Community attitudes to people with disability: scoping project

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Contents

List of tables

Executive summary

The Australian Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) commissioned the Social Policy Research Centre (SPRC) to conduct a scoping project investigating current research on community attitudes towards people with disability. It was an initial step towards building an evidence base on Australian community attitudes to people with disability, on the impact of these attitudes on outcomes for people with disability and on effective policies for improving community attitudes towards them.

The project had two parts:

- an investigation of research into community attitudes towards disability, comprising a literature review and a search of data sources for relevant indicators of community attitudes and their impact on outcomes for people with disability

- an investigation of policies, programs and initiatives for changing community attitudes, involving a literature review of the available research on effective policy options.

The findings of both parts were presented to FaHCSIA in two earlier reports. This final report combines the findings and draws together the implications for policies to improve community attitudes towards people with disability.

Literature about community attitudes

The literature review investigated the following aspects of community attitudes to people with disability: community attitudes towards people with disability in general and towards specific groups of people; the relationship between attitudes and the outcomes for people with disability; the effect of these attitudes on people's inclusion in specific life domains and attitudes held by groups of people in these domains (education, employment, housing, health, social networks and corrective services); and initiatives for changing attitudes.

The review found a lot of information about both attitudes and outcomes, but very little about the relationship between the two. Younger people and people with more education tend to have more positive attitudes. It seems clear that negative attitudes, along with misconceptions and lack of awareness, present barriers to social inclusion in various life domains such as education, employment and community participation. Lack of knowledge or training among professionals can make people's access to services difficult. Familiarity with people with disability—that is, knowing them personally as acquaintances, friends and colleagues—seems the most promising way to increase respect and inclusion, especially if exposure is consistent and recent.

The literature about community attitudes towards specific groups of people with disability indicates that women seem to be more disadvantaged, particularly in the workforce, compared to men, and that people without disability were less comfortable with people with psychiatric disability than with those with physical disability.

This review uncovered little research on links between attitudes and outcomes for people with disability. One study in the US found that lower wage rates for men with physical disability were probably partly a result of prejudice.

In relation to the effect of community attitudes on education, the literature review found that negative attitudes among both teachers and student peers constitute a barrier to inclusive

education. Special training for teachers helps to combat these negative attitudes. Some teachers are reluctant to include students with disability in their classrooms, while others are in favour of including students with disability but need training and support to make this possible.

In relation to employment, this review found that negative attitudes and misconceptions among employers prove an important barrier to inclusion, as does the general tendency in society to equate social recognition with paid employment. Many employers feel ill-prepared to employ people with disability, especially those with a mental illness, although they are more ready to support current employees who acquire a disability.

Regarding housing, the attitudes of staff in supported accommodation and of neighbours living close to supported housing can influence the extent to which people with disability participate in the community, rather than simply being physically present.

In the area of health, this review found that negative attitudes can make people's access to treatment, preventive screening and health promotion difficult. Health professionals sometimes lack training and awareness about disability; for example, they may not know about the physical and mental health needs of people with intellectual disability.

In the case of social networks, studies showed that social inclusion in the community requires active support to establish and maintain connections with family, friends, carers and community members. Informal carers' attitudes towards the people with disability they care for can vary widely.

Finally, corrective services were included in the literature review because research suggests that people with intellectual and psychiatric disability are over-represented among the prison population. The extent to which this over-representation is an outcome of negative attitudes is unknown.

Changing community attitudes towards disability requires complementary methods, including information and extended personal contact. Policies for changing attitudes are reviewed in Sections 4–7 of this report.

Data sources about attitudes

The search of data sources found 18 relevant Australian datasets and reviewed them for direct or indirect information about community attitudes to people with disability. Twelve of these data sources were surveys with nationally representative samples, while the other six were conducted on a smaller scale.

The review of the large datasets found a wealth of information relating to disability outcomes but, to date, Australian researchers and policy makers have paid little attention to gauging public attitudes to disability among the general population. The Australian Survey of Social Attitudes (AuSSA), a relatively new survey designed to examine public attitudes in Australia, has yet to investigate attitudes to disability in any detail. It should be possible to add survey modules relating to attitudes to disability in a number of the major national surveys, for example, Australian Survey of Social Attitudes, Household Income and Labour Dynamics in Australia (HILDA) and the General Social Survey (GSS). Regular inclusion of such modules would allow governments and researchers to assess public attitudes and monitor any changes over time.

Some smaller-scale surveys showed more promise as sources for data on community attitudes. For example, the ACT Department of Disability, Housing and Community Services survey of Canberra residents looked at public attitudes towards disability. The ACT appears to be well ahead of the other states and territories in this respect.

The smaller-scale projects investigated here might provide a source of qualitative data for understanding how people with disability perceive public attitudes towards them. Similarly, analysis of reports and data on complaints lodged with the Australian Human Rights Commission (AHRC) could be a rich source for gauging negative perceptions about people with disability. Access to this data would need to be negotiated and extensive quantitative analysis would be required; such work was not possible within the scope of this project.

Overseas, the British Social Attitudes (BSA) survey is a thorough, nationally representative survey of attitudes towards disability. It provides a good model for developing similar surveys in Australia and is therefore described in detail. Findings from the British Social Attitudes survey include: a quarter to a third of the population believe that there is a lot of prejudice in Britain; being disabled oneself, or knowing a disabled person, influences perceptions of prejudice in society; older people are less likely to believe prejudice exists; those with higher levels of education are more likely to believe that prejudice is extensive; around 20 per cent of the population appear to view people with disability with discomfort and awkwardness at least some of the time; and respondents' own attitudes to people with disability varied according to the type of impairment.

The review of data sources concludes that gaps in Australian data on community attitudes towards disability could be addressed by:

- adding modules to existing longitudinal surveys (for example, the AuSSA)

- conducting smaller-scale, representative surveys (such as the survey conducted in the ACT), with both people with disability and with other members of the public

- trying to gain access to existing relevant data such as that from the Australian Human Rights Commission

- a new national, longitudinal survey focused on disability attitudes, similar to the BSA survey.

Literature about effective policy options

The second part of the project, the literature review on effective policy options, drew upon literature about initiatives to change attitudes to disability nationally and internationally, using a policy framework of three levels of intervention—personal, organisational and structural. Interventions at the personal level are those directed towards change on the part of individuals; interventions at the organisational level are related to service interactions in people's life domains (such as education, employment and health); while interventions at the structural level are related to the enactment, implementation and enforcement of policy and legislation. This review includes examples of policy initiatives in Australia and internationally; the review is not exhaustive but indicates the types of policy initiatives that could help to change attitudes.

Although many of the initiatives reviewed were described as successful, there is very little formal evaluation data on which to base judgments of effectiveness. Policy recommendations in the literature were usually based on experience, professional knowledge and common sense

rather than on formal evaluation results. Wherever evaluations are available, they are mentioned in this report. In addition, there are a number of indicative insights from the research, and these are noted in the discussion.

Policy to change attitudes is not an end in itself, but a move towards improving outcomes for people with disability, such as social inclusion. An effective policy has been to target outcomes directly; for example, by increasing the community participation and employment of people with disability. This approach also increases contact between people with and without disability as acquaintances, friends and colleagues, and this increased contact has been shown to improve community attitudes towards people with disability (Allport 1954).

Personal-level policies

Personal-level policies attempt to change the attitudes of individuals. They involve the following elements, often in combination: information, education, training, positive portrayal and supported opportunities for contact. Four common methods of personal-level policies are awareness campaigns, awareness training, social contact programs and positive portrayal of people with disability in the public media and the arts.

The literature review found examples of government and non-government initiatives in various countries that have combined different personal-level policies to reinforce positive attitudes and replace negative ones, and have been tailored to the local context. Some have been conducted on an annual basis, such as the Australian National Disability Awards, or on a recurrent basis, such as the New Zealand *Like Minds, Like Mine* advertising campaigns and awareness-raising activities that were carried out by consumer-led groups in 2000, 2001, 2003 and 2007. Reviews of the New Zealand initiatives suggest that people with disability may have found them helpful in changing attitudes (Litmus Ltd 2008). Regarding social contact programs, a combination of information and personal contact has been found to be most successful (Horne 1985; Kobe & Mulick 1995). Further investigation to establish more empirical evidence would improve the understanding of how social contact programs influence community attitudes.

Organisational-level policies

Organisational-level policies attempt to change attitudes in particular life domains. The policies address the attitudes of people who have relationships with people with disability within life domains that affect their social and economic rights, whether those relationships include authority or competition, or whether they simply involve personal contact.

In the education sector, children with disability can face attitudinal barriers from both teachers and fellow students. Attitude programs delivered in inclusive school environments can have long-term effects, lasting beyond the school years and outside the school context, for all children involved (including those with disability and those without). Teacher attitudes may be changed by including specific training at the undergraduate and professional level, by providing adequate support resources and by helping teachers become familiar with students with disability. Student attitudes may be changed through prolonged contact, information and the introduction of disability ambassadors (ACT DAC 2007).

In the domain of employment, approaches to changing employers' attitudes include: leadership from the top; government support to employers in the form of information, resources and recognition; credible and reliable sources of information and awareness training to share best practice; and networks for recruitment and support. Workplaces where managers

had personal experience of disability or retaining people with disability were the most accommodating towards recruiting people with disability. Initiatives to change co-workers' attitudes include information and training (Anthony 1972; Haney & Rabin 1984; Krahé & Altwasser 2006; Wallace 2004; Waterhouse et al. 2010).

In the health domain, initiatives to change the attitudes of staff working in health and community services include undergraduate and professional training and contact programs. The results are not uniformly effective, with some professionals becoming less positive with more exposure to people with disability (Jorm et al. 1999).

Structural-level policies

Structural-level policies, whether initiated at the Australian Government, state and territory or local government level, attempt to influence attitudes by mandating behaviour change. This level consists of the policy statements and laws that define the intended requirements reflecting positive attitudes, together with the means to implement and monitor the policy and legislation.

Enacting and monitoring disability rights legislation is an example of a structural-level policy; mechanisms to support such legislation include standards, strategies and human rights agencies.

Inclusive education is a specific example of policy at the structural level. Inclusive education policies are intended to change attitudes so that disability does not disadvantage children's right to attend education with other children. Mechanisms supporting such policies include implementing, monitoring and resourcing inclusive education. Structural implementation initiatives include school-based training; support and resources for peers and teachers to improve attitudes; and individualisation of support so that it is specific to children's needs and moves with them through the education system (Deane 2009).

Attitudes to particular groups of people with disability

Community attitudes vary according to the type of disability. Attitude research shows many people are uncomfortable with mental illness, but less so with physical disability. Changing attitudes towards particular groups of people with disability requires additional information for people to understand the specific experiences associated with these disabilities (ACT DAC 2007; Wallace 2004).

Initiatives to support siblings and peers of children with autism include education, contact, information and family support so that they learn to understand the social experience of children with autism.

Campaigns in Scotland and New Zealand that have successfully influenced public attitudes towards people with mental illness have included a combination of strategies, including information, training and media portrayal. Disability advocates argue that campaigns need to be well-funded and intense, last for some time, include people with mental illness in the design and implementation, and use more than one method (NSW Consumer Advisory Group). Some campaigns are specific to particular life domains, for example, employment.

Extended contact and education sessions about intellectual disability have been successful in improving community attitudes. Initiatives to change service professionals' attitudes about limited expectations for people with high support needs due to intellectual disability include:

leadership from managers; evaluation of support programming; education and training; demonstration programs and practice guidelines; and individualised supervision to discuss attitudes and practices.

Conclusion

The following are common characteristics of policies and initiatives that appear to be successful in changing attitudes and overcoming prejudice towards people with disability:

- resourcing the overall strategy adequately

- supporting the participation of people with disability in the design and implementation of the overall strategy

- addressing all three levels of intervention—personal, organisational and structural

- recognising the diversity of disability types and circumstances of people with disability

- implementing the strategy over a prolonged period of time to reinforce positive attitudes and replace negative attitudes.

1   Introduction

FaHCSIA commissioned the SPRC to conduct a scoping project investigating current research on community attitudes towards people with disability. It is an initial step towards building an evidence base on Australian community attitudes to people with disability, on the impact of these attitudes on outcomes for people with disability and on effective policies for improving community attitudes towards them.

In this context, 'outcome' refers to the experiences of people with disability as measured by social policy indicators within the domains of education, employment, community and social participation, health and wellbeing, housing and access to support services. People with disability and their families and carers have reported the effects of negative attitudes towards disability across all life domains; further evidence of these effects includes the experiences of discrimination reported to the Australian Human Rights Commission and constant investments by governments in efforts to change community attitudes. The need to address attitudes was featured in the reports of the consultations for both the National Disability Strategy and the National Mental Health and Disability Employment Strategy (Deane 2009; DEEWR 2009).

1.1   Project description

To counter the effect of negative community attitudes to people with disability, we need to know what current community attitudes are, which areas most need to change, and how governments can effectively intervene to change them. The findings from this research project provide an initial evidence base to inform future research and policy, to assist in ensuring that efforts to improve attitudes are appropriate and targeted for the greatest impact, and to identify important evidence that can be readily applied to a range of policy responses to negative community attitudes.

The scoping project consisted of two parts. The first part was an exploratory review of the research literature, structured around the following topics:

- community attitudes towards people with disability
- the effect of these attitudes on people's inclusion in specific life domains (education, employment, housing, health, social networks and corrective services)
- the relationship between other people's attitudes and outcomes for people with disability
- attitudes towards specific groups of people with disability
- attitudes held by specific groups of people (employers, health and community services staff, teachers and fellow students, and family and carers) towards people with disability
- initiatives to change attitudes.

The review also identified data sources, by searching datasets that might be assumed to be relevant for indicators of community attitudes and the impact of community attitudes on outcomes for people with disability.

The second part of the project involved a literature review of the Australian and international literature focusing on policies, programs and other initiatives designed to improve community attitudes towards people with disability. The methods for the two parts are summarised in Appendix A.

Two reports to government detailed the findings of the scoping project; this report combines the two previous reports and outlines the implications for policy initiatives to improve attitudes towards people with disability.

This report is primarily about attitudes and not about other important disability issues; for example, access to mainstream services such as transport. It contains some discussion of outcomes for people with disability, particularly in relation to the available datasets and in response to one of the research questions raised in the first part of the project: 'What is the relationship between community attitudes and outcomes for people with disability?' The review found very little research about the relationship, however, so this report does not discuss outcomes at any length. Some outcomes, such as civic and political participation, economic wellbeing, education, employment, health, and housing and social networks, are discussed in this report, but only in the context of highlighting attitudes towards disability and ways to improve them.

1.2   Background to community attitudes to people with disability

Social policies concerned with people with disability are intended to promote their social inclusion within their communities, and their acceptance within mainstream services and facilities. This recognises that people with disability have the same right to achieve their personal goals and ambitions as the rest of the community, and in ways commensurate with achieving the fullest possible quality of life (Clement & Bigby 2008). The United Nations Convention on the Rights of Persons with Disabilities 2008, which Australia has ratified, obliges governments to implement policies to realise and protect these rights. The Convention is consistent with the social perspective on disability, which emphasises that exclusion seemingly based on bodily difference has a social and political dimension. For debates around this social perspective on disability, see Abberley (1987, 1991a, 1991b), Gleeson (1995), Shakespeare and Watson (1997), Barnes and Mercer (2005), Pothier and Devlin (2006), Shakespeare (2006) and Samaha (2007).

In this context, policies directed towards identifying community attitudes to disability and improving them are important, because social inclusion and exclusion are largely determined by dominant cultural values and perceptions. As the UK Prime Minister's Strategy Unit report (2005) points out, attitudinal barriers are one of the main impediments to improving the life chances of people with disability, not only the attitudes of employers, health professionals or service providers, but also sometimes the attitudes of people with disability themselves. The report notes that 'disablism' (Deal 2007) (that is, those attitudes that constitute subtle barriers rather than outright discrimination) interprets people with disability as individuals in need of care or control, or as lesser people who do not fit into 'normal' society. The report also said that these attitudes need to be replaced with recognition that people with disability are full and equal citizens, that the media has an important role to play in this, and that people need a better understanding of what disability is and how barriers perpetuate exclusion.

Perceptions of people with disability greatly affect their inclusion in their communities and their capacity to achieve basic goals. Examples of negative attitudes towards people with disability include derogatory stereotypes, beliefs that people with disability have a lesser position in society or that they have a diminished capacity to contribute due to their impairment. Holding such attitudes leads people to maintain social distance from people with disability and exclude them from their social networks.

Policy responses to a social understanding of disability aim at modifying the social context to promote people's inclusion and participation. Examples of such policies range from providing assistive equipment, through to providing resources for services, health care and other forms of support, to legislating against discrimination.

1.3 A theoretical framework for understanding community attitudes

A theoretical framework is important in social policy research because it allows the researchers to identify why and how variables of interest may be related to one another. Moreover, a theoretical framework makes it possible to account for changes in the variables. In this project, the main variables of interest are 'community attitudes', 'outcomes for people with disability', and 'changing attitudes'. The aim of the project is to analyse the simple idea that people's attitudes to people with disability have a significant impact on the latter's social participation and wellbeing; if the attitude of others is positive, people with disability would be more likely to experience social and economic inclusion in the same way as other members of their communities. The above variables are themselves affected by a number of factors, however, and it is this which creates the complexity in analysing this simple relationship.

According to Allport (1935) and Petty and Cacioppo (1981), there are two components to attitude: thoughts and feelings. Attitudes and behaviour are correlated, but they are not always the same: a person can think and feel in one way, but act in another (even opposite) way. Attitudes can be either positive or negative, and even when they are positive, there can be a disjunction between the way people without disability interpret 'positive' and the way it is interpreted by people with disability. For example, a person with disability may conceptualise a positive attitude as being 'nice' or 'helpful', whereas a person with disability might find it patronising and prefer that they avoid the category of disability entirely (Yazbeck et al. 2004, p. 97, citing Makas et al. 1988).

Moreover, the strength with which attitudes are held can be affected by many factors such as direct experience (Fishbein & Ajzen 1975), modelling (Bandura 1977), values (Rokeach 1973), situational context (Calder & Ross 1973) and even just simple exposure to other people (Zajonc 1968). It is also possible to differentiate between personal attitudes and community attitudes. The attitudes of a group will tend to reflect the attitudes of the individuals that make up that group (although not necessarily) and because attitudes are dynamic rather than fixed, community attitudes can be changed.

According to Fraser (1999), there are two different types of inclusion that social policy researchers aim to improve for marginalised groups such as people with disability: relational and distributional. Relational inclusion involves people's sense that they are valued as much as other members of society; distributional inclusion involves parity of access to social and economic opportunities. Respect and non-discrimination are required for the first type of inclusion. Equality of wellbeing and participation (in group access to education, employment, etc.), identified through empirical measures of outcomes, are required for the second type.

To bridge any gaps in community attitudes towards people with and without disability and the outcomes they experience, it is necessary to try and change attitudes. It is true that attitude change, whether in individuals or in communities, is a slow process. Time and attention are required to challenge the beliefs that constitute an attitude, much less overturn them. Still, education has been shown to be effective in changing attitudes, whether that education is intended to overcome ignorance (Stephan & Stephan 1984) or to develop empathy and

mindfulness (Langer et al. 1985). Allport's (1954) 'contact hypothesis', which argues that direct contact between members of different groups improves intergroup relations and decreases prejudice and discrimination, has also been shown to be important for effecting attitude change.

Importantly, educational strategies for changing attitudes should be pitched at the personal and community levels, because they will then be sensitive to localised needs, and tailoring education, training, and intervention to the individual family or local community group is more effective for meeting outcomes than providing a one-size-fits-all model. Unfortunately, the disadvantage of pitching change only at the personal or community levels is that only small groups of people with disability experience the benefits.

For systemic and large-scale change, especially to overturn the status quo, broad or overarching laws and policies at the structural level are also required. Indeed, all three levels—personal, organisational and structural (Sawrikar & Katz 2008)—are equally important and work in mutual exchange with each other. For example, when structural policies and practice mandate equal opportunity, work cultures within communities and the personal attitudes of individuals tend to change in accordance with these laws or policies.

