership into that group is valid. Another aspect of the

dominating power of the government is seen in that decisions are ultimately made by the policy makers. Citizens affected by the policy, organizations in Ontario, and people with disabilities have little choice but to comply with the legislation. Examples of power as a tool for cooperation are also evidenced in the process and in the narratives. Policy makers have tried to engage citizens at each step of the development and implementation of the AODA. This decision for public engagement may stem from government's realization that citizens have become increasingly disconnected from their governments (Canadian Policy Research Networks & Ascentum, 2005). One way to encourage citizens to reconnect with government is to involve them in policy. People with disabilities are given the chance to harness their power and to work in conjunction with policy makers, policy implementers and other citizens to make a difference in policy. Although not without its flaws, the public citizen engagement process of the AODA is a step forward in equalizing the balance of power.

Finally, after the formulation phase, the fifth step involves the implementation and assessment of the efficiency, effectiveness, and consistency of the policy. To better understand the policy and assess its implementation, I add four components to Torjman's model: time, complexity, uncertainty, and polarization. As explored in Chapter Four, time and timelines play a key role in how and how well a policy is accepted and implemented. Furthermore, since policy issues are seldom simple as shown in this narrative policy analysis, models of the policy process should show that complexity. Following this five conclusions, the practical and theoretical implications, limitations, and future research ideas are then explored.

Conclusion 1: The AODA Requires a Shift to Becoming Transformative Policy

Charles Beer was independently contracted by the Government of Ontario to review the AODA so far. Beer, in his report, suggests these four recommendations to build on what has been accomplished to date to achieve the vision of the AODA:

- Harmonize the accessibility standards before they are finalized in regulation
- Renew its commitment and strengthen its leadership on accessibility
- Build awareness and educate the public about accessibility and the AODA and
- Introduce a streamlined standards development process.

(Beer, 2010)

The AODA can either “waste energies or create momentum” (Social Planning and Research Council of BC, 2006, p. 21) to create an inclusive society in Ontario. Although the implementation thus far has fallen short of the expectations of many, the legislation is a symbol of change for Ontarians with disabilities. As Beer notes, to achieve the goal of an accessible Ontario by 2025, the AODA will have to play a role in the reshaping of society’s values about people with disabilities. Although Beer uses language that suggests that the AODA embodies hope for people with disabilities such as “ground-breaking legislation” and “vitaly important”, his review encapsulates an approach to policy that is rational and instrumental and does not emphasize the transformational role that the AODA can play in Ontario. The AODA needs to shift the problem definition from disability to an inclusive society to harness its full power. I believe that the AODA has the potential to be a catalyst for change in Ontarian society and is the first step in this transformative process.

Conclusion 2: Compliance Does Not Change Attitudes

To some degree, accessibility will likely increase in the five areas of accessibility standards if not for the sole reason that the AODA is enforceable with penalties attached to non-compliance. I advance that most organizations will comply firstly due to the lack of choice and secondly due to the recognition that people with disabilities deserve the right to be able to fully participate. This is also why the ultimate vision of social inclusion of the AODA might not be fully achieved in any settings because an increase in accessibility does not assure that society will embrace the deeper meanings of social inclusion. As stated in Chapter 4, one of the eleven principles of the Duncan Resolution states that this legislation must be more than mere window dressing. Drastic changes in attitudes and awareness will need to occur before the AODA can fully achieve its vision. As participants in this study noted, their knowledge about the AODA came from their association with the disability movement. Since one of the mandates of the government as per the Duncan Resolution is to provide education and information about the AODA and the ways to comply with its standards, I believe that a more proactive approach should be taken. In other words, more should be done to inform and educate all Ontarians on the importance and the role that the AODA plays in contributing to a more inclusive

society. According to a recent IPSOS-REID (2010) survey, more than two-thirds of individuals polled had little or no knowledge about this legislation. Despite the fact that the AODA has been in the making for the past two decades and it has been enacted since 2005, the lack of awareness among citizens is staggering. However, throughout this study participants emphasized that knowledge about the AODA came from involvement with the disability community. Not only can these numbers serve to reinforce this notion of knowledge through belonging, they can also serve as a needed push to keep working to educate and involve Ontarians in the inclusion of people with disabilities. Furthermore, almost 90% of individuals believe that significant changes will need to occur for businesses and organizations to meet the accessibility standards set by the AODA (IPSOS-REID, 2010). Although attitudes cannot be changed overnight, understanding disability as something to be embraced and not feared, will be achieved by keeping disability at the front of the policy agenda and spreading the word that people with disabilities are just that, people.

Conclusion 3: We Must be Critical of How Disability is Defined in Social Policy

Public policies, as such as the AODA, are based on generalizations about issues and solutions to those problems (Scotch, 2000). One main assumption behind the AODA is that people with disabilities can be grouped into the category of “having a disability” and thus the legislation can lead to accessibility for individuals in this group. The necessity, or lack thereof, of defining disability in the context of disability policy has been extensively debated in this study as well as in the disability and social policy literature (Mabbett, 2005). Although one might focus on conceptualizing the best definition of disability to be used in a policy context, it might prove more valuable to recognize the shortfalls of the definition. As the Government of Canada stated in its 2002 report *Advancing the inclusion of persons with disabilities*, “no single definition could cover all aspects of disability” (Law Commission of Ontario, 2009). Further, by grouping people with disabilities in a group with assumed homogeneous characteristics it is easy to forget about the individuals themselves. One way to bring the individual back to the forefront of the issue is to instil an acceptance and understanding of difference in Ontarian society. As Beer (2010) expressed in his report, it is time to express our “shared commitment to each

other.” (p. 4). One way this legislation might transform Ontario is by allowing a greater participation of people with disabilities in the political sphere. As barriers are broken down and citizens with disabilities are more present on the policy scene, disability rights will be pushed to the forefront of policy issues and only then will it be possible to effect fundamental social change (Scotch & Schriener, 2000). A way to bring people with disabilities to the policy scene is by fostering personal capacity building (Devon Dodd & Hebert Boyd, 2000). In this context, personal capacity building can be described as the “strengthening of the ability of people to plan, develop, implement and maintain effective health and social approaches with their personal resources” (p. 7). People who have developed personal capacity for policy may be able to better understand policies and effect change. It is critical for the successful implementation of the AODA, and thus a barrier-free Ontario, that we do not become complacent as to what is implied by disability in this policy. It would serve us as a society to remember that the way disability is defined in the AODA is only one of many ways disability is conceptualized. As Lord and Hutchison (2007) stated, adopting a critical perspective is the best way to set the stage for new ideas and therefore, to effect change in Ontario.

Conclusion 4: Achieving Full Participation in Everyday Life Must Consider All Aspects of Their Lives, Including Leisure.

People with disabilities, just like those without, are multi-dimensional individuals whose lives are divided into different spheres. As the AODA was created, policy makers identified three areas of life in which this law would have an impact: work, life and play (*Hansard Archives*, May 27th 2008). This study focused on leisure as an expansion of the “play” area of everyday life. As explained in Chapter 4, leisure is much more than play in that it is intentional and purposeful. Aitchison (2003) suggests that leisure as defined by people with disabilities focuses more on the interactions encountered during the experiences. Arai and Burke (in press) argue that to enact changes, we must see leisure as a broader concept than simply play. The benefits of leisure and recreation for people with disabilities are numerous and include: mental and physical health benefits, enjoyment, proving oneself

and developing self worth, and building friendship and feelings of belonging (Specht, King, Brown & Forris, 2002). Leisure can even positively impact the quality of life of individuals in cases in which they are satisfied about their leisure experiences (Lloyd & Auld, 2002). People with disabilities often have fewer opportunities for paid work, and, therefore leisure takes over as a vehicle to enhance their quality of life, and thus their full participation in society (Aitchison, 2003). To achieve the goal of the AODA of full participation of people with disabilities in everyday life, we must then take into account all aspects of their lives including leisure.

Conclusion 5: We Need a National Policy

The effectiveness of this type of policy for people with disabilities within our society would greatly increase if a similar legislation would be enacted at the national level. Not unlike Britain and the United States, Canada needs to recognize the need for a federal law that improves accessibility for people with disabilities in customer service, employment, the built environment, information and communication, and transportation. One challenge of implementing a federal policy about disability is that it fails to change aspects of everyday life that are governed by provincial legislation (Rae, 2008). If a nation-wide policy were to be established, it will need to work in conjunction with provincial, territorial, and regional or municipal disability policy. Gordon (2006) suggested that a national disability policy is not only feasible, but recommendable. He argued that some of the strategies for its creation include:

- A generously stated legislative purpose as this will guide future interpretation - including broad goals (i.e., inclusion) and procedural goals (related to accountability, barrier removal, political participation, universal design);
- Development of guidelines and/or standards to direct the removal of barriers;
- Requirements that federal audits and policy/program reviews identify barriers to full inclusion and make recommendations for their removal;
- Directing government inquiries and reports to include a focus to disability;
- Mandating accessibility plans to identify barriers and to plan for their removal over time - ensuring these do not provide automatic defense to a complaint of discrimination;
- Promoting universal design as a necessary tool to successful achievement of full inclusion;
- Providing that federal purchasing power encourage development of accessible products and services;
- Directing omnibus reform of federal legislation that continues to discriminate on the basis of disability.

In Canada we pride ourselves in being accepting of all as can be demonstrated by the Canadian Charter of Rights and Freedom. We should, therefore, open our arms, our minds, and our hearts to recognize people with disabilities as equal members of this society at the federal level.

Implications

Two main types of implications arose from the study: practical and theoretical implications. First, this narrative approach to policy analysis makes a unique contribution to Canadian policy analysis research and to the literature in leisure studies. Since narrative policy analysis is seldom used, this study shows that this type of methodology deserves more attention in both Canadian policy studies and leisure studies. Although narrative inquiry is rarely used in leisure research (Glover, 2003), it has much to offer in providing insights about the making of decisions in terms of decisions and events that unfolded (Glover, 2004a). Furthermore, I believe that narrative policy analysis has much to offer in providing insights about the various opinions and perspectives of policy actors about the legislation itself and its many facets. Since humans already understand their lives through stories, stories are an important way to understand human experience (Richardson, 1990).