If the responsibility for changing attitudes falls only on individuals or community groups, then only a small proportion of people with disability benefit. Structural support for attitude change is necessary for ensuring all people with disability experience better outcomes. Tailoring intervention to meet local needs can be said to be the responsibility of community groups, but national marketing and longitudinal monitoring of change through national data collection can be said to be the responsibility of governments.

1.4   Effective policies to change attitudes

This three-tiered schema, referring to these personal, organisational and structural levels of intervention, provided the framework for the second part of the project, which investigated:

- initiatives directed towards improving community attitudes at the personal level, through awareness campaigns, training and information for individuals, monitoring media portrayals of people with disability and their portrayal and participation in the arts, and programs involving social contact between people with and without disability

- organisational-level initiatives directed at sectors relating to people's life domains, in particular education, employment and health

- structural-level policies that enact, implement and monitor legislation, in particular disability rights legislation and inclusive education

- policies to change attitudes to particular groups of people with disability, specifically autism, mental illness and intellectual disability.

The review also searched for initiatives relating to policies for improving attitudes in the context of housing, leisure and criminal justice, but no substantial literature was found in these areas. Findings about changing attitudes held by people in particular roles, for example employers and health professionals, are included within the sectors related to these roles.

Although the report's focus is primarily on government policy, it also discusses other types of initiatives directed towards changing attitudes towards people with disability. Campaigns initiated by the disability rights movement, for example, do not originate in government policy, although they have had a marked influence on disability policy as well as on attitude

change more generally. Likewise, initiatives of non-government organisations are not policy initiatives as such, but they are also a relevant source of information for governments concerned to enhance the outcomes of people with disability. Both sets of initiatives are often supported with government funding.

The review found very little evaluative literature. Although many of the initiatives included in this report are described as successful, there is very little formal evaluation data on which to base judgments of effectiveness. For example, most of the submissions to the National Disability Strategy consultation (Deane 2009) argued that improved teacher training, both undergraduate and in-service professional development, was the best way of ensuring the implementation of inclusive schooling for children with disability; and many submissions mentioned the successful strategies in schools around the country that could be used as models. However, these recommendations were based on experience, professional knowledge and common sense rather than on the findings of formal evaluation studies. Nonetheless, there are a number of indicative insights from the research and these are noted during the discussion.

The research and policy literature on effective attitude change is scant, and not just for people with disability but also for other marginalised groups such as ethnic minorities. As a result, much of what constitutes 'effective attitude change' is largely inferential and speculative. Indeed, while the call for changing negative community attitudes is a recurring theme in the empirical, theoretical and policy literature, actual ways to remove attitudinal barriers remain vague (Hall et al. 1994, cited in Hunt & Hunt 2004). Nonetheless, there is some literature on changing attitudes in the area of racism. This literature about racism awareness programs and media presence is included in the relevant sections of the report to draw lessons for attitude programs about disability.

1.5 Policy levels for attitude change

This section describes the policy framework used to understand the types of policies and initiatives for improving community attitudes towards people with disability, which are presented in Sections 4 to 7.

The framework for categorising ways to change attitudes suggests that the most effective methods involve multiple policy initiatives targeting three levels of change—personal, organisational and structural (Sawrikar & Katz 2008). Distinguishing the three levels analytically provides a framework for understanding, although all three overlap and interact. The impact of personal-level initiatives aimed at changing the attitudes of individuals towards people with disability is connected in people's lives with the organisational and structural levels. It is the same people who hold the attitudes and who act within the life domain sectors that organisational-level policies target and structural-level policies seek to regulate.

The descriptions of the framework levels below discuss the theoretical links between policy and attitudinal change for each of the levels, and the associated policy implications.

Personal level

The first type of policy initiative discussed in this report is aimed primarily at improving attitudes at the personal level. Examples are awareness campaigns, disability awareness training and information, the public portrayal of people with disability in mass media and the arts, and social contact programs. They are policies to change individuals' attitudes towards people with disability in general, rather than targeting specific forms of disability.

These policies are based on theories of persuasion from cognitive and social psychology literature. Cognitive psychology theorises information processing as occurring through two routes: peripheral and central (Petty & Cacioppo 1986). In the central route, people are able and motivated to process information carefully, and thus the chances of an enduring attitude change are greater. In the peripheral route, people are more likely to draw on established stereotypes because they require less consideration.

The implication for policies attempting to change attitudes about people with disability from negative to positive is that persuasion needs to target central rather than peripheral routes of information processing, if the policy is going to be most effective. Such persuasion should come from intensive campaigns in which information is presented to challenge negative beliefs. Presenting subliminal or 'in passing' information is effective for supplementing more direct information.

In addition, whether persuasion occurs, and the extent to which it occurs, depends not just on the information itself, but also on characteristics of the communicator, the message and the audience. For example, clarity is important: 'messages that are easily understood and give clear knowledge of what to do, and how and when to do it are more likely to be adopted' (the Yale approach cited in Kleeman & Wilson 2007, p. 15). Currently held beliefs and expectations of the target audience also influence how effective policies aiming to change attitudes are likely to be.

Policies to replace negative attitudes about people with disability take two strategies. The first is to challenge any ignorance, misunderstanding, myths, misperceptions, stereotyping and fear (Brostrand 2006; Hunt & Hunt 2004) that may underlie negative attitudes. The second is to ensure that attitudes that people without disability regard as positive are also seen as positive by people with disability. Thus, two routes, targeting both negative and positive attitudes, may be necessary for effective attitude change.

Organisational level

The second level of policy to improve attitudes to people with disability is policy at the organisational level, aimed at achieving equality within life domains. Organisational-level policies support positive contact between people within life domains such as education, employment, housing and health. They seek to mitigate the power disadvantages experienced by people with disability within these domains by changing the behaviour and attitudes of people exerting power and of those who are privileged relative to people with disability, while supporting and empowering people with disability to claim their rights. Examples include training, complaints mechanisms and information targeted to particular life domains.

Targeted organisational policies have the potential to facilitate the equal social participation of people with disability in everyday interactions in society. To address equality goals, policy design and implementation aim to acknowledge power differences between people with and without disability. As argued elsewhere in the case of racism, 'it is important to acknowledge difference without making people feel different' (Sawrikar & Katz 2008).

This conceptual approach to organisational-level policy initiatives designed to overcome negative attitudes is consistent with the model proposed by Scotch and Schriner (1997). The approach is also consistent with submissions made in response to the Australian Government's National Disability Strategy consultation process, to 'move away from a welfare model of service provision to a person-centred approach that sees services not as charity but as a social investment in realising the potential of people with disability'(Deane 2009).

Research on the effectiveness of attitudinal change programs in specific life domains, such as employment and education, shows that not all policies are effective (Campbell et al. 2003; Harvey 1985; Tait & Purdie 2000). Changes towards more positive attitudes require significant levels of combined educational and experiential interventions if the effects are to be long lasting.

Structural level

Policies that operate at a structural level mandate behaviour change as a step towards longer-term attitude change. This level consists of policy statements and laws defining behavioural requirements that reflect positive attitudes, together with the means to implement, monitor and in some cases enforce compliance with policy and legislation. One example of a structural-level policy is the enacting and monitoring of anti-discrimination legislation through mechanisms such as standards, individual complaints and human rights agencies.

This approach is consistent with the theory of cognitive dissonance (Festinger 1957), which assumes that, by forcing people to change their behaviour, structural-level policies also ultimately target people's underlying beliefs and overall attitudes, because they are then faced with the task of reconciling the dissonance between their attitudes and their behaviour. Thus, legislation that mandates anti-discriminatory practices, for example, can lead to changes in attitudes because people's attitudes eventually become consistent with the required behaviour.

The connection between changing attitudes and this structural level of intervention was noted by Barnes and Oliver (1995, p. 114):

> [w]hat is needed is a comprehensive legislative programme which establishes a suitable framework for the enforcement of policies which ensure the integration of disabled people into the mainstream economic and social life of the community, and provides public confirmation that discrimination against disabled people is no longer acceptable.

This theory has implications at the structural level for policy change because legislative mandates are a broad and overarching approach that can influence the behaviours (and eventually the attitudes) of people in general, and not just a sub-group of the population. If change is to be systemic and large-scale, laws and policies at structural level are required, as well as national marketing and longitudinal monitoring of change through national data collection. While tailoring interventions to meet local needs relies on the participation of community groups, it can also be said to be the responsibility of governments to provide support for these local initiatives.

1.6 Implications of policy levels for changing community attitudes

Policy initiatives to change community attitudes require action at all three levels—personal, organisational and structural. All three are equally important and reinforce each other. For example, when structural policies and practice mandate equal opportunity, both the work cultures within organisations and the personal attitudes of the people in the organisation tend to change over time to accord with these laws or policies. Examples of interventions that are sensitive to localised needs but still operate at all three levels are strategies pitched at the personal, family and community contexts.

The direct and active involvement of people with disability is crucial in the program design, implementation and management of personal-level policies. Consumer participation is now broadly reflected in government policy. The World Health Organization (1990) has recognised a need to increase consumers' involvement in decision-making around their own mental health

care, or at least provide them with the opportunity to do so, as have a number of government inquiries in Australia (for example, see HREOC 1993). Increasing consumer involvement involves redefining the relationship between consumer and provider, away from the 'patient'/'expert' format and towards a more equal and genuine partnership. Consumer participation depends on a number of factors, including the person's level of functioning, what they want and what they believe they can contribute (Lammers & Happell 2003). Murfitt (2006) found that 'people with a disability, as the recipients of negative attitudes, are agents of the change process via their active interaction with others and the process of development they experience themselves. Rather than passive recipients, they are critical agents of change' (quoted in Kleeman & Wilson 2007, p. 17).

Australian Government policies and programs to improve community attitudes to disability are initiated or supported at federal, state and territory, and local levels. A number of government initiatives and procedures are already in place, for example the Australian Government's National Mental Health and Disability Employment Strategy (DEEWR 2009), the report on the government's inquiry into better support for carers, titled *Who Cares ...?* (Australian Government 2009) and the National Disability Strategy Consultation Report (Deane 2009). Not all of these initiatives were devised specifically for the purpose of improving attitudes towards people with disability, but they carry the message that people with disability are as entitled to respect, inclusion and services as any other citizen. Examples of such initiatives, both in Australia and overseas, are detailed in the remainder of the report. These examples are not exhaustive and are meant simply to give an indication of the kinds of policy initiatives that could be defined as agents of attitude change.

Sections 2 and 3 describe the review of the existing research into attitudes towards disability, both the literature and the relevant Australian datasets. Sections 4–7 describe policy examples addressing change at the personal, organisational and structural levels, and strategies for changing attitudes towards people with particular types of disability.

2   Community attitudes research

The scoping project reviewed literature on community attitudes towards people with disability, in Australia and internationally, in light of five research questions, which are addressed in this section:

1.   What are the community attitudes towards people with disability in Australia and similar countries?

2.   What are the community attitudes towards specific groups of people with disability?

3.   What is the relationship between community attitudes and outcomes for people with disability?

4.   How do community attitudes affect the life domains of people with disability, and what are the attitudes held by groups of people relevant to these life domains?

5.   Can community attitudes to people with disability be improved, and if so how?

2.1   Community attitudes in Australia and internationally

What are the community attitudes towards people with disability in Australia and similar countries?

Research about community attitudes has highlighted the often paternalistic and patronising attitudes towards people with disability and the impact this has on people's ability to exercise their rights to inclusion in general, and in particular life domains, such as employment. Some studies have, however, also found signs of positive attitudes such as respect and goodwill.

Research conducted by Yazbeck et al. (2004, p. 97–8, citing Myers et al. 1998) in Australia identified three types of attitude that people without disability commonly have towards people with disability, one inclusive and the other two exclusionary. The inclusive attitude involved an awareness of, and a willingness to engage with people with disability 'as consumers, neighbours and friends'. This covered a broad range of inter-personal relationships including employer/employee and teacher/student. The second attitude described (and the first of the two exclusionary attitudes) involved a lack of awareness of people with disability, even of their very existence, much less the difficulties they faced and their personal support requirements and ambitions. This encompassed a variety of individual attitudes, including paternalism. The final and most damaging attitude was discomfort with the 'otherness' of people with disability. This could lead to open hostility towards them, and exclusion and discrimination, both deliberate and covert.

Research by the ACT Disability Advisory Council (in conjunction with the ACT Department of Disability, Housing and Community Services) (Wallace 2004), which surveyed Canberra residents on their attitudes to disability, found that sizeable minorities of people expressed negative or discriminatory views: 17 per cent said they would be uncomfortable working with someone they knew had schizophrenia and 20 per cent said that people with disability were not as effective in the workplace as people without disability. This suggests that outcomes in key life domains, such as education, employment and health, could improve from changed community attitudes.

On the other hand, over half the respondents (54 per cent) said they believed that people with disability did not receive adequate government support. As well, a large proportion of the respondents believed that people with disability were discriminated against: that they did not have the same access to services as other people (45 per cent); that they did not have the same opportunities to participate in community life (44 per cent); and that they were not treated fairly (30 per cent). An overwhelming majority (97 per cent) said that they would be comfortable helping a person in a wheelchair carry their groceries. Given the small-scale nature of the study (involving 300 telephone interviews with ACT residents), caution should be exercised in generalising from these observations (see further discussion in Section 3; ACT DAC 2007).

Yazbeck et al. (2004) found that younger people, those who were better educated and those who had regular contact with people with intellectual disability tended to have more positive attitudes towards them than the community in general. They were less likely to believe in eugenic explanations for intellectual disability, and more likely to support community inclusion. Citing other studies (Horner-Johnson et al. 2000; MacLean & Gannon 1995), the researchers pointed out that level of education alone was not an adequate indicator of lower levels of prejudice. The subject area the students are studying is also important. Students who were studying health science, education, social work or psychology were less likely to report discomfort with people with intellectual disability than students in areas such as business, economics, engineering or the physical sciences. As might be expected, students expecting to take up careers in the field of intellectual disability had more positive attitudes than students in other fields. The attitudes of students in Japan did not differ from those of students in the US (Horner-Johnson et al. 2000).

The Australian research (Yazbeck et al. 2004) found that it was people aged over 40 years, with lower levels of education, who were most likely to feel uncomfortable with people with disability, both in general social settings and in the workplace. The authors disagreed with one of the most common explanations for the fact that older people were more inclined to express negative attitudes than younger people (this explanation being that older people had grown up in an era when those with intellectual disability were placed in residential support, and were less visible to the wider community). The authors reported that, although deinstitutionalisation was relatively new in Australia, it had not made much difference to visibility because most people with intellectual disability (over 85 per cent) have always lived in the community, usually with their parents.

Along with other studies (Gething & Wheeler 1992; Gething 1994; Kobe & Mulick 1995), this study (Yazbeck et al. 2004) found that knowledge of and familiarity with people with disability, especially consistent recent exposure, was most likely to lead to full respect and inclusion consistent with disability rights principles. Studies using the Interaction with the Disabled Persons Scale (Gething 1994; Gething & Wheeler 1992) found clear support for a hypothesised connection between high levels of previous contact with people with intellectual disability and high levels of respect. Contact that occurred daily or weekly was most likely to result in positive attitudes. A study of university students and their beliefs about intellectual disability (Kobe & Mulick 1995) also found that direct contact with people with intellectual disability could improve students' knowledge and attitudes. But the study also found that familiarity with people had little effect on fundamental attitudes about eugenics.

In other developed countries, community attitudes towards people with disability are generally similar to those observed in Australia. Attitudes in Germany (Krahé & Altwasser 2006), the UK (Bywaters et al. 2003) and Canada (Jones et al. 2008; Oullette-Kuntz et al. 2010) all tend

towards paternalism. It is a commonly held attitude that people with disability are less able to contribute to society, engage in paid employment, or participate in the community (Yazbeck et al. 2004). However, research findings from Canada and Germany indicate that younger people who have had sustained contact with people with disability during formative stages in their lives, such as adolescence, have far more positive and inclusive attitudes than those who have not (Krahé & Altwasser 2006; Oullette-Kuntz et al. 2010).

The attitude research reviewed here found that most people expressed favourable attitudes towards people with disability, in the sense that they were respectful, non-discriminatory and sympathetic, although there were sizeable minorities who expressed prejudiced views. Younger people, those who were better educated, and those who had regular contact with people with disability tended to have more positive attitudes. In fact, knowledge and familiarity were the factors most likely to lead to full respect and inclusion consistent with disability rights principles.

2.2   Community attitudes towards specific groups of people

What are the community attitudes towards specific groups of people with disability?

Community attitudes towards people with disability can also be influenced by particular characteristics of the person with disability, either characteristics that are unrelated to the disability such as gender, age, ethnicity, location, or the type of disability itself. Limited Australian and overseas research has investigated how other personal characteristics compound negative attitudes towards people with disability. The available research does support the hypothesis that some of these additional characteristics are associated with greater discrimination and disadvantage (Gething 1997; Meekosha 2004).

The Social Policy Research Unit at the University of York (Parker et al. 2007) investigated whether graduate women with disability were doubly disadvantaged in the labour market. Analysis of UK national datasets found that women and men participated in paid employment to the same extent but their employment rates varied according to family circumstances, just as it does for people without disability. The analysis found that:

- full-time women workers with disability, on average, earned less than either women or men without disability whatever their disability status, although the differences were small

- the earnings of women with disability were 91 per cent of those of men without disability

- the earnings of men with disability were 96 per cent of those of men without disability

- the earnings of women without disability were 94 per cent of those of men without disability.

Both the women and the men interviewed thought their impairment was a greater disadvantage than their sex in influencing their employment outcomes; however, in the analysis of differences in employment outcomes associated with disability, it was harder to discern if impairment was a greater disadvantage than gender differences.

Issues of particular concern for women with intellectual disability are sterilisation without consent and whether they are able to choose to parent (Llewellyn et al. 2010). For example, the Legal Officer of the Victorian Guardianship and Administration Board (Goldhar 1990) noted that most sterilisations have been performed on women, although men have also been

sterilised. Sterilisations, including hysterectomies, are still being performed on women and girls even when they are capable of giving or withholding consent (Llewellyn et al. 2010; Lorber & Moore 2002; Servais et al. 2002).

The findings of the ACT Disability Advisory Council study indicate that the type of disability changes other people's attitudes (ACT DAC 2007; Wallace 2004). While the vast majority of the research population were comfortable assisting people with physical disability with tasks of daily living, fewer people were comfortable working with people with psychiatric disability. Respondents were also asked which disability type they believed allowed the person who possessed it to make the most valuable contribution to society. The overwhelming response was that that people with physical or sensory impairments were more able to make a more valuable contribution than people with intellectual or psychiatric disability.

Some research indicates that attitudes towards disability in developed countries, including Australia, have improved to some extent, with the result that people are more comfortable acknowledging their disability (Westbrook et al. 1993). Research conducted in Australia before and after the International Year of Disabled Persons (Gething 1986) found that it had had an impact on people's awareness, although it was less clear that attitudes had improved or that people with disability were more included in their communities.

An Australian study (Westbrook et al. 1993) found that attitudes varied significantly according to the cultural background of the respondent. The research involved asking 665 health practitioners from a range of cultural backgrounds—Chinese, Italian, German, Greek, Arabic and Anglo-Australian—to rate the level of acceptance of people in their language communities towards 20 disability groups. The greatest acceptance of people with disability came from those of German-speaking background, followed by Anglo, Italian, Chinese, Greek and Arabic. At the same time, all language communities were in agreement about the relative weighting of the degree of stigma attached to the various disabilities, with asthma, diabetes, heart disease and arthritis being the least stigmatised, and AIDS, intellectual disability, mental illness and cerebral palsy, being the most stigmatised. The authors noted that these findings had important implications for people with disability in a multicultural country like Australia, as well as for health practitioners. See also Groce and Scheer (1990); for attitudes towards people from non-English-speaking backgrounds with disability see Wadiwel and Kaczorek (2010).

2.3 Relationship between community attitudes and outcomes

What is the relationship between community attitudes and outcomes for people with disability?

Research about the direct links between community attitudes and the outcomes of people with disability is sparse, although there is some literature about the conceptual link, as discussed in Section 1. Australian research (Bigby et al. 2009) explored the attitudes of staff in community-based services towards people with varying degrees of intellectual disability and discussed the implications of such attitudes for current policy goals for people with severe and profound levels of intellectual disability. The researchers noted that the development of community-based services had involved large investments of time, effort and resources in training staff to adopt the appropriate values. The training efforts were based on the assumption that service quality depended on organisational values, and that influencing staff values as expressed through their attitudes would improve organisational performance.