Narrative analysis also has much to offer to the study of policy. Policies are influenced by the ideology present at the time of their making, as well as by past policies and expected outcomes for the future. As Oliver (1998) states, “stories bring our past together with our present and offer visions of possible futures” (p. 245). Policies are also influenced by the values of the elected government and those of previous governments. The analysis of stories allows for contexts and histories to emerge as humans (and their experiences) are situated in both (Oliver, 1998). Savin-Baden and Van Niekerk (2007) state that policy makers need to rely on practical knowledge which can be gained through the analysis of human experiences. Since this study is not only centered around leisure and policy but also around disability, it is imperative that narrative analysis be of use for the disability field. Smith and Sparkes (2008) argue that disability research would benefit from narrative analysis as this approach highlights the personal, social and cultural experiences of disability.

Another theoretical implication of this study is recognizing the importance of accessing local knowledge from various policy actors. From the narratives examined in Chapter 4, it is evident that different policy actors have different perspectives on the implementation of the AODA. Their level of implication with the development and implementation of the policy affect the way the changes are perceived.

The second category includes the practical implications that arise from this study. First, the data is grounded in everyday life and consequently the policy analysis produced knowledge “that has immediate and practical use” (O’Day & Killeen, 2002, p. 10). It highlighted the sites of tensions or agreements based on the various stories, non-stories, and counter-stories of each group of policy actors. One of the ways that this study could have a real impact on the community is by reporting back the information to the policy implementers at the regional level. Since the Customer Service regulations are only the first of five areas of accessibility standards to be implemented, the tensions, challenges and recommendations brought forth in this study might help policy implementers implement the next four areas of accessibility standards in a more effective way.

The metanarratives that emerged from the stories, counter-stories and non-stories of this study allow recasting of the policy issues in a different light. By examining and understanding the factors that are the common thread within and between the narratives might allow policy makers and policy implementers to rethink the way that policies are developed, enacted and implemented. Furthermore, since leisure, like work, is a venue in which social inclusions plays out, the knowledge that emerged from this study can be applied to other aspects of the lives of people with disabilities. While the influence of policy analysis on policy decisions is still to be determined, policy research may change the way governments and citizens perceive policy issues (Canadian Policy Research Networks, 2003).

Limitations of the Study

This study has been concerned with the implementation of the AODA in the municipal recreation context. There are several limitations to the current study. For example, the specificity of the Southwestern Ontario region suggests caution in generalizing the findings to other regions. Although

the legislation only applies to Ontario, there are differences between regions that might affect the implementation of the AODA. More specifically, this study focused on mid-size cities. As mentioned by one of the interview participants, Cassandra, smaller municipalities might not have the resources to implement the AODA accessibility standards at the same rate and in the same way.

One of the main limitations is this study is its timing within the AODA implementation timeline. It is important to recognize that the Customer Service accessibility standards are the only ones that have been implemented to date. Furthermore, although they have been implemented on January 1st 2008, organizations have until 2010 or 2012 to comply with the standards. Therefore, the conclusions of this study are based on the ongoing process of the implementation of the AODA. Since it is still early in the process some of the stories speak to the unknown of the final product and the uncertainty of the enforcement regulations.

Finally one of the main limitations that I encountered during this study is the difficulty to reach out to the disability community to find interview participants. This difficulty limited the number of people with disabilities, specifically those with no involvement with the implementation of the legislation, that were interviewed. An increase in the number of participants in that category would offer further insights into the opportunities and experiences offered to people with disabilities in the municipal recreation centre.

Suggestions for Future Research

This narrative policy analysis of the implementation of the AODA has given rise to a metanarrative that allows the policy stories to be examined under a new light. Although insightful to the development process of the implementation of the AODA in the municipal recreation context these stories do not answer every question that one could ask about this process. Various aspects of this study could be changed to best fit different research questions.

Keeping in mind the limitations of this study, if this study was to be repeated several facets could be altered. Although this study could be changed, I would suggest repeating the study in a different region of Ontario. The interpretive epistemology adopted for this research is characterized by

the beliefs that there are multiple realities (Daly, 2007) and that, although these realities are internal to every individual, the realities is influenced by the social context of individuals. Therefore, the purpose of repeating this study would not be to ensure that the stories that emerge are the same as the ones from this study. The purpose of this replication would be to allow for more stories to arise. Given that the social context of participants will not necessarily be the same from one municipality to the next, different stories might come up. This difference in stories might be more perceptible if the study is conducted in a municipality that differs in size from this one. Repeating the study might give us some insights on the different, or similar, stories that exist in a small or large municipality.

As with most studies that are conducted for the first time, not all aspects of the research go smoothly. Looking back on the process, I suggest that a few aspects are altered to make it easier. Keeping in mind the difficulties that I encountered in recruiting people with disabilities as participants, I propose that, as a researcher, involvement in the community prior to conducting this study would have been beneficial. For example, volunteering in various associations for people with disabilities might have facilitated the recruitment process as individuals might be more willing to embark on this journey if there is an established connection. Several studies have tried to prove the value of being an insider.

Since there are still four accessibility standards to be implemented, it would be interesting to examine the process of developing one or more of the standards from beginning to end. Additional narratives might be uncovered that explain the divide between the theoretical AODA and its practical application.

Another aspect that merits reconsideration is the timing of the study. As explored in the time metanarrative, the concept of “time” has several implications on the stories that emerge. Since it would be impossible to repeat this study at the exact point in time when it was conducted, discussions around if and why it was the right time are not constructive. However, since each of the remaining four accessibility standards will be implemented over the next 15 years, it is important to consider the timing of the study in relation to implementation date and/or enforcement date of these standards.

Depending on the aim, studies might be conducted right after implementation of an accessibility standard or they can be done after its enforcement. I suspect that the stories that will emerge will vary between situations.

For this study, the perspectives of three groups of policy actors were taken into account: those of policy makers, policy implementers and citizens affected by the policy, namely people with disabilities. Due to the time limits of this study and its scope, several documents related to the AODA were analyzed and considered to reflect at least a partial narrative of the policy makers. Since documents can be interpreted in various ways, it would be valuable to interview individuals involved in the policy making process of the AODA to offer some insights that might be hard to access from the analysis of documents. Furthermore, I suggest that there is value in opening the dialogue to members of the general public. As identified in one of the stories surrounding the implementation of the AODA in Chapter 4, awareness of the AODA often comes from being a part of the disability community. Therefore, individuals that do not belong in the disability community might not be aware of the AODA and its intricacies. Since all participants of this study were at least aware of the AODA if not involved in the process of its implementation, including individuals with no or little prior knowledge of the AODA would offer different perspectives.

The previous suggestions all imply that the methodology of the research stays the same. Narrative policy analysis was chosen for this study as it best fit with my purpose and research questions. Participants were interviewed individually. To expand the scope of this study, focus groups could be conducted with participants after an initial analysis of the data. The aim of the focus groups would be to reflect on the stories, counter stories and non-stories that arose from the individual interviews. Furthermore, one of the advantages of using focus groups as a data collection method is that the responses from participants are socially constructed instead of individually constructed (Berg, 2004). In other words, focus groups would allow for spontaneous debate reactions to arise. The focus groups could be conducted separately for each group of policy actors or several focus groups could be run with a combination of policy implementers and people with disabilities. Still within a narrative

policy analysis framework, I have been toying with the idea of sending participants some interview questions in advance of the interview. An example of a question that could be sent in advance is the one in which I asked participants to describe what they believe is an ideal leisure experience for people with physical disabilities. Oftentimes, participants were caught off-guard by the question and mentioned that they would have liked more time to reflect on this question. Putting the narrative policy analysis aside, I believe that this study could also be conducted using a participatory action research framework.

The last consideration for future research is that of what comes next. Now that this initial research has been conducted there are several directions that can be taken to expand the scope of the research and to advance our theoretical and practical knowledge of the implementation of the AODA. This study is only a snapshot in the timeline of the process. It would be interesting to see how the stories evolve over time. One of the ways to accomplish that would be to conduct a longitudinal study. Another way would be to conduct several studies as each of the four remaining accessibility standards is implemented and enforced.

A Final Thought

As expressed in Chapter 4, the AODA is a good thing. If we believe, as human beings, that this legislation is a step forward for people with disabilities and for all Ontarians, we have a responsibility to ourselves and to others to make sure that the AODA will come to term. One of the challenges of the years to come in the implementation of the AODA is to continue to spur an interest in this issue. As happened during the development of the *Ontarians with Disabilities Act* and the subsequent *Accessibility for Ontarians with Disabilities Act*, the political parties governing Ontario will change with time. It is crucial not to allow the governments to drop the legislation. Due to the fairly lengthy timeline for the full implementation of the five accessibility standards of the AODA, it would be fairly easy for this legislation to disappear from the political radar. This might also be exacerbated by the hard economic times that Ontario must face at the present time. Harsher economic environments may mean less money for the enactment of the AODA. In these times, organizations must take it upon

themselves to continue the implementation with the resources that they have. It is my hope that as time passes and more accessibility standards are introduced, implemented, and enforced Ontarians will begin to truly believe in the purpose and intended goal of the AODA.

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Appendix A- Accessibility Standards for Customer Service Ontario Regulations

429/07

made under the

ACCESSIBILITY FOR ONTARIANS WITH DISABILITIES ACT, 2005

Made: July 25, 2007

Filed: July 27, 2007

Published on e-Laws: July 31, 2007

Printed in *The Ontario Gazette*: August 11, 2007

ACCESSIBILITY STANDARDS FOR CUSTOMER SERVICE

Purpose and application

1. (1) This Regulation establishes accessibility standards for customer service and it applies to every designated public sector organization and to every other person or organization that provides goods or services to members of the public or other third parties and that has at least one employee in Ontario.

(2) In this Regulation,

“designated public sector organization” means the Legislative Assembly and the offices of persons appointed on the address of the Assembly, every ministry of the Government of Ontario, every municipality and every person or organization listed in Schedule 1 or described in Schedule 2 to this Regulation; (“organisation désignée du secteur public”)

“provider of goods or services” means a person or organization to whom this Regulation applies. (“fournisseur de biens ou de services”)

Effective dates

2. The accessibility standards for customer service apply to the designated public sector organizations on and after January 1, 2010 and to other providers of goods or services on and after January 1, 2012.