The researchers found that, although the staff surveyed accepted the principles of inclusion, choice and participation for people with intellectual disability in general, they did not consider it feasible to apply these principles to people with higher support needs. The authors suggested a number of strategies for improving what they saw as negative staff attitudes to people with high needs: providing a safe space within the work environment for staff to discuss policies and to air any misgivings they might have; providing opportunities for debate about attitudes, not only those of the staff themselves, but also the negative attitudes they encountered in the community; and individualised, regular and supportive supervision that included clearly formulated values within everyday practice. This study simply identified staff attitudes; it was not a systematic attempt to test any hypothetical connection between different kinds of staff attitudes (for example, more permissive attitudes versus less permissive attitudes, and differential outcomes for people with severe levels of disability).

A study in the US (Baldwin & Johnson 2000) used data from the 1990 panel of the Survey of Income and Program Participation to investigate reasons for the poorer workforce outcomes (such as lower pay and higher unemployment) of men with physical disability. The findings strongly supported the presumption that differential wage rates were, in part, the result of prejudice. The wage model they employed for men without disability gave significantly different results from the two models for the men with disability. The authors found that physical impairments had limited productivity but the majority of men with disability were able to work. Their models showed that the lower wages and opportunities for employment for men with disability was the result of discrimination, not lack of capability.

2.4 Effect of community attitudes on life domains

How do community attitudes affect the life domains of people with disability, and what are the attitudes held by groups of people relevant to these life domains?

Considerable research focuses on the social and economic exclusion of people with disability in a range of life domains. In Australia, the recent Council of Australian Governments (COAG) Reform Council report on disability (2010) summarised the disadvantages that people with disability experience in outcomes, including participating in society; enjoying choice, wellbeing and independence; and the subsequent impact on carers and families. The Council examined some of the datasets that will be described in Section 3: Survey of Disability, Ageing and Carers (SDAC), National Aboriginal and Torres Strait Islander Social Survey (NATSISS) and the Census.

This section looks more specifically at other literature in some of these life domains, from which attitudes might be inferred. Research about attitudes held by groups of people relevant to particular life domains was also reviewed because of the potential impact of their attitudes on outcomes in the life domains.

Education

The current policy preference for children with disability is inclusive education within regular classrooms, in the Australian education system and worldwide (UNESCO 1994), especially in developed countries (Chenoweth & Stehlik 2004; D'Alonzo et al. 1997; Ferguson & Ferguson 1998; Foreman 2005; Hsien et al. 2009; OECD 1999; Wedell 2005). The Australian Government's Disability Standards for Education came into effect in August 2005. These standards are intended to clarify and make more explicit the obligations on schools and the rights of students mandated under the *Disability Discrimination Act 1992* (Cwlth). They cover enrolment, participation, curriculum development, student support services, and harassment

and victimisation, and all schools in Australia are required to comply (Attorney-General's Department 2011).

Inclusive education policies are supported by research evidence, such as a Canadian study that interviewed students from both inclusive and segregated education schools (Bunch & Valeo 2004). The study found that there were lower levels of abusive behaviour, more friendships and more routine advocacy for peers with disability in the inclusive schools than in the segregated schools. The authors commented that, although the findings are tentative because of the small size of the study, they do suggest that educators need to be aware that the way the school system is structured has an effect on students' social development and on the extent to which they are respectful towards people different to them. The authors argued that it was the educational arrangements that affected the attitudes and not a characteristic intrinsic in the students themselves.

The policy preference for inclusive education mentioned above cannot ensure that classroom teachers will accept and effectively implement the policy. Teachers need to be prepared for inclusion through training in the kinds of practices necessary for inclusion such as how to adapt the curriculum, how to assess the children and how to report the children's achievements (Hsien et al. 2009). Currently the attitudes of some teachers and fellow students still present barriers to inclusive education. Research has shown that teachers can be reluctant to include students with disability in their classrooms, especially in the case of the more severe levels of disability. Reasons they give for this include: the extra individualised time the children require; a potential detriment to the other students; the expectation that they will produce work of lower academic quality; the lack of adequate support services; and concerns about deficiencies in their own training and skills (Campbell et al. 2003).

One of the submissions to the NSW Legislative Council's report identified staff attitudes and values, and the attitudes of the child's peers, as factors that could have an impact on successful integration (Parker 2010, p. 105). In the consultation process for the National Disability Strategy (Deane 2009), 29 per cent of submissions reported frustration with the education system, which they partly attributed to widespread ignorance and fear of disability and little or no promotion of the benefits of inclusion.

An Australian study (Hsien et al. 2009) found that teachers with postgraduate qualifications in special education (Graduate Diploma or Masters) were more positive about the inclusion of children with disability than special education teachers whose highest level of qualification was a Diploma or a Bachelor degree. The teachers with postgraduate training also strongly agreed that inclusion was a positive change in the education system and that meeting the needs of all students was feasible, and they had higher levels of efficacy, confidence and knowledge about inclusion. The authors attributed these more positive attitudes not only to the additional knowledge these teachers had, but also to their increased contact in teaching children with disability during teacher training.

A UK survey of teacher trainees' attitudes towards inclusive education for children with Down syndrome (Wishart & Manning 1996) found that the respondents widely endorsed, in principle, the right of children with disability to inclusive education. But they were doubtful that it could be implemented in practice. Only 13 per cent said they would be happy to have Down syndrome children in their classrooms, while nearly all of them (96 per cent) felt that their training was not preparing them to meet this challenge. The researchers found that respondents underestimated what the children were likely to achieve, and over half of them wrongly believed that people with the condition had a very short life expectancy. There is

evidence that attitudes can be changed, specifically in relation to Down syndrome, but also in relation to disability in general.

At the same time, teachers are aware of the importance of inclusiveness and of the need for explicit programs introducing children to positive attitudes towards disability. The attitudes research project (ACT DAC 2007) involved fieldwork with teachers, principals and curriculum developers in ACT schools on ways to encourage attitudinal change among children and young people. Teachers said they would welcome people with disability into their classrooms to talk about their skills, abilities and experiences, and that this was the best way to reach young people.

Employment

A major barrier to employment of people with disability is negative employer attitudes, documented in Australian and overseas studies. For example, in Australia, many of the respondents to the National Disability Strategy consultation process (Deane 2009) reported that few employers were willing to employ a person with disability, even to the point of direct discrimination. The respondents attributed this reluctance to negative attitudes and misconceptions about disability. Overseas, the UK Prime Minister's Strategy Unit report (2005) cited research by the UK Department for Work and Pensions in 2002, which found that 17 per cent of respondents with disability said they had experienced actual discrimination in the workplace because of their disability. People with intellectual disability or histories of mental illness were particularly stigmatised in the UK, but sometimes employers were acting on their misconceptions about the cost of modifications and adaptive technology. A summary of literature about barriers to employment of people with psychiatric disability in Australia (DEEWR 2008) found that employer attitudes reflected community stigma about mental illness, which further disadvantages people in a tight labour market.

A study of employers' attitudes to employing people with mental illness by the Australian Government Department of Education, Employment and Workplace Relations (DEEWR) (Bloom et al. 2008) found that employers in general tended to feel that neither they, nor their staff, would be able to cope with what they believed to be the difficulties involved in employing people with mental illness. They held a widespread conviction that such employees would be disruptive or even dangerous, or that they would be incapable, unpredictable and unreliable. An interesting finding was that, although employers were highly reluctant to recruit people with mental illness, they were quite comfortable with the idea of retaining an existing employee. The authors suggested that initiatives for changing attitudes might have the greatest impact, at least in the short to medium term, by emphasising the retention of existing employees and that the focus could be shifted to recruitment later (Bloom et al. 2008).

The submission by Brain Injury Australia to the Australian Government's discussion paper on the future of disability employment services (Rushworth 2009) identified lack of information as the reason for employers' negative attitudes and misconceptions. A study carried out with employers in Melbourne, Brisbane, Adelaide and Sydney (Waterhouse et al. 2010) found that employers' main concern was a worry about being able to cope. On the whole, the employers participating in this study did not see the problem as one of incapability on the part of the people seeking employment, but rather of their own insecurity and lack of knowledge about disability.

The National Disability Services Disability Employment Forum held in Melbourne in September 2010 also highlighted the fact that employers are on the whole quite willing to

employ people with disability but they are looking for better assistance, either through disability employment providers or through other brokering arrangements, in order to ensure that they are doing the right thing. Details of presentations made at the forum can be found at <www.nds.org.au/presentation/article/21>.

A Canadian Centre on Disability Studies project that explored the relationships between corporations and disability (CCDS 2001) found that negative attitudes and stereotyping of people with disability were key barriers to their employment. The researchers suggested a number of ways in which corporations could address attitudes towards disability within their organisations: by working with disability groups to create diversity and disability awareness sessions; by sharing successful stories; by providing incentives for supervisors to take active steps to find qualified people with disability; by creating ongoing links with disability organisations; and by identifying jobs that could be held by a person with disability and promoting them as such.

A survey of employers by the UK Department for Work and Pensions found that only 63 per cent of respondents said they would employ a person with a physical disability, and only 37 per cent would employ someone with a mental disability (UK Prime Minister's Strategy Unit 2005, p. 185). The UK Prime Minister's Strategy Unit report attributed this reluctance to a lack of awareness of what is involved in employing a person with disability, with mental illness being seen as a particular problem because of concerns about interactions with colleagues and customers.

Some employer surveys have reported more positive attitudes. The Australian Government DEEWR study (Bloom et al. 2008) found that some employers, particularly the human resource managers of large organisations, were aware of the issues. The evaluation of the Commonwealth Disability Strategy (Erebus International 2006) found that in those government workplaces where the most progress had been made in accommodating the needs of people with disability, the managers had some personal experience of disability issues, usually through knowing someone with a disability (for example a family member, friend or colleague). Waterhouse et al. (2010) identified three themes for positive attitudes: the importance of leadership from the top of the organisation in demonstrating a serious commitment to employing people with disability; the need for employers to have credible and reliable sources of information about disability and disability employment issues; and the need for employers to be connected to appropriate networks for accessing and recruiting people with disability.

Attitudes on the part of people with disability themselves can sometimes be a barrier to employment. The UK Prime Minister's Strategy Unit report (2005) noted that the transition to paid work can be seen as risky and too hard. Having been out of the workforce for a long time can diminish one's motivation, not to mention self-confidence, and things can be made more difficult by complicated rules, lack of direction or negative attitudes. Moreover, many people with disability feel that employment would be too stressful and might be detrimental to their health although, as the report pointed out, inactivity is not good for one's wellbeing either.

Barnes and Mercer (2005) pointed out that generally the tendency to equate social recognition with paid employment has marginalised many people with disability because people with disability have high rates of unemployment and underemployment. Barnes and Mercer found that about 60 per cent of people with disability of working age in the UK were not in paid work and that they had unemployment rates three times higher than people without disability and much longer periods of unemployment. They argued this disadvantaged employment

situation was not solely the result of impaired abilities but of social and attitudinal barriers. Among the barriers they identified were the social organisation of the labour market and impediments to accessing education, information, transport and the built environment, as well as cultural and media representations. Given that these barriers were social and environmental, policy interventions in the field of employment that focused on individual impairment were unlikely to be effective.

Health and community care

Research has also found that attitudes in the health and community care sector are a barrier to people's access to equal treatment (Bond et al. 1997). Some of the submissions to the National Disability Strategy consultation process (Deane 2009) indicated that there was very little disability training within the health and community care sector overall, and this affected clinical decisions and could compromise the quality of support. Among the types of health and community services staff the submissions identified as poorly trained were doctors, nurses, specialists, pharmacists, community health care workers, and allied health professionals such as audiologists.

People with cognitive or psychiatric disability in particular may find it difficult to describe their symptoms to health and community care staff when the staff do not have adequate training in how to effectively communicate with these clients. Furthermore, some health and community care staff fail to protect the health of people with disability by incorrectly assuming that they don't engage in unhealthy practices (such as smoking, engaging in unprotected sexual activity or taking illicit substances). People with disability are also less likely to benefit from health screening programs provided for the general population if health professionals' have the attitude that working with them is too time-consuming or difficult.

Lester Bostock, Aboriginal elder mentor and community adviser for the Inner West Aboriginal Community Company in Marrickville, confirmed a lack of understanding among health and community services staff about the needs of people with disability. He also believes that many Aboriginal people are diagnosed with mental health problems when the real reason for their disability is 'a long history of disintegration of the social and cultural fabric of Aboriginal society' (Bostock 2004).

Other research has found that the attitudes of mental health service providers are sometimes a barrier to consumers' involvement in their own care (Lammers & Happell 2003). Most of the participants in a Victorian study of mental health service consumers reported experiences of providers who seemed unprepared to accept that the consumers had anything to contribute. Clearly, there is a need to influence the attitudes of health professions to become more appreciative of a consumer perspective (Cowling et al. 2006; Lammers & Happell 2003).

It might be assumed that the attitudes of health and community care staff towards people with disability are more positive than those of the general public, both because of their training and because of the nature of their work. Research suggests that this is not necessarily the case. Some submissions to the National Disability Strategy consultation process (Deane 2009) indicated that health and community care staff on the whole had beliefs and misconceptions about disability that were no different from the rest of the community. For example, one submission noted that health staff appeared to have little awareness of the mental health needs of people with intellectual disability, particularly as they aged.

Research with general practitioners in the UK (Bond et al. 1997) found that some doctors were not in favour of deinstitutionalisation for people with intellectual disability because it could

increase their workload. They agreed that they were responsible for the medical care of people with intellectual disability but they were reluctant to accept responsibility for health promotion and health screening initiatives for these people.

An Australian study (Jorm et al. 1999) surveyed members of the public and general practitioners, psychiatrists and clinical psychologists on their views about what might happen to someone with schizophrenia or depression. They found that, compared to members of the public, health professionals rated long-term outcomes more negatively, and discrimination as more likely. The researchers commented that if the professionals expressed their negative attitudes to people with disability and their families it would be detrimental to them.

Housing

The private housing sector is another area where prejudicial attitudes towards people with disability can deprive them of the choice to live independently in the community. As Wiesel and Fincher (2009, p. 620) pointed out, landlords and real-estate agents prefer to rent properties to people with a history in the private rental market. They also prefer tenants to be in stable, well-paid employment. Given the far lower rates of employment and job and financial security described previously, private rental landlords may be wary of leasing property to people with disability. While governments uphold the right of people with disability to live independently within the community, regulation and policy does not reach the private rental market, except through anti-discrimination legislation.

Wiesel and Fincher (2009) also noted that discourses around deinstitutionalisation and support in the community assumed that relatives or friends would be available to provide the necessary support and that others would accept people with disability as part of the community. As they pointed out, however, research in the US and Canada (Dear et al. 1980; Joseph & Hall 1981; Taylor et al. 1989; Wolpert et al. 1975) has found that there is often opposition from community members to the establishment of support facilities in their neighbourhood. People often discriminate against people with disability in their community, especially people with psychiatric or intellectual disability.

A project that attempted to realise an 'inclusive community' in a Victorian Department of Human Services' group home for five men with severe intellectual disability, who had previously lived at Kew Residential Services, found that even when people with intellectual disability are physically present in the community they are not always really part of it (Clement & Bigby 2008). They typically have small, restricted social networks, and interact only with other people with intellectual disability, service workers and their immediate family. When they do have contact with other people, it can be brief and impersonal, and they often feel socially excluded and lonely.

The project focused specifically on the question of how staff in this group home could be supported to expand the men's social networks to include people without disability. The researchers acknowledged that the barriers to 'building inclusive communities' were not only a matter of community attitudes. Staff members' attitudes about the label of 'severe intellectual disability' also strongly influenced what they believed could be done, and negative experiences with the reactions of people without disability were likely to make them less willing to act as facilitators of social inclusiveness. People without disability tended to find interaction with these men disconcerting or even disturbing, especially if they had little or no direct experience of people with intellectual disability.

Despite these challenges, it is important to remember that the boundaries around people are not rigidly determined. They can be weakened or strengthened, and human service organisations and their employees can act to influence these boundaries. One way of doing this is to develop an understanding of what 'building inclusive communities' means because the absence of a common vocabulary and shared understanding is a major obstacle to realising this goal. Another way would be to devote focused effort to helping people with disability participate in the community, rather than just encouraging them to be in the same spaces as people without disability. Clement and Bigby (2008) concluded that unless more effort is put into building inclusive communities, the question of how closely the life of people with intellectual disability can be made to approach that of people without disability is likely to remain unanswered. For this reason, other disability support programs have included community development activities to improve the receptiveness of community members to engaging with people with disability (see for example Fisher et al. 2008, p. 60).

Social networks and leisure

Attitudes towards people with disability can also reduce people's participation in social and leisure activities, and detract from the fulfilment of their right to social inclusion. An Israeli study (Hutzler & Levi 2008) found that high school students without disabilities were less willing to include students with disability in physical education classes if they had previously interacted with these students. The authors suggested that this was because the previous experience had decreased the students' expectations of team success in the sporting activity. They were unwilling to restrain their own performance by accommodating themselves to the students with disability. In this context (and in contrast to some of the other research findings described in this report) familiarity had an adverse effect on the attitudes of the people without disability. The authors commented on the need for more research to identify the factors that might contribute to positive shifts in attitude towards including children with disability in sports and other physical activities.

Even when they do not face overt forms of exclusion, people with intellectual and psychiatric disability in particular are often restricted in their choices because their social networks are not effective or adequate (Wiesel & Fincher 2009). For example, Gleeson and Kearns (2001) point out that it is not possible to construct caring networks if the interests and needs of the people most concerned are pushed aside. In this context, they mention particularly the aged parents of people in community support. These authors note that 'community support' has too often been an imaginary community, eroded by the limited capacity of the community support providers, who face staffing problems of poor training, low (or no) pay, high turnover and low morale. They argue for a renewal of support, where the interests of all parties were recognised and valued. Examples of generating informal social networks with people who were previously isolated include circles of support and psychosocial support interventions (Fisher et al. 2010; Fisher & Purcal 2010; Parker & Fisher 2010; Muir et al. 2010).

Family and carers' attitudes towards the people they care for vary widely. A review of research on informal care for people who are chronically ill, published in the Netherlands 1908–93 (cited in Exel et al. 2007, p. 334), outlined eight reasons carers gave for providing care: a sense of duty; their affection for the care recipient and the quality of their relationship; the history they shared; the carer's own personality; the carer's own value system; practical considerations; feelings of guilt; and the hope that their care-giving improved the recipient's quality of life. This study found that, without adequate government support for the person with disability and their carer, problems (whether physical, emotional, social or financial)

sometimes seemed insurmountable, even to the extent that they became a risk factor for the carers' own wellbeing.

Corrective services

Dowse, Baldry and Snoyman's (2009) ongoing research about disability in the corrective services demonstrates that people with psychiatric and cognitive disability are over-represented in prisons. The prison population in Australia is known to have poorer health than the general population, and the poor mental health of prisoners has been noted as a particular concern (Al-Yaman & Belcher 2007). As a consequence, mental illness is among the health conditions that will be monitored as part of the National Prisoner Health Information Development project (AIHW 2009a).

From a review of the literature in 1993 (Hayes et al. 1993), the NSW Law Reform Commission concluded that, although the prevalence of intellectual disability varied widely among the jurisdictions in Australia, it appeared that there was an over-representation of people with intellectual disability in the prisoner population in many jurisdictions. They found that one-quarter of the people appearing at the sample courts had intellectual disability (including difficulties in verbal skills, memory, reasoning, and understanding) that would make it very difficult for them to participate adequately in the court process.

A study in Victoria that compared the characteristics of men with intellectual disability released from prison 2003–06 with a random sample of men without disability released during the same period (Holland & Persson 2007) found a number of differences between the two groups. The proportion of the men released during that period who had intellectual disability was not much greater than the proportion in the general population (1.3 per cent in comparison with 1 per cent), but a significantly greater proportion of them were Indigenous (16.7 per cent) than in the sample without disability (4.9 per cent). Moreover, the men with intellectual disability were younger and had had three times the rate of youth detention of the men without disability. They were also more likely to be denied parole, to be defined as a medium security risk (rather than a minimum security risk) and to be judged as having a high risk of re-offending. The authors noted that the findings of the study confirmed the need for a differentiated response to prisoners with intellectual disability.

A study in NSW (Butler et al. 2006) found a much higher incidence of mental illness among prisoners than in the general population. The study compared the 12-month prevalence of any mental illness in a consecutive sample of reception prisoners admitted into the state's correctional system in 2001 (n=916) with community data from the 1997 Australian National Survey of Mental Health and Wellbeing (n=8168). The prevalence of mental illness among prisoners was 80 per cent compared to 31 per cent in the community data. After adjusting for demographic differences, the prisoners had a higher rate of mental illness than people in the community, particularly for psychosis, substance abuse and personality disorders. The authors commented that people with psychiatric disability too often re-offend and return to prison (Butler et al. 2006).

The authors of a study of Aboriginal and non-Aboriginal prisoners in NSW pointed out that many Aboriginal people who are released from prison go back to remote geographical areas with limited access to mental health services. They recommended that pre-release planning for these people needs to take the need for mental health care into account, along with cultural needs. They also said that contact with the criminal justice system could be used as an opportunity for initiating contact with mental health services (Butler et al. 2007).

2.5   Changing community attitudes

Can community attitudes to people with disability be improved, and if so how?

The theoretical framework in Section 1.3 introduced the concepts about effective ways to change attitudes, through simultaneously targeting personal, organisational and structural levels of change (Sawrikar & Katz 2008).

Three of the most common methods believed to improve attitudes towards people with disability are: educational information about disability, especially information about particular forms of disability; opportunities for social contact between people with and without disability; and media portrayals of people with disability that are non-stereotyped and non-derogatory (Horne 1985; Kobe & Mulick 1995). In the case of this last method, demeaning media portrayals of disability are regarded as a problem, but there is little discussion of what might be done about it. Positive media portrayal is discussed later in Section 4.3.

There is a general consensus that the other two methods are important, although support for them is qualified by the recognition that they are not always successful as stand-alone strategies. Some research has found that contact with people with intellectual disability results in fewer misconceptions and more favourable attitudes (Antonak et al.1989; Gething 1991; Jaffe 1966; Nosse & Gavin 1991; Vezzali 2008), but other research has found that direct contact has no effect on attitudes (Begab 1970; Hagen et al. 1983) and can even make things worse (Gottlieb & Budoff 1973). In any case, exposure alone does not necessarily produce a favourable change in attitudes towards people with intellectual disability (Gottlieb 1975).

In the case of people with physical disability, few studies have made a systematic attempt to modify negative attitudes (Krahé & Altwasser 2006). Most projects that have tried to do so have involved information as a way of countering prejudice (Ajzen & Fishbein 1980). One study of teacher trainees (Campbell et al. 2003) found that students' attitudes towards people with Down syndrome improved as a result of an extended course of formal instruction and structured fieldwork, which involved interviewing people in the community about their knowledge of Down syndrome and their opinions on inclusive education. The study also found that raising the students' awareness of one disability (Down syndrome) led to greater ease in interacting with people with disability in general.

Once again, however, while some studies have found that giving people information does modify negative attitudes and reduce stereotypes (Golin 1970; Roeher 1961), research in Germany found that simply giving information was not sufficient for lasting change (cited in Krahé & Altwasser 2006, p. 60). Some Canadian research even found that attitudes deteriorated after people had been presented with information in the absence of other strategies and the authors recommended that information be supplemented by personal contact with people with disability (Lee & Rodda 1994). As Krahé and Altwasser (2006) pointed out, something more is needed if prejudice is to be reduced; additional factors might include equal status, common goals, the opportunity to form friendships and institutional support. A review of 318 studies of contact situations between people with and without disability (Yuker 1988) found that only half of them succeeded in modifying attitudes towards people with disability, while the other half found no effect or even a negative effect. Nonetheless, it is generally agreed that a combination of both information and personal contact, was the most successful strategy (ACT DAC 2007; Anthony 1972; Haney & Rabin 1984; Krahé & Altwasser 2006; Wallace 2004).

It would also seem that structure and planning are important. A UK study investigated the change over a three-month period in the attitudes of primary-school children without disability towards children with severe learning disability (Maras and Brown 1996). The study compared two groups, an experimental group comprising children without disability from mainstream schools and children with intellectual disability from a segregated school, who participated together in an inclusion program one afternoon a week. The control group was made up of mainstream children who did not participate in an inclusion program. Attitudes in the experimental group became significantly more positive over time, and the categories of disability became more nuanced, although the children still rated children with disability less favourably than peers without disability. The authors concluded that future research on inclusion would need to focus more on preparing the mainstream children and the teachers for contact with children with disability.

2.6   Summary of community attitudes research

This review of the Australian and international literature on community attitudes towards people with disability found that younger people and people with more education tend to have more positive attitudes. Generally, it appears that personal familiarity with people with disability—as family members, friends or colleagues—is most likely to lead to full respect and inclusion, especially if there is consistent recent exposure.

The literature about community attitudes towards specific groups of people with disability indicates that women seem to be more disadvantaged than men, and that people without disability were less comfortable with people with psychiatric disability than with those with physical disability.

This review uncovered little research on links between attitudes and outcomes for people with disability. One study in the US found that lesser wage rates for men with physical disability were probably partly a result of prejudice.

In relation to the effect of community attitudes on education, the literature review found that negative attitudes of both teachers and student peers are a barrier to inclusive education. Special training for teachers helps to combat these negative attitudes. Some teachers are reluctant to include students with disability in their classrooms, while others are in favour of inclusiveness, but they need training and support.

In relation to employment, the research found that negative attitudes and misconceptions among employers prove an important barrier to inclusion, as does the general tendency in society to equate social recognition with paid employment. Many employers feel ill-prepared to employ people with disability, especially those with a mental illness, although they are more ready to support current employees who acquire a disability.

Regarding housing, the attitudes of staff in supported accommodation and of neighbours living close to supported housing can influence the extent to which people with disability participate in the community, rather than simply being physically present.

In the area of health, research found that attitudes can make people's access to treatment, preventive screening and health promotion difficult. Health professionals sometimes lack training and awareness about disability; for example, they may lack awareness of the physical and mental health needs of people with intellectual disability.

In the case of social networks, research showed that social inclusion in the community requires active support to establish and maintain connections with family, friends, carers and community members. Informal carers' attitudes towards the people with disability they care for can vary widely.

Finally, corrective services were included in the review because research suggests that people with intellectual and psychiatric disability are over-represented in the prison population; however, it is unknown to what extent this over-representation is an outcome of negative attitudes.

Changing community attitudes towards disability requires complementary methods, including providing information and extended personal contact. Policies for changing attitudes are reviewed in Sections 4–7 of this report.

3 Datasets about community attitudes

The scoping project also reviewed existing datasets, both in Australia and internationally, that might include direct or indirect information about community attitudes to people with disability. Relevant datasets were identified and assessed for their suitability for further analysis regarding community attitudes.

3.1 Australian datasets

Eighteen Australian datasets were investigated. Details for each of these datasets are provided in Appendix B: Australian datasets. We identified 12 relevant national surveys:
1.   Survey of Disability, Ageing and Carers (SDAC)
2.   Australian Survey of Social Attitudes (AuSSA)
3.   2006 Census of Population and Housing (Census)
4.   Household, Income and Labour Dynamics in Australia (HILDA)
5.   General Social Survey (GSS)
6.   National Aboriginal and Torres Strait Islander Social Survey (NATSISS)
7.   Longitudinal Study of Australian Children (LSAC)
8.   National Health Survey
9.   Australian Longitudinal Study on Women's Health (Women's Health Australia)
10. National Survey of Mental Health and Wellbeing
11. 2006 Time Use Survey
12. Survey of Education and Training.

In addition, six smaller-scale surveys were investigated:
1.   state/territory surveys on attitudes to disability
2.   Australian Human Rights Commission's 2009 Annual Report
3.   the National Disability Strategy consultations (Shut Out) (Deane 2009)
4.   Mission Australia Youth Survey
5.   Julia Farr Association 'tell us' Living with Disability Survey
6.   *1000 Voices* project at Griffith University.

Overall, the review of Australian datasets found a wealth of data relating to disability outcomes, giving a detailed picture of the social and economic disadvantage experienced by Australians with disability. These data are available from national social surveys such as HILDA and SDAC and reported by the Australian Bureau of Statistics. However, there is little information available on community attitudes towards people with disability, and none that might be considered representative of the Australian population.

Questions about attitudes are not included in the large-scale national surveys—SDAC, the Census, HILDA, GSS, NATSISS, LSAC, National Health Survey, Women's Health Australia, National Survey of Mental Health and Wellbeing, the Time Use Survey, the Survey of Education and Training, and even the AuSSA does not include questions on attitudes towards disability. It may be possible to add modules relating to attitudes to disability in a number of these surveys (for example, AuSSA, HILDA and GSS), which would allow governments and researchers to monitor and assess any changes in public attitudes over time.

Of the small-scale studies, only the ACT survey of 300 Canberra residents asked questions about respondents' attitudes to people with disability. The survey has methodological limitations (see Appendix B: Australian datasets) but the questions are comprehensive. The ACT survey could be used as a model for more coordinated survey efforts between states and

territories that would allow for state level comparisons. With the use of appropriate and precisely described sampling techniques, state and territory results could be used as a whole to provide a picture of attitudes to disability at the national level.

The Australian Human Rights Commission and other public bodies such as the Anti-Discrimination Board and the Office of Fair Trading could be sources of information, as details of complaints could shed light on public attitudes towards disability. This information is sensitive and appropriate access would have to be negotiated; the data would also not be representative of the Australian population as a whole. Other potential sources of information about attitudes to disability are the submissions to the National Disability Strategy consultation, the Julia Farr Association 'tell us' about Living with a Disability survey and the *1000 Voices* project, although at this stage it is not clear what kind of data would be available and to what extent access to the data would be possible.

3.2   British Social Attitudes (BSA) survey

Other countries are starting to examine public attitudes to disability among their populations, including the Republic of Ireland (National Disability Authority 2007), Northern Ireland (Equality Commission for Northern Ireland 2002) and Britain (Rigg 2007). The BSA survey is described here in detail because it provides a good example of a thorough, nationally representative survey of attitudes towards disability that could serve as a model for similar, future work in Australia.

In Britain, there has been considerable effort in recent years to assess public attitudes to disability. Much of it has been commissioned and conducted at the national government level as part of a plan to monitor UK implementation of the United Nations Convention on the Rights of Persons with Disabilities. The BSA survey (the British equivalent of AuSSA, mentioned above) has included a general question on public attitudes to disability since 1998:

> Generally speaking, do you think there is a lot of prejudice in Britain against disabled people in general, a little, hardly any or none?

The results suggest that between a quarter and a third of the British population think that there is a lot of prejudice in Britain (Table 1), although there is a degree of variability across a relatively short time period (1998 to 2005) that is not easy to explain.

Table 1:   Perceptions of prejudice against people with disability in Britain, 1998–2005 (per cent)

	1998	2000	2005
A lot	25	35	25
A little	51	51	50
Hardly any	15	9	17
None	6	3	8
Respondents	**3,146**	**3,226**	**3,193**

Note: Due to rounding, percentages may not add up to 100 per cent exactly.
Source: British Social Attitudes survey

In the 2005 BSA survey, Rigg (2007) found that proximity to disability seems to have an influence on whether or not someone believes that prejudice against people with disability is widespread. Around 30 per cent of the people with disability surveyed believed that there was a lot of prejudice in British society, and so did 23 per cent of those with a disabled partner or child, but fewer than 20 per cent of those who did not know anyone with disability believed that there was a lot of prejudice (Table 2). The researchers' conclusion is that living with disability or knowing a person with disability has an impact on perceptions of prejudice in society.

Table 2: **Views on the extent of prejudice against people with disability in Britain, by exposure to disability, 2005 (per cent)**

			No disability and …	
	All	**People with disability**	**Partner/child(ren) has a disability**	**Do not know anyone with a disability**
A lot	25	29	23	18
A little	50	43	51	49
Hardly any/none	25	26	26	30
Respondents	**3,193**	**563**	**249**	**458**

Note: Due to rounding, percentages may not add up to 100 per cent exactly.
Source: British Social Attitudes survey

Further questions examined the extent of prejudice against people with disability by age and educational qualification. Older people were found to be less likely to believe there is prejudice against people with disability, even though they are more likely to be disabled themselves (Table 3). In contrast, those with higher levels of education were more likely to believe that prejudice against people with disability is extensive.

Table 3: **Perceptions of prejudice against people with disability in Britain**

	Age (per cent)				Education (per cent)	
	18–34	**35–44**	**45–64**	**65+**	Degree or higher	No education qualifications
A lot	27	24	28	18	29	22
A little	50	54	50	44	50	45
Hardly any/none	22	21	22	36	20	31
Number of respondents	**735**	**630**	**1074**	**752**	**507**	**882**

Note: Due to rounding, percentages may not add up to 100 per cent exactly.
Source: British Social Attitudes survey

As well as looking at respondents' views of the extent of prejudice in society at large, the 2005 BSA survey examined respondents' own attitudes towards people with disability. They were asked:

> Do you personally think of disabled people:
>
> ... as getting in the way?
>
> ... with discomfort and awkwardness?

The researchers found a strong correlation between what people said about society in general and their own views. For example, a respondent was four times more likely to believe that nearly all, or quite a lot of people, think of people with disability as 'getting in the way' if they themselves thought of people with disability in this way. Twenty per cent of the British population appeared to view people with disability with discomfort and awkwardness, at least some of the time (Table 4).

Table 4:   Personal views on people with disability in Britain (per cent)

	Most of the time	Some of the time	Hardly ever	Never
Do you personally think of disabled people ...				
... as getting in the way	1	8	31	57
... with discomfort and awkwardness	1	20	33	42
Respondents **2699**				

Note: Due to rounding, percentages may not add up to 100 per cent exactly.
Source: British Social Attitudes survey

The UK's 1995 Disability Discrimination Act defines disability as a physical or mental impairment or long-term health condition which affects the ability to carry out normal day-to-day activities. The BSA survey asked respondents how they defined disability and the 2005 results suggest that attitudes towards people with disability in Britain are likely to vary considerably, according to the type of impairment. It is widely known that people with psychiatric and learning disability experience particular prejudice, along with HIV/AIDS (Table 5).

Table 5: **Views on amount of prejudice against different impairments in Britain (per cent)**

| Impairment group | Amount of prejudice (per cent) | | | |
	A lot	A little	Hardly any/none	Respondents
People with disability in general	25	50	25	**3193**
Schizophrenia	46	32	12	**772**
Long-term health condition (for example HIV/AIDS)	44	38	13	**772**
Learning disability (for example Down syndrome)	34	41	24	**825**
Depression	29	40	25	**837**
Physical impairment	20	50	29	**759**
Long-term health condition (for example multiple sclerosis, severe arthritis)	15	41	40	**837**
Deaf	13	44	42	**759**
Blind	10	32	55	**825**

Note: Due to rounding, percentages may not add up to 100 per cent exactly.
Source: British Social Attitudes survey

The influence that knowing someone with disability has on reducing levels of discomfort was apparent in a series of questions asking respondents about their feelings towards people with different types of impairment moving in next door.

Table 6:   Level of comfort by impairment group and situation in Britain (per cent)

Would not feel comfortable if neighbour moved in next door who...	Person with disability	No disability and exposure to disability	
		Knows someone with a disability	**Do not know anyone with a disability**
... uses a wheelchair	8	11	18
... cannot hear without a hearing aid	15	16	23
... is blind	14	21	27
... has a long-term health condition (for example multiple sclerosis)	28	39	44
... has Down syndrome	35	41	46
... has depression	50	56	57
... has schizophrenia	62	71	82

Source: British Social Attitudes survey

The BSA survey respondents were a nationally representative sample of the population, and therefore it is reasonable to assume that the results reflect British social attitudes. The survey uncovered a number of important issues around public attitudes to disability. The first of these is that the concept of 'disabled people' does not mean the same thing to everyone. The general public at large are unlikely to be thinking of the same groups as people with disability themselves. This has profound implications for communication about disability, as the findings suggest that people defined as disabled under the legal definition often do not consider themselves 'disabled' and do not want to be considered 'disabled' by others.

Another of the findings casts doubt on the general belief that prejudice against people with disability is not very widespread in British society, even though it is acknowledged to exist. While the BSA survey respondents rarely expressed strong negative feelings about people with disability, milder negative feelings appear to be widely held in Britain.

3.3   Summary of datasets about community attitudes

The search of data sources found 18 relevant Australian datasets and reviewed them for information about community attitudes to people with disability, either direct or indirect. Twelve of these were surveys with nationally representative samples, while the other six were conducted on a smaller scale.

The review of the large datasets found a wealth of information relating to disability outcomes. However, Australian researchers and policy makers have paid little attention to gauging public attitudes to disability among the general population. AuSSA is a relatively new survey designed to examine public attitudes in Australia, but it has yet to cover attitudes towards disability in any detail. It should be possible to add survey modules relating to attitudes to disability in a number of the major national surveys including AuSSA, HILDA and GSS. Regular inclusion would allow governments and researchers to assess public attitudes and monitor any changes over time.

Some smaller-scale surveys showed more promise as data sources for community attitudes. For example, the ACT Department of Disability, Housing and Community Services survey of Canberra residents looked at public attitudes towards disability; the ACT appears to be well ahead of the other states and territories in this respect.

The smaller-scale projects investigated here might provide a source of qualitative data for understanding people's perceptions of public attitudes towards them and their disability. Similarly, reports and data on complaints lodged with the Australian Human Rights Commission could be a rich source for gauging negative perceptions about people with disability, although access would need to be negotiated. However, to do this as original work would require extensive quantitative analysis and that was not possible within the scope of this project.

Overseas, the BSA survey is a thorough, nationally representative survey of attitudes towards disability that would be a good model for developing similar surveys in Australia. Findings include: a quarter to a third of the population believe that there is a lot of prejudice in Britain; the fact of being disabled oneself, or of knowing a disabled person, influences perceptions of prejudice in society; older people are less likely to believe prejudice exists; those with higher levels of education are more likely to believe that prejudice is extensive; around 20 per cent of the population appeared to view people with disability with discomfort and awkwardness, at least some of the time; and respondents' own attitudes varied according to the type of impairment.

The review of data sources concludes that gaps in Australian data on community attitudes towards disability could be addressed by:

- adding modules to existing longitudinal surveys, such as the AuSSA

- conducting smaller-scale, representative surveys, such as has been done in the ACT, of people with disability and with other members of the public

- trying to gain access to existing relevant data such as that from the Australian Human Rights Commission

- considering a new national, longitudinal data collection focused on disability attitudes, similar to the BSA survey.

4 Personal-level policies

Policies to change attitudes at the personal level aim to change the attitudes of individuals about disability in general. Policies can be widespread or tailored to particular locations or groups of people. This section describes considerations for effective policies at the personal level, and describes examples of personal-level approaches to changing attitudes in Australia and internationally. These examples are grouped into awareness campaigns, awareness training, public portrayal of disability in the media and the arts, and social contact programs. (Where personal-level policies are concerned with particular types of disability, they are discussed in Chapter 7.)

The most direct type of personal-level policies are information and training, which have been shown to be effective in changing attitudes, whether the goal was to overcome ignorance (Stephan & Stephan 1984) or to develop empathy and mindfulness (Langer et al. 1985). Analysis of effective policies highlights the need for combined approaches including contact, information, support and prolonged strategies (ACT DAC 2007; Anthony 1972; Haney & Rabin 1984; Krahé & Altwasser 2006; Wallace 2004). Another personal-level policy type that can help change attitudes is positive public portrayal of disability, such as through the media and the arts. In the words of Barry (2001), 'once people with disability are visible and part of public life, the public will naturally become more aware of the issues'.

4.1 Awareness campaigns

Awareness campaigns provide information about disability in various formats to the general public or particular groups. The literature review found several examples, which are grouped according to whether they were implemented by government or non-government organisations.