Establishment of policies, practices and procedures

3. (1) Every provider of goods or services shall establish policies, practices and procedures governing the provision of its goods or services to persons with disabilities.

(2) The provider shall use reasonable efforts to ensure that its policies, practices and procedures are consistent with the following principles:

1. The goods or services must be provided in a manner that respects the dignity and independence of persons with disabilities.

2. The provision of goods or services to persons with disabilities and others must be integrated unless an alternate measure is necessary, whether temporarily or on a permanent basis, to enable a person with a disability to obtain, use or benefit from the goods or services.

3. Persons with disabilities must be given an opportunity equal to that given to others to obtain, use and benefit from the goods or services.

(3) Without limiting subsections (1) and (2), the policies must deal with the use of assistive devices by persons with disabilities to obtain, use or benefit from the provider's goods or services or the availability, if any, of other measures which enable them to do so.

(4) When communicating with a person with a disability, a provider shall do so in a manner that takes into account the person's disability.

(5) Every designated public sector organization and every other provider of goods or services that has at least 20 employees in Ontario shall prepare one or more documents describing its policies, practices and procedures and, upon request, shall give a copy of a document to any person.

Use of service animals and support persons

4. (1) This section applies if goods or services are provided to members of the public or other third parties at premises owned or operated by the provider of the goods or services and if the public or third parties have access to the premises.

(2) If a person with a disability is accompanied by a guide dog or other service animal, the provider of goods or services shall ensure that the person is permitted to enter the premises with the animal and to keep the animal with him or her unless the animal is otherwise excluded by law from the premises.

(3) If a service animal is excluded by law from the premises, the provider of goods or services shall ensure that other measures are available to enable the person with a disability to obtain, use or benefit from the provider's goods or services.

(4) If a person with a disability is accompanied by a support person, the provider of goods or services shall ensure that both persons are permitted to enter the premises together and that the person with a disability is not prevented from having access to the support person while on the premises.

(5) The provider of goods or services may require a person with a disability to be accompanied by a support person when on the premises, but only if a support person is necessary to protect the health or safety of the person with a disability or the health or safety of others on the premises.

(6) If an amount is payable by a person for admission to the premises or in connection with a person's presence at the premises, the provider of goods or services shall ensure that notice is given in advance about the amount, if any, payable in respect of the support person.

(7) Every designated public sector organization and every other provider of goods or services that has at least 20 employees in Ontario shall prepare one or more documents describing its policies, practices and procedures with respect to the matters governed by this section and, upon request, shall give a copy of a document to any person.

(8) In this section,

“guide dog” means a guide dog as defined in section 1 of the *Blind Persons Rights’ Act*; (“chien-guide”)

“service animal” means an animal described in subsection (9); (“animal d’assistance”)

“support person” means, in relation to a person with a disability, another person who accompanies him or her in order to help with communication, mobility, personal care or medical needs or with access to goods or services. (“personne de soutien”)

(9) For the purposes of this section, an animal is a service animal for a person with a disability,

(a) if it is readily apparent that the animal is used by the person for reasons relating to his or her disability; or

(b) if the person provides a letter from a physician or nurse confirming that the person requires the animal for reasons relating to the disability.

Notice of temporary disruptions

5. (1) If, in order to obtain, use or benefit from a provider’s goods or services, persons with disabilities usually use particular facilities or services of the provider and if there is a temporary disruption in those facilities or services in whole or in part, the provider shall give notice of the disruption to the public.

(2) Notice of the disruption must include information about the reason for the disruption, its anticipated duration and a description of alternative facilities or services, if any, that are available.

(3) Notice may be given by posting the information at a conspicuous place on premises owned or operated by the provider of goods or services, by posting it on the provider’s website, if any, or by such other method as is reasonable in the circumstances.

(4) Every designated public sector organization and every other provider of goods or services that has at least 20 employees in Ontario shall prepare a document that sets out the steps to be taken in connection with a temporary disruption and, upon request, shall give a copy of the document to any person.

Training for staff, etc.

6. (1) Every provider of goods or services shall ensure that the following persons receive training about the provision of its goods or services to persons with disabilities:

1. Every person who deals with members of the public or other third parties on behalf of the provider, whether the person does so as an employee, agent, volunteer or otherwise.

2. Every person who participates in developing the provider’s policies, practices and procedures governing the provision of goods or services to members of the public or other third parties.

(2) The training must include a review of the purposes of the Act and the requirements of this Regulation and instruction about the following matters:

1. How to interact and communicate with persons with various types of disability.
2. How to interact with persons with disabilities who use an assistive device or require the assistance of a guide dog or other service animal or the assistance of a support person.
3. How to use equipment or devices available on the provider's premises or otherwise provided by the provider that may help with the provision of goods or services to a person with a disability.
4. What to do if a person with a particular type of disability is having difficulty accessing the provider's goods or services.

(3) The training must be provided to each person as soon as practicable after he or she is assigned the applicable duties.