Government initiatives

Australia

The Australian Government has instituted a series of National Disability Awards. There are seven different kinds of awards: two are designed to recognise individuals who have advanced the rights of people with disability and five are designed to recognise individuals and organisations (business, local government, schools, builders of accessible housing and the media) who have improved access, inclusion and opportunities for people with disability (FaHCSIA 2009a).

The Australian Government provides support for the International Day of People with Disability, which is celebrated around Australia on 3 December each year. It was established by the United Nations in 1992 (as the International Day of Persons with Disabilities) to promote awareness of disability issues and of the abilities of people with disability. In 2010, events were planned in every state and territory. More information about the International Day of People with Disability can be found at <www.idpwd.com.au>.

The NSW Government's 'Don't DIS my ABILITY' campaign celebrates the International Day of People with a Disability with events held during November and December each year. In 2009, over 100 events were held in metropolitan and regional areas across the state. The overall purpose of the campaign is to change misconceptions about disability and create an environment that encourages people with disability to participate in careers, leisure pursuits and social activities. As part of the campaign, 'ambassadors' are selected each year from the

arts, sports and business as role models, representing people with disability who have achieved high levels of success in their chosen fields. Another part of the campaign is the annual *Made You Look* magazine (the official 'Don't DIS my ABILITY' publication), which contains articles, interviews and information about feature events. (For more information about the Don't DIS my ABILITY campaign, and the ambassadors program, see <www.dontdismyability.com.au/ambassadors>.

The ACT Government, through the Disability Reform Group, commissioned research in response to the findings of the Board of Inquiry into Disability Services Report, which was tabled in the ACT Legislative Assembly on 19 February 2002 (RPR Consulting 2002a, 2002b, 2003). The research was also used as a precursor to its 'Steps to Reform' initiatives (Wood 2002). The research was not directed towards attitude change as such, but its methodology (consultations with around 200 people involved in the sector, including people with disability) and its purpose (to inform government regarding the reform of disability policy, services and support in the ACT) meant that may have had some success in improving attitudes. The project was designed to involve Indigenous people in the consultations but they were difficult to reach and no groups could be organised in the time available. The authors attributed the difficulties to the time constraints, and to Indigenous families not tending to identify with the notion of disability (RPR Consulting 2002a).

As part of the same information-gathering process, the Disability Reform Group held three 'vision and values' workshops with around 75 people from the government and the community in March 2003 (RPR Consulting 2003). These were designed to allow participants to explore what it would mean for the lives of people with disability if the DRG's 'vision and values statement' were to be put into practice. One of the general conclusions to come out of the workshops was an acknowledgement that government policy had an important role to play in shaping community attitudes, and the hope that government would show strong leadership in this area. The ACT Disability Advisory Council reiterated this point more recently, identifying 'leading on changing community attitudes about disability' as one of five key result areas for government in its advice to the Minister (ACT DAC 2007).

New Zealand

The New Zealand (NZ) Office for Disability Issues is part of the Ministry for Social Development and reports to the Minister for Disability Issues. It is responsible for the NZ Government's implementation of the NZ Disability Strategy and its goal of promoting the participation and inclusion of people with disability. It is also responsible for ensuring that the government does everything possible to influence the attitudes and behaviour of society as a whole (Erebus International 2006, p. 18; New Zealand Government 2001).

A review of the progress made by government agencies in implementing the Disability Strategy from April 2001 to June 2007 (Litmus Ltd 2008) listed a number of awareness-raising government initiatives. The most extended and seemingly successful of these was the Ministry of Health *Like Minds, Like Mine* project intended to counter the stigma and discrimination associated with mental illness. It involved advertising campaigns and awareness-raising activities carried out by consumer-led groups in 2000, 2001, 2003 and 2007. The results of a tracking survey in May and June 2007, indicated that attitudes towards people with mental illness had improved.

Participants interviewed for the Disability Strategy review in 2007 also reported that they felt their contributions were better appreciated by the wider society and that there had been a

positive shift in attitudes since the beginning of the Disability Strategy in 2001. Many said they felt more empowered to participate in society and that they had a very real sense of improvement, not least because of increasingly positive employer attitudes towards engaging people with disability, and an increasing responsiveness by private sector employers to make adjustments for the needs of people with disability. However, they also felt that full inclusiveness was a long way off, that barriers to participation continued to exist, and that attitudes were the biggest barrier to implementation of the Disability Strategy.

There was an overwhelming call for a 'social marketing program' (a public awareness campaign), such as the *Like Minds, Like Mine* campaign, to change peoples' attitudes towards all forms of disability. Some participants from central government agencies pointed out that such campaigns require substantial investment if they are to be effective, and suggested that more targeted programs might be more cost effective. However, there was general agreement that the government needed to invest in changing public attitudes towards people with disability (Litmus Ltd 2008).

United Kingdom

The report from the UK Prime Minister's Strategy Unit (2005) clearly identified negative public attitudes as one of the barriers faced by people with disability. (Other barriers mentioned were: policies that do not take people with disability into account; physical obstacles to access; and failures to consult, involve and listen to people with disability.) 'The effect of these barriers is to marginalise people with disability from the mainstream of society and the economy', the report noted, and the removal of these barriers is the 'key to empowering people with disability, and giving them the opportunity to exercise their responsibilities as citizens' (UK Prime Minister's Strategy Unit 2005, p. 9). The report acknowledged that the government had a major responsibility to actively intervene to remove barriers, by leading by example, by showing positive attitudes towards people with disability and by being a model employer.

The UK literature concluded that any initiatives for change must involve people with disability and those with whom they are most closely involved. As the UK Prime Minister's Strategy Unit report (2005) noted, any shift in attitudes must involve people with disability and their families because they can all have direct experience of discrimination and of the barriers to important aspects of day-to-day life. A report by UK think-tank Demos on 'disablism' (Miller et al. 2004) also emphasised that change for the better depended on seeing the problem from the perspective of individuals, who should be involved in the shaping and design of products and services from the beginning. The authors believed that change did not come from consultation alone, but from a deeper level of participation. Given the opportunity, people with disability could lead the way in all kinds of innovations that would benefit the whole population (Miller et al. 2004, pp. 70–1). (For example, the movement for inclusive design could also have benefits for old people, small children and pregnant women with and without disability.)

Roadmap 2025 is an initiative by the UK Office for Disability Issues designed to provide public information about the progress government departments have made on the way to full equality for people with disability by 2025, and what the departments plan to do next. It consists of a website divided into the 14 areas of life that people with disability said would make the biggest difference to their lives, in their responses to the ODI's 2007 consultation, *Equality for disabled people: how will we know we are making progress?* (Emerson et al. 2007). The fourteen Roadmap 2025 themes are: children's outcomes; communications;

discrimination; employment; health; housing; independent living; the justice system; leisure, social and cultural activities; living standards; participation; post-19 education and training participation; social support; and transport (UK ODI 2011). Clearly attitudinal change is required, not just at the personal level, but also at the organisational and structural levels, if progress in these themes is to be realised.

Canada

In its disability policy statement, *Future Directions to Address Disability Issues for the Government of Canada* (Canadian Government 1999), the Canadian Government highlighted three main categories of difficulties that people with disability have to face every day. One of these categories was the attitudinal barriers imposed by people unable to see the positive and meaningful contributions that people with disability can make: 'Too many people see the disability, and not the person', the report noted (Canadian Government 1999, p. 4). The report also noted the importance of the leadership, expertise and resources provided by governments at all levels, while at the same time noting that 'everyone must get involved if we are to succeed in removing attitudinal barriers and opening up opportunities to all Canadians' (Canadian Government 1999, p. 15).

The Canadian Government has instituted a number of policies for people with disability, many of them connected with sport (Canadian Government 2009). In particular, there is a Registered Disability Savings Plan to which parents and others can contribute and save for the long-term financial security of Canadians with severe disability, and a Canada Disability Savings Grant (Canadian Government 2011). However, a search of the Canadian Office for Disability Issues website was unable to find any policy initiatives explicitly devoted to attitude change.

Non-government initiatives

In addition to government policies, the non-government sector also initiates or implements awareness campaigns, sometimes as part of a larger strategic program of advocacy and services. Some examples of the awareness campaigns are detailed below.

Australia

The First Peoples Disability Network (formerly the Aboriginal Disability Network) is a lobby group which acts on behalf of Aboriginal people with disability living in NSW. Its formal establishment was an outcome of a NSW conference, facilitated by People with Disability Australia, in response to a request by a group of Aboriginal people with disability. The conference was held in November 2002 at Gibba Gunyah Stone Quarry Lodge, Picton, and was attended by over 100 Aboriginal people with disability. Participants at the conference endorsed People with Disability Australia to continue to auspice the development of the network (ADN NSW 2003). More information about the Aboriginal Disability Network NSW can be found at <www.pwd.org.au/adnnsw>. Other examples of Australian non-government initiatives are discussed in relevant sections of this report.

United Kingdom

Disability Awareness in Action is an international network of disability organisations founded in the UK to continue supporting the objectives of the United Nations Decade of Disabled Persons (1983–1992), and the World Programme of Action Concerning Disabled Persons. Disability Awareness in Action targets developing countries in particular, as well as women

and other under-represented groups of people with disability (DAA 1993). It comprises around 3,500 organisations and individuals in 164 countries, run by and for people with disability and provides information to support campaigning for disability rights. More information about Disability Awareness in Action can be found at <www.daa.org.uk>.

Scope is a non-government, not-for-profit Disabled People's Organisation (DPO). It was founded in the UK in 1952 by three parents of children with cerebral palsy and a social worker. Originally called 'The National Spastics Society', its name was changed to Scope in 1994, and its focus on cerebral palsy broadened to include all forms of disability. It seeks to improve the lives of people with disability and their families by influencing public policy, legislation and the design of services and support, to try to ensure that policy and practices address the needs of people with disability. Currently, their work in the UK is focused on four key themes: equality and human rights; safety and security; equipment and technology; and care and support. They are the auspicing organisation for a number of local campaigns in areas throughout the country, for example 'Time to Get Equal' (about various issues anywhere in the country), 'Polls Apart' (about access to polling stations in the 2010 election), 'Further from Education' (about post-school options for young people with disability in Wales), 'Make Care Fair' (about free, portable social support services for people with disability under the age of 65), action on disability hate crime, and 'In the Picture' (Big Lottery-funded, intended to encourage publishers, illustrators and writers to include children with disability in illustrations and stories in books for young readers). More information about Scope can be found at <www.scope.org.uk>.

Spain

ONCE (Organización Nacional de Ciegos Españoles) is the Spanish National Organisation of the Blind. It was first established in 1938 and although it was not originally a government initiative it was given the legal right to operate the lottery scheme and thereby provide itself with an income and its members with the means of earning a living. As well as raising money, the lottery keeps the existence of ONCE in the forefront of the public mind because players are constantly presented with its name (for example, the game is called 'JuegosONCE'). ONCE regard the lottery scheme as 'an active social agent at the heart of society'. Its success has been enabled by the support provided by the Spanish society, whose purchase of the lottery products has offered 'a perfect lesson in commitment and fidelity to the cause' while maintaining the economic driving force of ONCE. Information about ONCE in English can be found at <www.once.es/new/otras-webs/english>.

Canada

One of the main aims of the non-government disability sector in Canada is improving the attitude of the public towards people with disability. The Council of Canadians with disability, for example, commented in a press release on International Day of Persons with Disabilities that there had been steady progress since the 1981 United Nations International Year of Disabled Persons in a number of areas: removing the barriers to their participation; improving their status in society; their visible presence in the community; their control over their lives; the affirming of their human rights; the development of new services; and the expectation that they were entitled to live as full and equal citizens. But, the press release continued, some of the gains made through movement activism were being eroded, sometimes through government action in dismantling programs. The press release concluded by expressing the hope that the ratification of the United Nations Convention on the Rights of Persons with

Disabilities would require governments to develop an implementation plan for bringing Canada into compliance with international law (Council of Canadians with Disabilities 2009).

United States

The American Association of People with Disabilities is the country's largest disability organisation with a membership across all disability types. Its mission is to 'organize the disability community to be a powerful voice for change—politically, economically, and socially'. It was founded in 1995 to be a national voice for change in implementing the goals of the Americans with Disabilities Act 1990, as well as helping to unite the diverse community of people with disability and those close to them. More information about the American Association of People with Disabilities can be found at <www.aapd.com>.

A number of US internet resources provide local disability awareness activities in various parts of the country. One example is Disability Awareness Starts Here! (DASH), which was formed in 1999 primarily to improve the access to public places and programs for people with disability in Jefferson County, Washington, but also 'to educate the community about why and how good access makes sense for everyone'. More information about DASH can be found at <www.dashproject.org>.

In addition to specific disability non-government activities, the disability rights movement in general has taken the initiative to address community attitudes to disability. In particular, the social model of disability has been highly influential in shaping government policy and in changing attitudes. Two UK activists, for example, summed up the influence of the social model of disability by referring to it as 'a tool with which to examine the disabling tendencies of society in order to generate inclusionary policies and practices' (Barnes & Mercer 2005, p. 529). They argued that the movement was instrumental in shifting social attitudes away from regarding a person with disability as 'a helpless victim' and their life as 'a personal tragedy', along with their consequent exclusion from mainstream society, which were the beliefs and practices that were prominent in the 1960s. They maintained that the movement was instrumental in shifting social attitudes towards the more recent recognition of the civil rights of people with disability to inclusion in domains of ordinary life such as education, employment, housing, transport, leisure, social relationships and sexuality.

One important outcome of the political activism of the disability rights movement, and an important set of resources for attitude change, is the establishment of disability studies research centres in universities worldwide, for example the Disability Studies and Research Centre at the University of New South Wales. While these research centres are independent of government policy, they are resources that can be used and consulted in the policy formulation process.

4.2 Awareness training

The awareness campaigns described above are complemented by another approach that aims to change attitudes more directly through disability awareness training, mainly through courses run by tertiary education institutions or non-government organisations. Training includes self-advocacy training run by non-government organisations, such as Reinforce, Family Advocacy, People with Disability and the Mental Health Association. Training aimed at the organisational level in specific sectors is discussed in Section 5.

Among tertiary education institutions, the Hunter Institute of TAFE NSW holds disability awareness courses aiming to help people expand their understanding of disability and to challenge attitudes towards people with disability. It also focuses on the potential implications of the Australian Disability Discrimination Act (TAFE NSW Hunter Institute 2011).

As in Australia, there are a number of disability studies courses at universities in Canada. The Canadian Centre on Disability Studies was the first disability studies centre in Canada. It was incorporated in 1995 and a year later signed an agreement with the University of Manitoba. It has been instrumental in the growth of disability studies programs throughout Canada, and in the establishment of the Canadian Disability Studies Association. The Centre recognises that training students is one way of changing community attitudes towards disability, since many of these students will be the ones who guide the next generation of professionals. It also recognises that community-based research is as important as academic research, and is committed to fostering collaboration between the disability sector, academia and other communities of interest. More information about the Canadian Centre on Disability Studies can be found at <http://disabilitystudies.ca>.

Another example is a not-for-profit organisation in Chicago, the Western DuPage Special Recreation Association. It conducts disability awareness programs for the general population, teaching how to:

- interact with someone who has a disability

- reduce the fear of the unknown

- use proper terminology to use

- recognise a person's abilities (WDSRA 2010).

In a different policy area, the racism awareness training program *Brown Eyes Blue Eyes*, designed and conducted by Jane Elliott in the US, has received significant and worldwide attention. In this program, participants are segregated by an arbitrarily selected physical characteristic over which people have no control—eye colour—and the 'Blue Eyes' group is the one to experience prejudice and discrimination. The aim of the program is to develop empathy in the 'majority' group by forcing them to 'walk in the shoes' of Black people and understand their daily lived experience. Information about Jane Elliott's program can be found at <www.janeelliott.com>.

The program has been hailed as widely successful in changing negative attitudes, although it has also been controversial. It was deemed successful in terms of developing long-lasting empathy and overcoming stereotypes, and is now incorporated into many attitudinal training exercises, including in schools in Australia. It was controversial to the extent that the methods involved induced negative emotions such as guilt and helplessness. Pedersen (2008) has argued that such methods are only effective in the short term, and that positive emotions are more empowering and more likely to motivate White people to overcome their prejudices, and hence to promote racial equality in participation and opportunity.

By extension then, it could be assumed that people without disability would benefit from awareness training programs in which they were able to experience directly some of the difficulties faced by people with disability. This review found one resource of this kind, which is a booklet for teachers in the US, containing activities designed to provide students with the opportunity to experience difficulties similar to those their peers with disability experienced (Adcock & Remus 2006; more details are available in Section 5.1). The program was designed

to invoke empathy in a positive way so that it could be a long lasting and an empowering experience rather than inducing feelings of helplessness.

4.3   Media and the arts

The third set of personal-level policies is to encourage change in attitudes through reinforcing positive and diverse portrayals of people with disability in the media and the arts.

Media

Mass media (newspapers, radio, television and advertising) have an enormous influence on the way people see the world. In the words of Disability Awareness in Action: if people with disability want to make changes in the way they are viewed, then 'we must make use of the mighty power of the media' (DAA 1993). The statement and framework for action adopted in 1994 at the World Conference on Special Needs Education: Access and Quality (UNESCO *Salamanca Statement and Framework for Action on Special Needs Education*) also emphasised the powerful role the media can play in supporting the inclusion of people with disability in society. Similarly, the report from the UK Prime Minister's Strategy Unit (2005) noted that the media have an important role to play in ensuring that people with disability are recognised as equal citizens. Examples of policy initiatives directed towards the media are listed below.

Australia's national broadcaster, the Australian Broadcasting Corporation (ABC), has taken steps to ensure that disability issues are acknowledged in its programming. Its *Editorial Policies* (ABC 2009) document states that the content of any broadcast 'should not use language or images which disparage or discriminate against any person or group' on any of a number of grounds including disability, and enjoins its employees to comply with anti-discrimination legislation. Its *Equity and Diversity Annual Report 2008–09* (ABC 2010) is largely focused on issues relating to its responsibilities as an employer, but the report does note the appointment of a disability project group focusing on programs, services and the workforce. Part of the group's purpose is to monitor the portrayal of people with disability and recommend strategies and update guidelines for the best ways of doing this. A search of the websites of the Australian Communications and Media Authority, Media Standards Australia, and the Advertising Standards Bureau revealed no media initiatives specifically directed towards disability. The ABC has also recently launched a disability portal, named Ramp Up, which aims to share the experience of disability (see <www.abc.net.au/rampup/> for more information).

In 1992, Disability Awareness in Action produced a media resource kit (one of seven resource kits) for use by disability organisations seeking to raise public awareness of disability issues (DAA 1993). It contains detailed advice on how to approach the various types of media and how best to present the information.

The UK communications industries' regulator and competition authority (Ofcom), established under the Communications Act 2003, was given a specific responsibility by the UK Government to consider the needs of people with disability and to establish a committee to advise on their interests. Ofcom is also required to promote equal opportunities for people with disability in relation to television and radio, and to ensure that broadcasters do the same. The report from the UK Prime Minister's Strategy Unit said that these new duties placed on Ofcom, and the better employment opportunities in media organisations for people with disability, had resulted in improvements in the media portrayal of people with disability by

some media organisations, especially the broadcasters (UK Prime Minister's Strategy Unit 2005).

The UK Office for Disability Issues has instituted an 'Images of Disability' campaign for all government agencies that communicate information, ideas or policies to the public, as a way of getting people with disability into the pictures used in government advertising. The campaign involves a gallery of images of people with disability for use in official UK Government communications, together with a booklet describing the initiative and the reasons for it (UK ODI 2010). The Demos report suggested that their readers 'might not have noticed' the use of these images, and commented that 'indeed that's part of the point' (Miller et al. 2004). They also pointed out that the campaign had a major impact on how people with disability were represented in advertising, and that engaging with the advertising agencies had been beneficial, even if the effects remained hidden from the general public (Miller et al. 2004).

The UK Broadcasting and Creative Industries Disability Network was founded by broadcasters in 1989, and is part of the Employers' Forum on Disability. It brings together the UK's major broadcasters, film-makers and others in the creative industries, to address disability issues in the media industry. Members are supported in their employment of people with disability, and encouraged to promote and share best practice across the industry and to endeavour to ensure more accurate representations of people with disability in the media. Information about the Broadcasting and Creative Industries Disability Network can be found at <www.efd.org.uk/about-us/broadcasting-creative-industries-disability-network>.

The British Broadcasting Corporation (BBC) has set up a website (named 'Ouch!') that is intended to reflect the lives and experiences of people with disability. The website (<www.bbc.co.uk/blogs/ouch/>) contains links, articles, blogs, a message board and a downloadable radio show (The Ouch Podcast). It is aimed at people with disability themselves, as well as anyone else with an interest in disability, whether family, friends or professionals.

In 2002, the Scottish Government funded and launched 'see me', an alliance of five mental health organisations running a national campaign that uses a variety of strategies to counter stigma and discrimination experienced by people with mental illness (other strategies specifically directed at changing attitudes to mental illness are discussed in Section 7.2). It has a particular focus on working with the media, which it sees as one of its key 'see me' activities, because of the important role the media play in building public understanding. It aims to educate and inform journalists in a number of ways: by challenging poor or negative reporting through 'Stigma Stop Watch'; by praising positive reporting, including sponsoring an award for positive reporting; by monitoring of mass media; by providing support and briefings to journalists; and by developing and promoting guidelines for the media to use when reporting on mental health issues.

The Canadian Government's booklet, *A Way with Words*, is mainly directed towards the media (Canadian Government 2006). It is a response to requests by people with disability that what is said about them and their lives be respectful, and that images portraying them do not reinforce outdated stereotypes. The booklet, the authors say, 'seeks to promote a fair and accurate portrayal of people with disability. It recommends current and appropriate terminology to help you reach this goal … [of] using proper words and images … and … changing the ways in which issues are reported' (Canadian Government 2006, p. 1).

In Germany in 1997, the disability rights movement ran a media campaign to educate the public about the 1994 amendment to Article 3 of the constitution (the *Grundgesetz* or 'Basic Law'), which had inserted the statement, 'nobody may be discriminated against on the basis of disability' (Heyer 2002). Called *Aktion Grundgesetz*, the campaign consisted of advertisements on billboards (every twelfth billboard across the country). For example, a billboard at a busy intersection said, 'How is a blind person supposed to cross this street?' There were also advertisements on every German television station, and slogans on posters, buttons, beer coasters, stickers and postcards were disseminated in every neighbourhood. Street theatre, conferences, community meetings, talk shows and public demonstrations were held throughout the country. The message for the general public was that disability rights were not just something the government might bestow, but a part of everyday life. Opinion polls indicated that the public response was overwhelmingly positive, with 80 per cent of respondents judging the campaign very good, 85 per cent as important and 87 per cent as necessary. However, no data exists on whether this approach changed attitudes and behaviours.

Regarding attitudes towards people of other races, it has long been acknowledged in the US that the television and film industries typically cast Black people in roles that perpetuate their lower status (for example, as servants). In reaction to this growing awareness, efforts have been made to ensure they are cast in roles no different in social status than their White peers.

Arts

A less direct method of influencing attitude change at the personal level is policy support for portrayal of disability in arts and culture. Some examples are described below.

The Victorian Office for Disability, in partnership with Arts Victoria and the Disability Services Division, initiated a research project in March 2008 called *Picture This: Increasing the Cultural Participation of People with a Disability in Victoria* (Victorian OFD 2010a, 2010b). This research was not concerned directly with attitude change, but with examining ways to increase the participation of people with disability in the arts, both as artists and as audience members. However, attitude change did come up in the community consultation strand of the research (Victorian OFD 2010b), where community feedback identified disability awareness training as one of the most effective strategies for change. Informants emphasised, however, that the training would have to happen regularly if it was to be effective, and although it should be provided throughout the organisation, there should be a particular focus on senior management and board members to ensure that disability issues were given a high priority in organisational planning and programs.

Other strategies to influence attitude change reported during the consultation and felt to be effective were: disability audits of arts venues; consulting with people with disability in designing programs and services; personal public advocacy by people with disability in schools and at mainstream arts events; organisational 'champions' to ensure disability access is constantly on the agenda; inclusion of support workers accompanying people with disability to arts activities; partnering participants with and without disability in arts programs; collaboration between mainstream organisations and disability organisations in developing arts programs; co-opting influential people with personal experience of disability; incorporating units on arts and disability as standard components of education courses for teachers and disability support workers; and finally, 'never underestimate the power of the genuinely welcoming gesture' (Victorian OFD 2010b, p. 35).

In the US, an international non-profit organisation called VSA arts was founded in 1974. The organisation was originally called 'Very Special Arts' and was concerned to create a society where people with disability can learn through, participate in, and enjoy the arts. VSA arts prepared an information guide for people involved in the arts who wanted additional knowledge about disability, and advice on social etiquette and positive interactions (VSA arts 2006). The purposes of VSA arts are to provide educators, parents, and artists with the resources and tools to support arts programming in schools and communities; to showcase the accomplishments of artists with disability; and to promote increased access to the arts for people with disability. There are now VSA arts programs in more than 60 countries around the world.

4.4   Social contact programs

The fourth type of personal-level policies is social contact programs. These are the most direct and localised personal-level policies involving individuals with and without disability.

As mentioned previously (Section 2), a number of studies have found that knowledge of and familiarity with people with disability, especially consistent recent exposure, was most likely to lead to full respect and inclusion consistent with disability rights principles (Gething & Wheeler 1992; Gething 1994; Kobe & Mulick 1995; Lau & Cheung 1999; Yazbeck et al. 2004; Krahé & Altwasser 2006; Murfitt 2006; Kleeman & Wilson 2007). Burge et al. (2008) noted that research over three decades and in many countries including the US, Australia and Japan has shown that attitudes improve when people have direct contact with people with intellectual disability. In contrast, when contact is minimal or non-existent people tend to hold more negative views.

Other research has found that people who had relatives or friends with intellectual disability were more supportive than people without this experience (Jones et al. 2008). However, a Turkish study found that children displayed more positive attitudes towards their own siblings with disability than towards other people with disability (Aksoy & Yildirim 2008). Another study (Yazbeck et al. 2004) found that survey respondents were less discriminatory towards people with intellectual disability if they had interacted with them in the last six months. Researchers have suggested that such interactions help dispel negative stereotypes.

One study found that for young children aged 5 to 10 years there does not even have to be direct contact for attitudes to improve. A UK study (Cameron & Rutland 2006) found that reading stories to the children of friendships between children with and without disability significantly improved the children's attitudes by the end of a six-week period. This success indicates that interventions to reduce prejudice could be used with primary-school children in contexts where there is no opportunity for direct contact. Also, starting extended contact with classmates before a child with disability starts at a school and preparing the children in the class to welcome them may help with their inclusion.

On the other hand, there are studies that have failed to find any connection between contact with people with disability and positive attitudes (Arkar & Eker 1997; Lee & Rodda 1994). Hutzler and Levi (2008) found that Israeli high school students without disability were even less willing to include children with disability in physical education classes if they had had previous exposure to them; similarly, Jorm et al (1999) found that health care professionals had more pessimistic attitudes towards mental illness than the general public. Clearly, it is the quality of the interaction and its meaningfulness that is important, not the contact alone (Jones et al. 2008, p. 220).

Slininger et al. (2000) pointed out that 'contact theory' (as described by Allport) says that reducing prejudice and discrimination towards minorities requires contact that fulfils four conditions: the community must be supportive of the change; the people involved must be of equal status; they must be engaged in a common enterprise; and the connection between them must be 'of the sort that leads to the perception of common interests and common humanity between members of the two groups' (Slininger et al. 2000, p. 178, quoting Allport 1954). These authors also referred to Allport's conclusion from the research findings that casual contacts were more likely to increase prejudice than dispel it. They also cited a number of studies that consistently showed that females, both girls and women, were more positive than males towards peers with disability or, at the very least, less negative.

Research by Slininger et al. in the US compared the effects of three physical education settings (structured contact, non-structured contact, and no contact) on the attitudes of children aged between 9 and 10 years towards peers with severe mental disability who used wheelchairs. Structured contact involved considerable preparation, a teacher who felt competent, support from the community, and was characterised by seven features: the contact was frequent, extended, interactive, pleasant, focused on common goals, meaningful, and respectful (Slininger et al. 2000, p. 181). At the end of the study the attitudes of the girls had not changed (although their attitudes were positive at the beginning) but the boys' attitudes had become more positive. The study also found that outcomes of the structured situations did not differ from those of the non-structured situations. Allport's assumption of equal status was not substantiated, although the other three conditions were. The boys' attitudes improved even though the children were not equal, as the children in wheelchairs needed helpers while the other children did not.

Government policy of deinstitutionalisation and facilitating community living arrangements will increase contact between people with and without disability. As the report on Stage 2 of the community consultations for the ACT Disability Reform Group (RPR Consulting 2002b, p. 11) stated, 'this is not a quick fix area'. It requires long-term planning, and any community awareness, education or media campaign must be done well. It requires a strategy that puts forward positive and varied contact with people with disability as a diverse range of people with different strengths and abilities. The authors noted that, while public image was an important part of community awareness, simple information was also important, and that information can be exchanged at a personal level as well as at the large-scale program level.

A review of the research on possible strategies for attitude modification (Lee & Rodda 1994) found that a combination of information and personal contact was most successful in modifying negative attitudes. The authors said that contact without accurate information could increase tension during the interactions, as the anxiety arising from unfamiliarity may further reinforce faulty beliefs.

Contact with people with disability is not always sufficient to change negative stereotypes. To overcome the limitations of mere exposure (Zajonc 1968), Murffit (2006) suggests that 'attitude change is more likely to be successful when contact occurs within a supportive environment, where each party has equal status, and pursue shared goals' (cited in Kleeman & Wilson 2007). Thus, providing organised and supportive contact when designing, implementing and managing disability awareness programs is more useful than mere exposure or contact. Although there were discrepancies among the findings of research that focused on information and contact separately, a number of studies found that combining them did seem to be the most effective strategy (Lee & Rodda 1994).

4.5 Summary of personal-level policies for attitude change

Personal-level policies attempt to change the attitudes of individuals. They involve information, education, training, positive portrayal, and supported opportunities for contact, and usually a combination of more than one of these strategies. Four common methods of personal-level policies are awareness campaigns, awareness training, the positive portrayal of people with disability in the public media and the arts, and social contact programs.

The literature review found examples of government and non-government initiatives in various countries that have combined different personal-level policies to reinforce positive attitudes and replace negative ones, and have been tailored to the local context. Some have been conducted on an annual basis, such as the Australian National Disability Awards, or on a recurrent basis, such as the New Zealand *Like Minds, Like Mine* advertising campaigns and activities to raise awareness carried out by consumer-led groups in 2000, 2001, 2003 and 2007. Reviews of the New Zealand initiatives suggest that people with disability may have found them helpful in changing attitudes. Regarding social contact programs, a combination of information and personal contact has been found to be most successful. Further investigation to establish more empirical evidence would improve the understanding of influences on community attitudes in this respect.

5   Organisational-level policies

The second policy level for changing community attitudes is the organisational level, which aims to change attitudes in particular life domains. These policies address the attitudes of people who have relationships with people with disability within life domains that affect their social and economic rights, whether those relationships include authority or competition, or whether they simply involve personal contact. This section discusses organisational-level policies in education, employment and health (the literature review found insufficient literature to discuss other life domains such as transport, communication and justice).

5.1   Education

The research on attitudes in the education sector has already been discussed above in Section 2.4. Inclusive education laws and their implementation are discussed in Section 6.2. This section concentrates on initiatives within the education sector to improve the attitudes of teachers and students towards students with disability in an inclusive education context. Organisational policies within education are particularly important because they can impact on children's attitudes to disability in other spheres and later stages of their lives.

Inclusive education

Research supports the arguments that inclusive education can improve attitudes towards children with disability and that inclusive education can result in more positive social relationships for all the children than segregated education. For example, a Canadian study (Bunch & Valeo 2004) found that there were more friendships, more advocating for peers with disability and less abusive behaviour in inclusive schools than in schools where the students with disability were separated from the rest of the school. The differences, the researchers argued, were not in the students themselves, but in the way the educational arrangements were organised. When the provision of education involves encouraging contact between the students in all aspects of school life, friendships develop. When students are separated, friendships tend not to develop and there is more abusive behaviour. The reason, the authors suggested, is that people tend not to tease and insult people they know, but they might do so to students they do not know, and even more so when the system singles them out as different (Bunch & Valeo 2004).

A study in Chile (Sirlopú et al. 2008) investigated the effects of school inclusion programs on the attitudes towards people with Down syndrome of boys and girls without disability aged 11 to 15 years from schools with and without the inclusion programs. The study found that the girls overall had more favourable attitudes than the boys, and that children of both sexes in schools with inclusion programs had more favourable attitudes than children in schools without inclusion programs. The authors commented that these results are evidence that schools that adopt systems of explicit inclusion can potentially reduce prejudice towards people with disability. The authors also cite other research that found that inclusive school programs can improve the social and academic achievement of students without disability as well as the students with learning disability, due to the positive context those programs promote (Sirlopú et al. 2008).

It appears, however, that inclusion programs are most effective if they are resourced adequately. A study in one US state surveyed 289 special and general education teachers about how to improve educational services to students with disability (Buell et al. 1999). The study uncovered what the researchers referred to as a 'disturbing' scarcity of resources for teaching

children with disability, although they also pointed out that the findings were not generalisable to other states. The general education teachers mentioned a number of training topics they would need if they were to provide an adequate education for children with disability: program modification; assessment of academic progress; adapting curriculum; managing students' behaviour; developing individualised education plans; and using assistive technology. All of these topics were taught in that state in the special education programs for trainee teachers, and the authors recommended that they also be included in general education courses (Buell et al. 1999).

Other research from the UK, Australia and the US (Crabtree & Rutland 2001; Santich & Kavanagh 1997; Stinson et al. 1996) has found that integrating children with disability into mainstream classrooms without adequate support can have negative consequences for their self-esteem and emotional security. For this reason, UK researchers Cameron and Rutland (2006) have recommended that interventions to create a positive environment be implemented before the children with disability arrive in the school. Their own study evaluated the effectiveness of an intervention to reduce prejudice with 67 children without disability aged 5 to 10 years. The intervention involved reading stories that showed friendships between children with and without disability. The researchers referred to this as 'intergroup extended contact', and contrasted it with 'direct' contact where the children actually met each other. The research showed that this kind of contact was effective in changing young children's attitudes towards people with disability, and hence could be used as part of an educational program designed to prepare schools for the inclusion of children with disability.

Teacher training

Teacher training is regarded as an important part of the solution to negative attitudes on the part of teachers. Implementing inclusion requires teachers to be educated about its benefits (D'Alonzo et al. 1997). Many of the submissions to the National Disability Strategy inquiry (Deane 2009) identified lack of training as one of the reasons why teachers were reluctant to include children with disability in their classrooms. Consequently, they strongly supported undergraduate training for new teachers and professional development for existing teachers, drawing on national and international research on best practice as well as innovative and successful strategies in schools around the country.

Hsien et al. (2009) noted that the Australian Government's 2005 Disability Standards for Education emphasised the importance of adequate training for inclusion as crucial to teacher education. They said that there were a number of studies showing that teachers' attitudes were influenced by how competent they felt, and that their sense of efficacy was built through appropriate training. The teachers' level of education was also an important indicator of positive attitudes. Teachers with postgraduate qualifications were more likely than teachers with Bachelor degrees or Diplomas to view the integration of children with disability as a positive change in the education system, and to believe that this change was feasible.

Including children in regular classrooms means that the training needs to be included in general education courses, and not just confined to teachers who choose subjects on teaching students with disability. The authors of a study in the US (Buell et al. 1999) said that general education courses should include more information on disability and on teaching students with disability, if inclusive practices were to successfully address the individual needs of students.

According to the NSW Legislative Council, NSW was the only state to mandate a unit of study on special education as part of its pre-service teacher education courses (Parker 2010, p.

19). However, even here there were concerns that teachers were not being adequately prepared for educating students with disability. As a consequence, the Committee members recommended that the NSW Institute of Teachers review pre-service courses, including the mandatory unit in special education, so as to incorporate teaching strategies and practical skills for the learning needs of these students, with a view to embedding special education throughout pre-service training. The Committee members also noted the necessity for ongoing training and professional development, if adequate support for students with disability were to be maintained. The report acknowledged that the NSW Department of Education and Training did provide opportunities for teachers to retrain in special education, but the authors believed that more could be done to encourage teachers to participate in these courses, given the small number who had actually undertaken the programs in recent years.

There is evidence that attitudes can be changed with appropriate programs. An Australian study of teacher trainees (Campbell et al. 2003) found that the trainees' attitudes towards people with Down syndrome improved as a result of an extended course of formal instruction and structured fieldwork, which involved interviewing people in the community about their knowledge of Down syndrome and their opinions on inclusive education.

Student peer training and awareness

As well as educating teachers, policies to educate student peers about disability are important for attitude change. Examples can be found in Australia and overseas, and evaluations of policy effectiveness are described where available.

Structure and planning appear to be important for achieving attitudinal change in fellow school children. The UK study described above (in section 2.5—Maras & Brown 1996), which investigated the change in the attitudes of primary-school children towards children with severe learning disability over a three-month period, found that generalised attitudes among the children in the 'experimental' group had become more positive, and there was a significant increase in their desire to play with the children with disability. They were also able to see more differentiations within the category of 'disability' than the children in the control group could, and more than they had been able to see at the beginning. In other words, they had moved towards 'personalising' the children with disability. However, they were still rating children with disability less favourably than peers without disability; and there was anecdotal evidence indicating that they and their teachers were not altogether comfortable about participating in future inclusion projects, because they felt unprepared and under-resourced. The authors concluded that future research on inclusion would need to focus more on preparing the mainstream children and teachers, and on providing sufficient resources (such as small classes, easy physical access and support for the children by non-teaching staff) (Maras & Brown 1996).

In 2004, the ACT Disability Advisory Council instituted an attitudes research project, involving a household survey, focus groups and research from secondary sources (ACT DAC 2007; Wallace 2004). The project found that work with children and young people was a powerful way to change community attitudes. In late 2005, this finding led to a project of fieldwork among school principals, curriculum coordinators and teachers from ACT primary schools. The teachers said that they would be glad to see people with disability in their classrooms talking to the children about their skills, abilities and experiences, and that this was the best way of reaching young people (ACT DAC 2007; Wallace 2004).

One outcome of the attitudes research project was a proposed pilot *Disability Ambassadors in Schools* program, to be instituted by the Disability Advisory Council in partnership with the ACT Department of Education and Training. The program would involve people with a variety of disabilities coming into classrooms and raising the students' awareness by talking about a range of disability issues. These 'ambassadors' would be people with a 'youth-appropriate' profile who had achieved in areas such as employment, youth development or sport. Another outcome of the research was a consultation with the ACT Chief Minister's Department about strategies for profiling people with disability within mainstream ACT Government advertising (ACT DAC 2007; Wallace 2004).

The City Council of Glen Eira, a south eastern suburb of Melbourne, was funded by the Department of Human Services to run a *Disability Awareness in Schools* project in 2007, which was so successful it was repeated in 2008, 2009 and 2010. The program involves local people with disability talking to Grade 5 and 6 students about their lives, and a teachers' resource book for schools interested in including disability awareness in their core curriculum (Glen Eira City Council 2007).

The Queensland Department of Families, Youth and Community Care's (1997) *Just Like Me, Just Like You: Disability Awareness Kit* is a resource kit for schools that focuses on promoting positive attitudes, on the assumption that positive attitudes will benefit everyone. It covers a wide range of disabilities in four groups: physical, intellectual, blindness and vision impairment, and deafness and hearing impairment. A section of the kit is devoted to each group, and each section discusses such issues as causes, symptoms, needs, strategies for coping, and ideas for getting along with people with those disabilities. Each section also contains lists of support associations, professional reading and relevant children's literature. A further section contains five categories of activities (such as role plays and simulations): for encouraging understanding; for appreciation of difference; for appreciation of self; for identifying barriers; and for making changes. There are also a number of charts showing basic sign language, the Braille alphabet, fingerspelt alphabet, Australian numerals and how to guide a person who is blind. The kit concludes with brief case studies of young people telling their own stories.