(4) Training must also be provided on an ongoing basis in connection with changes to the policies, practices and procedures governing the provision of goods or services to persons with disabilities.

(5) Every designated public sector organization and every other provider of goods or services that has at least 20 employees in Ontario shall prepare a document describing its training policy, and the document must include a summary of the contents of the training and details of when the training is to be provided.

(6) Every designated public sector organization and every other provider of goods or services that has at least 20 employees in Ontario shall keep records of the training provided under this section, including the dates on which the training is provided and the number of individuals to whom it is provided.

Feedback process for providers of goods or services

7. (1) Every provider of goods or services shall establish a process for receiving and responding to feedback about the manner in which it provides goods or services to persons with disabilities and shall make information about the process readily available to the public.

(2) The feedback process must permit persons to provide their feedback in person, by telephone, in writing, or by delivering an electronic text by email or on diskette or otherwise.

(3) The feedback process must specify the actions that the provider of goods or services is required to take if a complaint is received.

(4) Every designated public sector organization and every other provider of goods or services that has at least 20 employees in Ontario shall prepare a document describing its feedback process and, upon request, shall give a copy of the document to any person.

Notice of availability of documents

8. (1) Every designated public sector organization and every other provider of goods or services that has at least 20 employees in Ontario shall notify persons to whom it provides goods or services that the documents required by this Regulation are available upon request.

(2) The notice may be given by posting the information at a conspicuous place on premises owned or operated by the provider, by posting it on the provider's website, if any, or by such other method as is reasonable in the circumstances.

Format of documents

9. (1) If a provider of goods or services is required by this Regulation to give a copy of a document to a person with a disability, the provider shall give the person the document, or the information contained in the document, in a format that takes into account the person's disability.

(2) The provider of goods or services and the person with a disability may agree upon the format to be used for the document or information.

Commencement

10. This Regulation comes into force on January 1, 2008.

Appendix B- Hansard Archives Dates

Dates of Hansard Archives	Description
May 31 st , 1994	Introduction of bills- Ontarians with Disabilities
June 16 th , 1994	Private members's public business
December 10 th , 1997	Ontarians with Disabilities legislation
May 28 th , 1998	Petitions- ODA
June 1 st , 1998	Petitions- ODA
June 16 th , 1998	Oral questions- ODA
October 1 st , 1998	Oral questions- ODA
October 26 th , 1998	Members' statements- ODA
October 29 th , 1998	Oral questions- ODA
October 29 th , 1998	Private members' public business
November 23 rd , 1998	Oral questions- ODA
November 23 rd , 1998	Statements by the ministry and responses
November 25 th , 1998	Oral questions- ODA
November 26 th , 1998	Oral questions- ODA
November 30 th , 1998	Oral questions- ODA
November 30 th , 1998	Members' statements
December 3 rd , 1998	Oral questions- ODA
December 3 rd , 1998	Statements by the ministry and responses
December 3 rd , 1998	Members' statements
December 10 th , 1998	Petitions- ODA
December 16 th , 1998	Members' statements
December 17 th , 1998	Petitions- ODA
December 17 th , 1998	Members' statements
April 27 th , 1999	Oral questions – ODA
April 28 th , 1999	Oral questions- ODA
October 27 th , 1999	Oral questions- ODA
October 27 th , 1999	Members' statements
November 23 rd , 1999	Opposition day- ODA
November 23 rd , 1999	Oral questions- ODA
November 24 th , 1999	Oral questions- ODA
November 30 th , 1999	Adjournment debate- ODA
April 3 rd , 2000	Members' statements
April 6 th , 2000	Petitions- ODA
April 12 th , 2000	Petitions- ODA
April 19 th , 2000	Petitions- ODA
April 20 th , 2000	Petitions- ODA
April 25 th , 2000	Members' statements- ODA
April 26 th , 2000	Petitions- ODA
May 2 nd , 2000	Oral questions- Oral questions –ODA
May 17 th , 2000	Oral questions- ODA
May 30 th , 2000	Petitions- ODA
June 5 th , 2000	Members' statements
September 26 th , 2000	Petitions- ODA
September 27 th , 2000	Members' statements- ODA
October 2 nd , 2000	Members' statements