In Canada, researchers (Burge et al. 2008) recommended disability awareness programs for children, which they argued had been shown to be effective in creating lasting positive attitudes in children and adolescents towards the educational and social inclusion of people with intellectual disability (see also Cameron & Rutland 2006; Rillotta & Nettelbeck 2007). They noted that programs to create disability awareness were widely available and had been developed for many different groups including families and educators. They suggested that introducing the classmates of students with intellectual disability to such programs would also enhance their parents' understanding (Burge et al. 2008).

A resource from the US, the website of the National Dissemination Center for Children with Disabilities (known as NICHCY, as it was formerly named the National Information Center for Handicapped Children and Youth) contains a resource page of information about the inclusion of children with disability in schools (and communities), that provides links to the work and materials of the disability network across the US and internationally (see <www.nichcy.org>). The website of the Early Childhood Learning & Knowledge Center in the US Department of Health and Human Services, Administration for Children & Families contains a bibliography on disability awareness for teachers and administrators to use for programs to improve their capacity to respect children with disability. The bibliography was compiled by NICHCY (ECLKC 2003).

Another initiative from the US is a booklet for teachers giving them some ideas on how to help their students understand different disabilities. The *Disability Awareness Activity Packet* is divided into sections, each of which is devoted to one of the following disabilities: autism, communication disorders, hearing impairments, learning disabilities, mental retardation, physical disabilities and vision impairments (Adcock & Remus 2006). Each section includes information about that particular disability, together with activities designed to give students some experience of what it might be like to have that disability. For example: 'This activity is designed to show how people with autism are bothered by things most people don't notice'.

5.2   Employment

The second life domain where organisational initiatives for attitude change have been documented is employment, targeting the attitudes of both employers and co-workers (for employment attitudes research, see Section 2.4). The Australian Government's policies for improving employment opportunities for people with disability are based on the assumption that participation in the workforce is a preferred way out of social marginalisation and economic disadvantage (e.g. Skills Australia 2010).

A study comparing Australian and UK policy and legislative initiatives to improve the workforce participation of people with intellectual disability (Dempsey & Ford 2008) found that the Australian legislation had increased the numbers of people with disability participating in government-funded employment services, and that there had been significant growth in open employment places for people with disability in the last ten years. According to the authors of this study, consolidating employment services policy and creating productivity-based placements for people with disability had achieved efficiencies and employment options not seen in the UK. At the time of this study, the vast majority of working-age people with disability were still unemployed, and only a small proportion of the eligible population had access to funded support, despite the policy initiatives and increased funding (Dempsey & Ford 2008). However, the situation in relation to access to funded support has changed since 1 March 2010. Before this date, disability employment services were delivered through a capped program; after that date, they became demand driven, allowing anyone immediate access to the services they needed. The general employment assistance service, Job Search Australia, also provides services to significant numbers of people with disability and it is also demand driven.

The literature review found a number of workplace initiatives intended to address negative attitudes of employers and staff, both in Australia and overseas. Workplace initiatives dealing with particular disabilities, for example mental illness, are described in Section 7.

Australia

The Australian Government's approach to quality assurance of disability employment services is expressed in a Quality Strategy, which provides greater confidence in the quality of service delivery and ensures that all employment services meet, as a minimum, the Disability Services Standards. These standards include appropriate service management, a focus on individual needs, and effective staff recruitment, employment and training. A similar Quality Strategy is currently being trialled for disability advocacy agencies (FaHCSIA 2009b).

The Australian Government's National Mental Health and Disability Employment Strategy acknowledges that lack of information for employers is a considerable barrier to employment for people with disability. The Strategy includes the creation of new, accessible information

resources for employers about the job capacities of people with disability, as well as links to incentives and support services (DEEWR 2009).

The Australian Government funds the JobAccess information service, which provides personalised advice relating to a broad range of disability employment matters. The service also provides a comprehensive website of information about workplace solutions and government programs. The JobAccess service also promotes positive case studies of successful employment arrangements of people with disability from the perspective of employers and people with disability. JobAccess also provides funding assistance to employers for disability awareness training and workplace modifications.

The Australian Network on Disability (AND) is a not-for-profit organisation. Comprising a number of Australian businesses, the Network's purpose is to advance the inclusion of people with disability in all aspects of business as employees, customers and suppliers. It works with its member organisations to help them become more confident about including people with disability. The Australian Government Department of Families, Housing, Community Services and Indigenous Affairs funded the Network to develop a website, which can be found at <www.disabilityconfidence.org.au>, to assist business to employ people with disability and to welcome them as customers. More information about the Australian Network on Disability can be found at <www.and.org.au >.

The State Library of Victoria has developed a Disability Awareness Kit, which is a training resource for public library customer service staff, explicitly directed towards improving attitudes to disability. It is intended:

> to promote an understanding of issues surrounding disability; to encourage service providers to focus on the individual, not the disability; to develop an understanding of appropriate and effective methods of interaction with people with disability; to foster an understanding of the ways in which the information needs of people with disability can be met; and to develop an awareness of issues relating to physical access to library materials (Open Road 2008).

Disability WA has a website with resources for training staff in disability awareness (<www.disability.wa.gov.au/aud/planningbetteraccess/disabilityawareness.html>). There are two training packages: one for local and state government agencies and one for the hospitality, tourism, retail and entertainment industries. Both these packages consist of five modules on the following topics: quality customer service, introduction to customers with disability, disability legislation and legal requirements, communicating with customers with disability, and customer service tips for people with different abilities. The website also contains the Access Resource Kit, which has information about the six access outcomes, including staff access awareness, which state and local governments must address in their Disability Access and Inclusion Plans. There is also a video called *Getting There—Access Awareness*.

Scope, one of the largest providers of services to people with disability in Victoria, (Kleeman & Wilson 2007), delivers programs of disability awareness training for its staff, volunteers and members to equip them with the skills to communicate and interact appropriately with people with disability. The programs are delivered by someone with disability together with a co-facilitator who is another experienced professional in the field (for more information, see <www.scopevic.org.au/index.php/site/resources/disabilityawarenessworkshop>).

Despite Australian Government initiatives, some researchers believe that employment discrimination in Australia has not noticeably diminished in the last two decades. Citing the

Association of Competitive Employment's 2004 Submission to the review of the Disability Discrimination Act, Macali (2006, p. 236) identified three ways in which employers could take reasonable steps towards removing the barriers to the employment of workers with disability: through job redesign or creation; by using the Workplace Modification Scheme that supports the employment of people with disability by providing financial assistance for workplace adjustments; and by using Centrelink's Supported Wage System for workers whose productive capacity is an issue.

Waterhouse et al (2010) analysed employer survey results (discussed in Section 2.4) and suggested Australian Government policy should concentrate on raising employer awareness and sharing information; strengthening support for firms employing people with disability, especially small-to-medium-sized enterprises (given that the National Disability Recruitment Coordinator service is designed to assist businesses with 100 or more employees); and facilitating change and the spread of learning and best practice, particularly from larger to small and medium-sized enterprises (Waterhouse et al. 2010, p. 34).

International

In the UK, the Office for Disability Issues has produced a guide for public servants on the requirements of the Disability Discrimination Act 1995 (UK ODI 2006). (The Disability Discrimination Act 1995 was replaced by The Equality Act 2010, which received Royal Assent on 8 April 2010, see <www.scope.org.uk/campaigns/policy-and-research/equality-act> for more details.)

The guide summarises how the Act affects their responsibilities and gives examples of how the Disability Equality Duty (a statutory duty on the public sector to promote equality of opportunity for people with disability) might be translated into practice in five areas:

- dealing with the public

- employing staff and making public appointments

- policy development and research

- performance management (target setting, reporting and inspection)

- procuring goods or services from the private or voluntary sectors (UK ODI 2006).

Scope's Diversity Works program in the UK is a service initiative in partnership with a number of strategic employers aimed at getting more people with disability into paid work (see <www.scope.org.uk/services/employment-service>). It does this by directly addressing employer attitudes towards and knowledge of disability, through disability equality training of both managers and staff, and by modifying human resources and recruitment policies (Miller et al. 2004, p. 45).

The 'Tilting at Windmills' program in the US (Brostrand 2006) is an employer-focused training workshop to address attitudes and misconceptions, and increase employer awareness in relation to people with disability. The training is intended to expose stereotypes and challenge negative attitudes in a non-threatening manner, correct misinformation and misperceptions, and educate participants on their obligations under the Americans with Disabilities Act. It consists of participatory exercises and group discussions aimed at identifying emotional and attitudinal barriers to effective management when dealing with people with disability, and at reaching understanding and learning techniques and procedures for becoming more effective managers. No empirical studies have been published on the

efficacy of the Windmills program, and hence there is no data to support or question its effectiveness. However, both trainers and participants generally endorse the program and feedback is usually positive (Brostrand 2006).

Organisational initiatives to improve attitudes of people in employment relationships target employers and co-workers. Lessons from good practices, training and support are available for both. It should be noted, however, that authors writing from the perspective of the social model of disability (Barnes & Mercer 2005) have pointed to the limitations of much government policy in relation to people with disability and employment. Despite the fact that most European countries have introduced policies to increase the numbers of people with disability in paid work, none has achieved the significant improvement anticipated.

5.3   Health and community services

Organisational-level policies to change attitudes of health and community services staff include training and awareness raising. Studies of programs that try to change attitudes towards disability among health professionals show inconsistent results. A study in Turkey (Arkar & Eker 1997) investigated changes in attitudes towards disability in a group of medical students in their fifth year of study who were undergoing a three-week training course in psychiatry, which involved direct patient contact and course work. These students were compared with a control group of medical students in their fifth year of training in ophthalmology. The expectation was that positive changes would be more likely to occur in the psychiatry group than in the ophthalmology group. However, there were no significant differences in attitude change between the two groups. The authors noted that the results of some studies supported the hypothesis that direct contact with people with mental disability influenced attitudes towards mental illness, but studies do not support this hypothesis, and this inconsistency could not be wholly explained by different study methodologies.

Some of the other studies described by Arkar and Eker (1997) include:

- a study comparing nursing students just starting their training with those who had completed it, which found no differences between the groups in their attitudes towards people with mental disability, except for their knowledge of the disorder

- a study comparing experienced clinicians with undergraduate psychology students, which found broadly similar attitudes in both groups

- a study comparing student nurses who had experienced classroom instruction only with student nurses who had also completed a practicum in mental health hospitals, which found that the attitudes of the nurses who had practical experience in a progressive hospital did become more favourable.

The study by Jorm et al. (1999; see Sections 2.4 and 4.4 above), compared attitudes to people with psychiatric disability held by members of the public with attitudes of health professionals. The researchers said their findings had a number of implications for attempts to change attitudes:

- health and community services staff can have more negative attitudes than the public

- greater exposure to people with mental disorders and improved public education may not necessarily lead to more positive attitudes

- having family or friends with mental disorders was not associated with either positive or negative attitudes

- a higher level of education was associated with more negative attitudes towards schizophrenia

- among the general public there were no differences in attitudes according to age, while younger general practitioners and psychiatrists tended to have more negative attitudes

- the one variable associated with more favourable attitudes among the public was having personally experienced a mental disorder (Jorm et al. 1999).

5.4 Summary of organisational-level policies for attitude change

Organisational-level policies attempt to change attitudes in particular life domains. They address the attitudes of people who are in relationships with people with disability within life domains that affect their social and economic rights, whether those relationships include authority or competition, or whether they simply involve personal contact.

In the education sector, children with disability can face attitudinal barriers both from teachers and from fellow students. Attitude programs in inclusive school environments can have long-term effects on all the children, those with disability and those without, in contexts other than school, and in both later life stages and during the school years. Teacher attitudes may be changed through undergraduate and professional training, the provision of adequate support resources, and by becoming familiar with students with disability. Student attitudes may be changed through strategies of prolonged contact, information and the introduction of disability ambassadors.

In the domain of employment, approaches to changing employers' attitudes include leadership from the top; government support to employers in the form of information, resources and recognition; credible and reliable sources of information and awareness training to share best practice; and networks for recruitment and support. Workplaces where managers had personal experience of disability or retaining people with disability were the most accommodating towards recruiting people with disability. Initiatives to change co-workers' attitudes include information and training.

In the health domain, initiatives to change the attitudes of health and community services staff towards disability include undergraduate and professional training and contact programs. The results are not uniformly effective, with some professionals becoming less positive with increased exposure to people with disability.

6 Structural-level policies

The final level of policy change is at the structural level, which attempts to influence attitudes by mandating behaviour change. This level consists of the policy statements and laws that define the intended requirements, together with the means to implement, monitor, and in some cases enforce, the policy and legislation. This section discusses structural-level policies related to implementing and monitoring disability rights legislation and implementing inclusive education policy. Insufficient literature was available to include monitoring of other policy areas such as disability standards.

6.1 Monitoring disability rights legislation

In relation to the law and the extent of its influence, the UK Demos report noted that protection by the law is an important form of recognition, a sign that the issues have reached the political mainstream. The authors pointed out that although law may be the precondition for justice, it cannot guarantee that the changes it signals will have any effect on people's perceptions and behaviour (Miller et al. 2004, p. 25). However, as explained above, according to the theory of cognitive dissonance, structural-level policies such as disability rights legislation are likely to impact on attitudes in the longer term. Policy examples from Australia and overseas are described below.

Australia

Examples of structural agents of change in Australia are:

- Australia's ratification on 18 July 2008 of the United Nations Convention on the Rights of Persons with Disabilities, adopted by the United Nations General Assembly in December 2006

- Australian Government legislation, for example, the *Disability Services Act 1986*, the *Discrimination Act 1992*

- the equivalent state/territory legislation, for example, *Disability Services Act 1993* (NSW), *Disability Act 2006* (Vic)

- the various government departments (both Australian Government and state and territory governments) devoted to disability issues, for example, the 'People with a disability' section of Ageing, Disability and Home Care in the NSW Department of Human Services

- the various state/territory Disability Action Plans.

As part of its commitment to policies for overcoming the barriers people with disability face in areas such as health, education, employment support, housing and income support, the Australian Government's National Disability Strategy was developed in partnership with state, territory and local governments. The strategy includes a focus on improving community attitudes towards disability, to seeing it as just another aspect of people's inclusion, participation and equality. It also is intended to provide leadership for a community-wide shift in attitudes, and it articulates long-term goals across key policy areas which impact on people with disability (COAG 2010). An earlier Commonwealth Disability Strategy was introduced in 1994 to assist Australian Government organisations to meet their obligations under the Disability Discrimination Act, and relaunched in 2000 following a mid-term evaluation (see Erebus International 2006).

The Government's approach to quality assurance of disability employment services is expressed in the Quality Strategy (see section 5.2), which ensures that all employment services meet the Disability Services Standards (FaHCSIA 2009b).

The Australian Human Rights Commission is a structural-level agent of change in community attitudes to disability, in particular in relation to its responsibilities under the Disability Discrimination Act and the United Nations Convention on the Rights of Persons with Disabilities. While the Commission is not intended for the sole purpose of improving community attitudes to disability (or to any of the other grounds of unlawful discrimination such as sex, age or race), education and public awareness are among its statutory responsibilities. More information about the Australian Human Rights Commission can be found at < www.hreoc.gov.au/disability_rights>.

Examples of Australian structural policies and legislation for employment are discussed in Section 5.2.

United Kingdom

In 2006, the UK Government introduced the Disability Equality Duty. This is a legislative requirement that public servants (including government ministers) do not discriminate against people with disability as employees or as citizens coming into contact with the public sector. It has four main aims:

- to eliminate unlawful discrimination and harassment
- to promote equality of opportunity while taking people's disability into account
- to actively promote positive attitudes
- to encourage people with disability to participate in public life.

United States

The US Government's main legislation in relation to people with disability is the Americans with Disabilities Act 1990 (amended 2008). The Act provides civil rights protections to people with disability in the areas of employment, state and local government services, public accommodations, transportation, and telecommunications. It applies to private entities not linked to federal funds (unlike previous legislation) and to public places, such as restaurants, hotels, theatres and shopping centres, which must take steps to eliminate barriers to access (US HHS 2005).

The Office on Disability in the US Department of Health and Human Services oversees the implementation and coordination of the US Government's programs and policies to enhance the health and wellbeing of people with disability. The Office on Disability has an important role to play in breaking down barriers between the US Department of Health and Human Services agencies in the interests of successful cooperation and coordination on projects related to people with disability. More information about the US Office on Disability can be found at <www.hhs.gov/od>.

6.2 Inclusive education policy

Implementing inclusive education policy is an example of structural-level change. In all Australian states and territories, the policy expectation is that children with disability have the

right to attend the same schools as other children, and that reasonable support arrangements must be made to enable them to do so.

In recent years the predominant policy approach to the education of children with disability has been inclusiveness. Educational policy, both in Australia and in other countries, has been premised on a commitment to including children with disability in mainstream schools, in the same classrooms, with the same teachers as children without disability. The founding document for inclusive education worldwide is the 1994 UNESCO *Salamanca Statement and Framework for Action on Special Needs Education* (UNESCO 1994), which said:

> those [children] with special educational needs must have access to regular schools which should accommodate them within a child-centred pedagogy capable of meeting these needs, regular schools with this inclusive orientation are the most effective means of combating discriminatory attitudes, creating welcoming communities, building an inclusive society and achieving education for all; moreover, they provide an effective education to the majority of children and improve the efficiency and ultimately the cost-effectiveness of the entire education system (UNESCO 1994, p. viii–ix).

In line with the UNESCO statement, the Australian Government's *Disability Standards for Education 2005* declares:

> The Standards are intended to give students with disability the same rights as other students. All students, including students with disability, should be treated with dignity and enjoy the benefits of education and training in a supportive environment which values and encourages participation by all students. The Standards aim to overcome discrimination based on stereotyped beliefs about the abilities and choices of students with disability (Attorney-General's Department 2011).

The report of the NSW Legislative Council's inquiry into the provision of education to students with disability (Parker 2010, p. xiv) saw this as 'a shift in educational policy', away from the belief that segregated settings were the best way of educating students with disability, and towards a model of inclusive education, where as many of these students as possible attend regular classes and schools.

The NSW legislation relating to provision for children with disability is Section 20 of the *Education Act 1990* (NSW), which states that 'The Minister may provide or arrange special or additional assistance for government school children with special needs', and there is a range of school options for students with disability in both government and non-government schools (Parker 2010, p. 11–13).

The NSW Department of Education has been providing education to students with disability in NSW since 1974. The Department moved to a policy of inclusion in 1980 in the context of increasing awareness of the rights of people with disability. The 1996 McRae Report (*The Integration/Inclusion Feasibility Study*, Sydney: NSW Department of School Education) was a crucial milestone on the path to more inclusive education for children with disability. Among other things, it recommended that funding be increased substantially to support integration, and that it be tied to individual students and should move with them if they changed schools (Parker 2010, p. 9).

In 1998, the NSW Department of Education and Training produced a handbook designed to help parents of children with disability wanting to enrol them in regular schools. It was

intended to reassure parents that local schools were not only for children without disability and that any child had the right to be included in an ordinary class (Stroeve 1998).

In Victoria, the crucial point for the educational inclusion of children with disability came in 1984 with the appearance of *Integration in Victorian Education: Report of the Ministerial Review of Educational Services for the Disabled* from the Victorian Ministry of Education. The review was based on five principles: that every child has a right to be educated in a regular school; that children should not be categorised according to their disability; that resources should be school-based to the greatest extent possible; that decision-making processes should be collaborative; and that all children can learn and be taught (Hsien et al. 2009, p. 26). According to researchers at the Graduate School of Education in the University of Melbourne (Hsien et al. 2009), these principles continue to underpin educational inclusion policies in Victoria.

Including children with disability in mainstream schools has not been without difficulties, although those difficulties are not insuperable. One of the leading proponents of inclusive education in the UK, Klaus Wedell, noted that there was a dilemma involved in attempts to move towards inclusion (Wedell 2005). On one hand, the UNESCO *Salamanca Statement and Framework for Action on Special Needs Education* says that regular schools are the most effective means of achieving education for all; on the other hand, the educational environments of regular schools are based on the assumption that pupils' learning needs are homogenous. He acknowledged that there were many schools that had successfully overcome barriers to inclusion, but pointed out that the dilemma still existed with regard to the education system in general. He said that there was now little disagreement that education systems had to recognise the diversity of learners' needs, but there was little recognition that that diversity had to be a fundamental element in planning, and not something that was added on later to the rigidities of the current system.