Dates of Hansard Archives	Description
October 3 rd , 2000	Oral questions- ODA
October 4 th , 2000	Oral questions- ODA
October 5 th , 2000	Oral questions- ODA
October 12 th , 2000	Petitions- ODA
October 26 th , 2000	Petitions- ODA
November 1 st , 2000	Petitions- ODA
November 1 st , 2000	Oral questions- ODA
November 2 nd , 2000	Petitions- ODA
November 2 nd , 2000	Members' statements
November 15 th , 2000	Oral questions- ODA
November 15 th , 2000	Members' statements- ODA
November 23 rd , 2000	Oral questions- ODA
November 29 th , 2000	Petitions- ODA
April 25 th , 2001	Members' statements- ODA
May 3 rd , 2001	Petitions- ODA
May 8 th , 2001	Oral questions- ODA
May 10 th , 2001	Petitions- ODA
May 15 th , 2001	Members' statements- ODA
May 16 th , 2001	Members' statements- ODA
May 28 th , 2001	Members' statements- ODA
June 21 st , 2001	Oral questions- ODA
June 25 th , 2001	Members' statements- ODA
October 11 th , 2001	Oral questions- ODA
October 25 th , 2001	Oral questions- ODA
October 30 th , 2001	Oral questions- ODA
October 31 st , 2001	Oral questions- ODA
November 5 th , 2001	Statements by the ministry- ODA
November 5 th , 2001	Introduction of bills- ODA, 2001
November 7 th , 2001	Oral questions- ODA
November 8 th , 2001	Oral questions- ODA
November 27 th , 2001	Oral questions- ODA
May 23 rd , 2002	Oral questions- ODA
September 25 th , 2002	Oral questions- ODA
December 4 th , 2003	Introduction of bills- Ontarians with disabilities amendment act, 2003
October 12 th , 2004	Statements by the ministry- ODA
October 12 th , 2004	Oral questions- ODA
October 13 th , 2004	Members' statements- ODA
October 12 th , 2004	Introduction of Bills, AODA
November 18 th , 2004	Orders of the day- AODA
November 22 nd , 2004	Orders of the day- AODA
December 2 nd , 2004	Deferred votes- AODA
May 10 th , 2005	Orders of the day- AODA
November 17 th , 2005	Oral questions- AODA
December 15 th , 2005	Members' statements- AODA
April 26 th , 2006	Members' statements- AODA
May 30 th , 2006	Members' statements- AODA

Dates of Hansard Archives	Description
June 5 th , 2006	Members' statements- AODA
June 13 th , 2006	Statement by the ministry- AODA
June 20 th , 2006	Oral questions- AODA
October 23 rd , 2006	Statements by the ministry and responses
December 4 th , 2006	Members' statements- AODA
December 14 th , 2006	Oral questions- AODA
May 1 st , 2007	Members' statements- AODA
December 3 rd , 2007	Members' statements- AODA
December 10 th , 2007	Members' statements
May 27 th , 2008	Statements by the ministry and responses
October 6 th , 2008	Members' statements- AODA
October 22 nd , 2008	Oral questions- AODA
December 3 rd , 2008	Members' statements- AODA
February 26 th , 2009	Members' statements- AODA
April 8 th , 2009	Oral questions- AODA

Appendix C- Conversational Guide for Policy Implementers

Preamble: During this conversation, I would like to hear about your role in Municipal Recreation and your thoughts about the Accessibility for Ontarians with Disabilities Act. I would like this to be an open conversation, so please feel free to respond and ask questions as you see fit. If you have any questions or need clarification, please let me know.

In this first set of questions I am going to ask you some questions about you and your role here in [insert name of organization].

- 1- To start, can you tell me a bit about [insert name of organization]?
 - a. What programs and services are provided here?
 - b. Who are the users of the facility/programs?
- 2- Can you tell me a bit about yourself and your involvement with [insert name of organization]?

In this next set of questions, I want to explore the story of the AODA in municipal recreation.

- 3- Can you tell me the story of the AODA.
 - a. Why was it created? Why was it necessary?
 - b. What are your interactions/experiences around the AODA?
 - c. What are your thoughts on the AODA?
 - i. From my conversations with others, it often comes out that it's the right thing to do. What are your thoughts on that?
- 4- How is the AODA being implemented in municipal recreation?
- 5- As you may know, the deadline for the implementation of the 5 areas of standards of the AODA is 2025. What are your thoughts on that?
 - a. On one hand, I've heard that policy implementers want more time for implementation while people with disabilities would like to see it implemented now. How do you see that conflict?

In this next set of questions, I want to explore the impact of the AODA on people with disabilities.

- 6- At the present time, what kind of activities do people with disabilities participate in at this centre?
- 7- Let's engage in an exercise of imagination. If you had to imagine an ideal leisure experience for people with disabilities in this centre, what would that look like?
 - a. Think in terms of social environment, programs/services, facilities, opportunities, choice, etc.
- 8- What influence does the AODA have on the organization's provision of goods and services to people with disabilities?
 - a. Can you tell me about your experience with the use of service animals?
 - b. Can you tell me about your experience with support persons?
 - c. What is your experience with providing information in documents of various formats?
 - d. Can you tell me about the training that has been provided to provide services in keeping with the AODA?
- 9- How do you think municipal recreation centres can support/assist people with disabilities in realizing "ideal leisure experiences"?
- 10- In the AODA policy document, it says that the mandate of the AODA is to benefit all Ontarians. What are your thoughts on that?
 - a. Do you think it takes away the emphasis on people with disabilities?

This next set of questions explores the impact of the AODA on you.

- 11- How has the AODA affected you?
 - a. How has the AODA influenced/changed your job?
- 12- What are some of the challenges you have faced in implementing the AODA?

This next set of questions explores the future of the AODA:

- 13- What do you think is not being addressed by the AODA?
 - a. What is missing from the AODA?
- 14- Are there any ways in which the AODA works against the well-being of people with disabilities?
Prompt:
 - a- *How?*
- 15- If you could send a message to policy makers, what would you want to change or how would you rework the AODA?
Prompt:
 - a. How would you change/rework how it was implemented?

Appendix D- Conversational Guide for People with Disabilities

(For people with disabilities involved with implementation of the AODA.)

Preamble: During this conversation, I would like to hear about your thoughts about the Accessibility for Ontarians with Disabilities Act and its influence in your life and experience of municipal recreation. I would like this to be an open conversation, so please feel free to respond and ask questions as you see fit. If you have any questions or need clarification, please let me know. Let's start with some questions about you:

- 1- Can you tell me a bit about yourself?
- 2- What would be your ideal leisure experience in a municipal recreation setting?
Prompts:
 - a. What sort of activities would you participate in?
 - b. How do you envision your participation? (social context, environment)
- 3- How did you become involved with the AODA?
 - a. What sort of things do you do as part of your involvement?

In the next set of questions, I want to explore your perceptions of the AODA.

- 1- What is the story of the AODA?
 - a. What are your thoughts about why the AODA was created?
 - i. What needs are being addressed by the AODA?
 - ii. What is not being addressed by the AODA?
 - iii. What is missing from the AODA?
 - b. How did you become aware of the AODA?
 - c. How has it been implemented?
- 2- What challenges are faced in putting the AODA into practice?

In the next set of questions, I want to explore the impact of the AODA.

- 3- Can you tell me a story about how the AODA has impacted your life?
Prompts
 - a. Tell me a story about your leisure life now that the AODA has been implemented.
 - b. How is the AODA important to your recreation?
 - c. How has the AODA impacted your recreation at [insert name of facility]?
 - d. How has the AODA influenced programs that you participate in?
- 4- What changes have you noticed in your leisure experiences since the implementation of the AODA?

- Prompts*
 - a. Can you tell me about your experience with the use of service animals?
 - b. Can you tell me about your experience with support persons?
 - c. What is your experience with accessing information documents in various formats?
 - d. Have you noticed any changes regarding the contacts you have with staff members?
 - e. Do you feel that you are provided with equal opportunities?
 - f. Do you feel that your feedback about the services offered is being heard?
- 5- Think back to the ideal leisure experience you previously described. How does the AODA help you to achieve that ideal leisure experience?

Prompts:

- a. What elements of your leisure experience would not be possible without the AODA?
 - b. Thinking back to before the creation and implementation of the AODA, how has your leisure experiences changed?
- 6- How could municipal recreation centres support you in realizing your ideal leisure experience?

Prompt:

- a. What elements are not in place now?
- 7- Does the AODA work against the well-being of people with disabilities?
- a. How? Explain.
 - b.

In this next set of questions, I want to explore the future of the AODA.

- 8- If you could send a message to policy makers, what would you want to change or how would you rework the AODA?
- a. What would you want to see changed about the AODA?
- 9- If you could send a message to policy implementers, what would you want to change or how would you rework the implementation of the AODA?
- a. How does the implementation of the AODA need to change?

Appendix E- Conversational Guide for People with Disabilities

(For people with disabilities not involved with implementation of the AODA.)

Preamble: During this conversation, I would like to hear about your thoughts about the Accessibility for Ontarians with Disabilities Act and its influence in your life and experience of municipal recreation. I would like this to be an open conversation, so please feel free to respond and ask questions as you see fit. If you have any questions or need clarification, please let me know. Let's start with some questions about you:

- 1- Can you tell me a bit about yourself?
 - 2- What is your involvement with [name of recreation centre]?
- Prompts:*
- a. What sort of things do you do here at [name of recreation centre]?
 - b. What programs do you participate in?
 - c. Do you spend time here outside of programmed activities?
 - d. What is it like moving about [name of recreation centre]?
- 3- What would be your ideal leisure experience in a municipal recreation setting?

In the next set of questions, I want to explore your perceptions of the AODA.

The Accessibility for Ontarians with Disabilities Act is a recent law that has the purpose to develop, implement and enforce accessibility standards to achieve accessibility for people with disabilities.

- 4- Have you heard about the AODA?
- 5- What are your thoughts on the AODA?
- 6- Has the AODA impacted your life in any way?
 - a. How has the AODA impacted your recreation at [insert name of facility]?
 - i. Can you tell me about your experience with the use of service animals?
 - ii. Can you tell me about your experience with support persons?
 - iii. What is your experience with accessing information documents in various formats?
 - iv. Have you noticed any changes regarding the contacts you have with staff members?
 - v. Do you feel that you have access to the same programs/services as people without disabilities?
 - vi. Do you feel have the opportunity to provide feedback about the services/programs that are offered to you?
 - b. How has the AODA influenced programs that you participate in?
 - c. Thinking back to your ideal leisure experience, has the AODA helped you achieve that experience?
 - vii. How could municipal recreation centers help you achieve that ideal experience?
 - d. What elements of your leisure experience would not be possible without the AODA?
- 7- How does the AODA work against the well-being of people with disabilities?

In this next set of questions, I want to explore the future of the AODA.

- 8- If you could send a message to policy makers about municipal recreation in addressing your needs, what would it be?
- 9- If you could send a message to policy makers and policy implementers about the AODA, what would it be?
 - a. How does the implementation of the AODA need to change?