There was general agreement in the literature that increased funding and other resources were necessary if children with disability were to be successfully included in mainstream classes. Almost all submissions to the National Disability Strategy consultation (Deane 2009) identified the need for greater funding if truly inclusive education were to be achieved.

The report on the research carried out in Melbourne into teachers' attitudes (Hsien et al. 2009) noted that, although teachers in segregated education tended to report more optimistic views about inclusion than general education teachers did, both groups of teachers expressed similar concerns. These concerns included insufficient materials, personnel, resources and support; limited training and knowledge; and lack of time for planning and collaborative teaching.

Participants in the NSW Legislative Council's inquiry (Parker 2010) identified insufficient funding as one of the major barriers to the effective inclusion of students with disability in the education system. Therefore, Committee members called for substantial increases in funding for these students, both in government schools and in Schools for Specific Purposes. The Committee also recognised the benefit for schools of additional support and guidance on how to maximise the use of available resources, especially the School Learning Support Teams.

6.3   Summary of structural-level policies for attitude change

Structural-level policies attempt to influence attitudes by mandating behaviour change. This level consists of the policy statements and laws that define the intended requirements

reflecting positive attitudes, together with the means to implement and monitor the policy and legislation.

Enacting and monitoring disability rights legislation is an example of a structural-level policy supported through mechanisms such as standards, strategies and human rights agencies.

Inclusive education is a specific example of policy at the structural level. Inclusive education policies are intended to change attitudes so that disability does not disadvantage children's right to attend education with other children. Implementation, monitoring and resourcing of inclusive education are the mechanisms supporting the policy initiative. Structural implementation initiatives include school-based training, support and resources for peers and teachers to improve attitudes, and individualising support so that it is specific to the child's needs and moves with them through the education system.

7 Changing attitudes to particular groups of people with disability

The research about community attitudes shows that attitudes vary by type of disability (Section 1.8). The ACT Disability Advisory Council study (Wallace 2004; ACT DAC 2007), for example, found that most of the 300 Canberra residents surveyed were uncomfortable working with people with psychiatric disability (mental illness), while few were reluctant to assist people with physical disability with tasks of daily living.

This section reports on policies designed to change attitudes towards groups of people with disability, namely with autism, mental illness and intellectual disability.

7.1 People with autism

Initiatives that include training, education and information specifically designed to improve attitudes to people with autism are aimed at professionals, peers and siblings. The Queensland Noah's Ark Resource Library and Advisory Service has produced a training kit for child care workers exploring the inclusion of children with autism (Millar 2007). The aims of the workshop based on the kit are to:

- explore the characteristics of specific disabilities (autism) in children

- provide additional information and resources on these specific disabilities

- identify the impact of these disabilities within the inclusion process

- identify areas of concern, for the support provider, in caring for children with these specific disabilities

- acknowledge and utilise the existing skills of support providers.

A Turkish study of siblings (Aksoy & Yildirim 2008) found that children with a sister or brother diagnosed with autism spectrum disorder were less accepting of their siblings than the children with siblings with learning disability. The authors suggested that the less positive attitudes of the children with siblings with autism resulted from the fact that they constantly had to deal with the unexpected. Another study cited by the authors found that children's attitudes and self-concepts did not vary according to the severity of their sibling's disability, but that they did vary according to the type of disability. Another study had found that disabilities that were difficult to see created more stress in children with siblings with disability than the more visible disabilities. This could partly explain the higher levels of non-acceptance among children with siblings with autism spectrum disorder. The authors recommended training programs for the siblings of children with disability, which would deal with different types and degrees of disability.

7.2 People with mental illness

Negative attitudes to people with mental illness cause disadvantage in their personal relations and public activities. Policies designed to improve attitudes towards people with mental illness often focus on reducing the stigma associated with this type of disability. A number of policy examples exist in Australia and overseas and some are listed below.

During Mental Health Week in 2007 and 2008, the NSW Consumer Advisory Group — Mental Health Inc (NSW CAG), funded by the NSW Department of Health, ran a two-stage campaign to challenge the stigma and discrimination faced by people experiencing mental

illness. The first stage was the production of a DVD of the stories of six people, titled *It's only 1/100th of me*. It presents their personal experiences of stigma and discrimination, and shows how these have impacted on their lives. It also describes experiences of inclusion and the importance of being respected and valued. The second stage involved launching a lobbying postcard designed to be sent directly to the Minister Assisting the Minister for Health (Mental Health) and asking the government to implement a program to overcome this stigma and discrimination. Within days, the Minister had responded by requesting a briefing from the Mental Health, Drug and Alcohol Office. More details about the campaign can be found at <www.nswcag.org.au/page/challenging_stigma__discrimination.html>.

The NSW Consumer Advisory Group argues that, if campaigns are to be effective in improving public attitudes, they must be adequately funded, be intense and last for some time. They must also use more than one method, and the three methods that are most successful when combined are: education (replacing misperceptions with actual facts); contact with people who have mental illness (changing public attitudes through direct interactions with people); and protest (as a way of suppressing negative behaviour, most commonly used to challenge media presentations of mental illness). The Consumer Advisory Group would like to see a program implemented in NSW including a broad advertising campaign, involving people with mental illness involved in public education strategies, monitoring what journalists write, and educating journalists about the effects of discriminatory reporting of mental health issues in the media.

The Australian Human Rights Commission has released a publication that provides information and practical guidance for employers on how to manage mental illness at work (AHRC 2010). The guide gives advice and information on a number of issues including: reasons why developing mental health strategies for the workplace is important; understanding mental illness; managing mental illness in the workplace in relation to effective communication strategies, making reasonable adjustments, and performance concerns; how to create a safe and healthy workplace for all; and where to get assistance and additional information and resources, relating to both employment and to mental illness.

Other organisations and campaigns in Australia aimed at reducing the stigma associated with mental illness include:

- Beyondblue, which raises community awareness about depression and reducing stigma associated with illnesses (see <www.beyondblue.org.au> for more information)

- SANE Australia, which runs an anti-stigma media campaign, StigmaWatch, by publishing online details of organisations and individuals which do not represent mental illness in an accurate manner, as well as featuring examples of good practice within the media (see <www.sane.org> for more information)

- Mindframe National Media Initiative, which also aims to encourage accurate reporting of mental illness in the media (see <www.mindframe-media.info> for more information).

In Scotland the alliance of five mental health organisations called 'see me' has a number of other strategies (besides its media campaigns described in Section 4.3 above) for improving public attitudes towards people with mental illness, including:

- social marketing campaigns to address public attitudes and behaviours, to tackle inequality and to challenge stigma in public services

- social participation of people with the experience of mental illness

- building local capacity to take action.

Some of these strategies involve conducting focus groups where people present their personal experiences of mental illness, arranging for people to speak at public meetings and conferences, and providing information on websites. A current example of a 'see me' initiative is a comedy show presented at the Edinburgh Fringe Festival by Universal Comedy, a charity and social enterprise, which uses comedy workshops and training courses to help people with mild to moderate mental health problems. According to the program's website, a survey found that their campaigns had had some positive results, namely, that there had been a positive shift in attitudes across Scotland and a feeling that the stigma had lessened. People felt more able to be open and talk about their mental health problem, or to encourage others to do so, and there had been a drop in the negative impacts of mental ill-health on people's lives (see <www.seemescotland.org.uk> for more information).

The New Zealand Ministry of Health's *Like Minds, Like Mine* project mentioned in Section 4.1 above was intended to counter the stigma and discrimination associated with mental illness, and seems to have been successful. Examples of projects related to the initiative are:

- In 2004, a number of New Zealand Government agencies, including the Mental Health Commission, the Ministry of Health (as part of the *Like Minds, Like Mine* program), the Office for Disability Issues and the Human Rights Commission developed and launched the Reducing Discrimination against People with Mental Illness Multi-Agency Plan 2005–07.

- In 2005, the Office for Disability Issues published the booklet *Life is for living 2005* on its website, which presented the stories of 25 New Zealanders living with disability.

- In 2005, Sport and Recreation New Zealand released its No Exceptions Strategy, one aspect of which is to recognise and promote the achievements of athletes with disability as positive role models for all New Zealanders.

- In 2007, the Office of the Health and Disability Commissioner launched a DVD called *Making it easy to do the right thing*, with accompanying training notes, to help providers understand the issues that need to be considered when working with service users with disability.

Research on the impact of the *Like Minds, Like Mine* campaign compared the results of a 2004 survey into attitudes to mental illness to the results of a 1997 benchmark survey. It showed a marked improvement in attitudes, especially towards depression, schizophrenia and bipolar disorders (NZ Ministry of Health 2005). Between 1997 and 2004, acceptance of someone with a mental illness as an employee increased from 61 per cent to 75 per cent; as a workmate, from 69 per cent to 80 per cent; as a baby-sitter, from 12 per cent to 21 per cent; and as a next-door-neighbour, from 55 per cent to 66 per cent. Other reported positive shifts included: a greater awareness of disability issues on the part of central government agencies, territorial authorities and other public bodies; increasing recognition by employers that people with disability can be valuable employees; growing recognition by commercial enterprises (banks, shops, power companies, transport operators) of people with disability as customers through the development of infrastructure; and a growing acceptance of children with disability by their classmates in mainstream schools (Litmus Ltd 2008, pp. 41–2).

7.3   People with intellectual disability

This section contains examples of policy initiatives for improving attitudes towards people with intellectual disability. The policies focus on community awareness raising, contact, staff training and staff support.

A Victorian study (Bigby et al. 2009) of the daily lives of 25 residents with severe and profound intellectual disability living in five small group homes found that some of the staff had difficulty accepting that notions of choice, inclusion and participation could be applied to people with more severe degrees of intellectual disability. The authors had a number of suggestions for changing staff members' attitudes:

- giving more explicit attention to staff understandings of policy principles and how they applied to people with more severe intellectual disability

- using traditional methods for interpreting policy and reinforcing consistency such as pre- and in-service training, supervision and the formal operating procedures of organisations

- introducing published, detailed policy guidance that sets out expectations about policy implementation and outcomes for frontline staff, such as is available in the UK

- providing demonstration programs of examples of excellent practice with people with severe intellectual disability

- ensuring senior managers and frontline staff have an understanding of what the policy goals mean for people with more severe intellectual disability

- providing a safe space during supervision and at staff meetings, for staff to talk about their understanding of policy and any misgivings they might have

- providing opportunities for debate about attitudes as a way of helping staff to rethink them, and also to rehearse ways of dealing with the negative attitudes of the public

- providing regular, individualised supervision in order to support staff to understand how values can be translated into everyday practice, and to generate performance expectations and effective feedback (Bigby et al. 2009).

The study acknowledged that what was most needed was clarity in conveying the purpose to the staff through the careful use of language, alongside organisational procedures to monitor staff practices and to call them to account when their practice did not reflect policy values (Bigby et al. 2009).

An Adelaide study (Rilotta & Nettelbeck 2007, p. 22) also found that Awareness of Disability Programs can promote positive attitudes towards people with intellectual disability, that longer training (eight sessions instead of three) produced more positive attitudes, and that attitudes remained favourable eight years later. The authors noted that it was still unclear which methods were most effective in promoting positive attitudes, although they felt a number of different methods were necessary. The authors provide an extensive reference list of different methods including, for example, information, instruction and formal education, familiarisation with different aspects of disability, and opportunities for interaction. They also noted the importance of the length of the training for effective programs, and the specific content of the activities.

Another way would be to devote focused effort to having people with disability participate in the community (rather than just be present in the same spaces as people without disability).

The researchers concluded that, unless more time and effort is put into building inclusive communities, the question of how closely the life of people with intellectual disability can be made to approach that of people without disability is likely to remain unanswered. For this reason other disability support programs have included community development activities to improve the receptiveness of community members to engaging with people with disability (for example, Fisher et al. 2008, p. 60).

A study in Ontario, Canada (Jones et al. 2008) of service provider staff working in the field of intellectual disability, found that many of them did not entirely agree with the inclusion philosophy, and that the differences in attitude were associated with demographic characteristics such as sex, age and level of education. The male staff members were less supportive of inclusion than the female staff; those with only a high-school education were less likely than those with university or college training to think that individuals with intellectual disability were similar to themselves; and the older staff members were more likely to think that people with intellectual disability needed to be sheltered from harm. The authors suggested that the study highlighted the need to focus education and training efforts on the 'at-risk' staff groups (such as male sex, lesser education, and older age) in any attempts to implement the goals of the inclusion movement. They also mentioned the importance of managerial staff as role models and the need for ongoing evaluation of the impact of inclusive policies if people with intellectual disability are to be successfully integrated in community life.

Overall, some research has found that contact with people with intellectual disability results in fewer misconceptions and more favourable attitudes (Antonak et al. 1989; Jaffe 1966; Gething 1991; Nosse & Gavin 1991; Vezzali 2008) but according to other research, direct contact has no effect on attitudes (Begab 1970; Hagen et al. 1983), or can even make things worse (Gottlieb & Budoff 1973). In any case, exposure by itself does not necessarily produce a favourable change in attitudes towards people with intellectual disability (Gottlieb 1975).

7.4 Summary of policies for changing attitudes to particular groups of people with disability

Community attitudes vary according to the type of disability. Attitude research shows many people are uncomfortable with mental illness, but less so with physical disability. Changing attitudes towards particular groups of people with disability requires additional information for people to understand the specific experiences associated with these disabilities.

Initiatives to support siblings and peers of children with autism include education, contact, information and family support so that they learn to understand the social experience of children with autism.

Campaigns that have successfully influenced public attitudes towards people with mental illness (such as those conducted in Scotland and New Zealand) have used a combination of strategies, including information, training and media portrayal. Disability advocates argue that campaigns need to be well-funded, intense, last for some time, include people with mental illness in the design and implementation, and use more than one method. Some campaigns are specific to life domains, for example employment.

Extended contact and education sessions about intellectual disability have been successful in improving community attitudes. Initiatives to address service professionals' attitudes about limited expectations for people with high support needs due to intellectual disability include:

leadership from managers, evaluation of support programming, education and training, demonstration programs and practice guidelines, and individualised supervision to discuss attitudes and practices.

8   Conclusion

We know from considerable national and international literature that negative community attitudes towards people with disability affect their quality of life in the important life domains of education, employment, health, housing and social networks. Negative attitudes are more likely to be experienced by particular groups of people with disability, such as women and people with intellectual or psychiatric disability.

Research evidence about the impact of negative community attitudes towards people with disability on their outcomes across various life domains is scant. However, there is a strong conceptual link between attitudes and outcomes. This link is also suggested and supported by the literature reviewed in this report.

Australia has some datasets that include indicators of outcomes for people with disability from which the impact of negative attitudes can be inferred, but no large or longitudinal attitudinal data are collected. Options for addressing this research gap in Australia are: include a disability module in existing longitudinal data collections; access relevant administrative datasets; and design specific disability attitudes surveys of people with disability and other members of the public. International examples of data collection could be used to inform survey development in Australia, and a good model would be the BSA survey.

Australian and international policies to change community attitudes to people with disability operate at the levels of personal, organisational and structural change. Few of these policies have been evaluated. An option to inform policy change would be to review the effectiveness of existing policies and programs in Australia.

Strategies to change community attitudes seem to be most effective when they include policies at all three levels (personal, organisational and structural), include people with disability in the design and implementation of the policies, are sufficiently prolonged and resourced to reinforce positive attitudes and replace negative attitudes, and address the diversity of disability experience.

Appendix A: Research methods

Research questions

1. What are the community attitudes to people with disability in Australia and similar countries?

2. How do community attitudes affect social and economic inclusion in different life domains such as participation in education and employment, social networks, community, health, housing, support services, etc.?

3. What is the relationship between community attitudes to people with disability and their experiences and outcomes a) overseas and b) in Australia?

4. What are the community attitudes to specific groups of people with disability, including the person's characteristics such as disability type, age, gender, location, Indigenous, CALD (culturally and linguistically diverse), socioeconomic status?

5. What are the attitudes to people with disability as held by groups of people relevant to particular life domains (For example employers, managers and co-workers in the employment domain; teachers and students in the education domain; formal and informal carers in the personal support domain) and relevant to particular life course stages (for example peers, teachers and other parents in preschool/primary school [pre-puberty], high school [teenage years] and early young adult years)?

6. Can community attitudes to people with disability be changed (including which groups who hold the attitudes and to which people with disability) and if so how; what are examples of constructive attitudes to people with disability and case studies of ways to bring about social and economic inclusion?

7. What are the gaps in knowledge about community attitudes to people with disability in Australia as relevant to policy change and how could they be addressed?

8. To what extent do the existing datasets support the ability to infer outcomes regarding people with disability? Where are the data gaps where inference is not possible?

Literature review methodology

The review was exploratory rather than systematic and confined to the English language literature. The starting point was the authors' existing knowledge of the literature and included searches in Google Scholar, followed by more specialised databases such as IngentaConnect, Project Muse and Cambridge Journals Online. Key words for the search were disability, attitudes, perceptions, childhood, employment, education, leisure, sport, student, employer, employee, health, transport, criminal justice, criminal, recidivism and incarceration. Key inclusion criteria for the literature were relevance to community attitudes to disability; relevance of attitudes within specific contested policy spheres; past empirical research on attitudes; and whether a commentary was offered on future policy developments.

A major part of the literature search involved a snowballing technique whereby citations within documents were followed up to ensure the inclusion of the most relevant academic commentary on community attitudes towards people with disability. The definitive element for inclusion within the review was whether the source offered a critical analysis of attitudes towards disability and of programs designed to change these attitudes. This criterion eliminated many sources in the review. Other sources were identified and included as their relevance became clear during the research process.

In the literature review for the second part of the project, which focused on effective policies for changing community attitudes, the term 'disability awareness' was found to be most productive. It is the term most commonly used to identify programs specifically directed towards attitude change.

Identifying and prioritising existing datasets in part one of the project

This project component involved scanning existing datasets and other available data sources, both quantitative and qualitative, that could provide information on or allow inferences about community attitudes to disability, the experiences and outcomes for people with disability, and possible relationships between attitudes and outcomes. The researchers prioritised datasets for analysis according to their proximity to the research questions, and in consultation with the FaHCSIA business area.

Appendix B: Australian datasets

Survey of Disability, Ageing and Carers 2003

The Survey of Disability, Ageing and Carers (SDAC) was conducted throughout Australia from June to November 2003 by the Australian Bureau of Statistics (ABS 2004). The primary objective of the survey was to collect information about people with disability, people aged 60 years and over and people who provide assistance to older people and people with disability. Multi-stage sampling techniques were used to select the survey sample. After exclusions due to scope and coverage, the final sample comprised 36 241 people for the household component and 5145 people for the supported accommodation component.

According to SDAC, about 3.9 million people in Australia have a disability (about one in five people or 20 per cent of the population). This includes around 1.2 million people (6.3 per cent of the population) with severe or profound core activity limitation. SDAC suggests that people with disability suffer multiple disadvantages, particularly in education and employment. For example, while one in two people (49 per cent) without disability aged 15 to 64 years had completed Year 12, only one in four people with a profound or severe core activity limitation had (24 per cent). People with a profound or severe core activity limitation were also less likely than people without disability to have completed a diploma or higher qualification (14 per cent and 28 per cent respectively) (ABS 2004).

In the case of employment, people aged 15 to 64 years with a profound level of core activity limitation had a much lower labour force participation rate (15 per cent) than people without disability (81 per cent). Moreover, employed people with disability were more likely to work part-time (37 per cent) than those without disability (29 per cent) (ABS 2004).

SDAC shows that people with disability are clearly disadvantaged across all areas of social and economic life, and it can be assumed that public attitudes play a role in causing and perpetuating disadvantage. However, public attitudes to disability are not covered by SDAC. It is not possible to gauge from SDAC the extent or depth of feeling among the general population, given that the measures in this survey focus on the presence and the magnitude of the disability and its relationship to outcomes such as education and employment, rather than to the relationship between attitudes (especially of people without disability) and outcomes.

Data from SDAC is publicly available subject to an application process.

Australian Survey of Social Attitudes

The Australian Survey of Social Attitudes (AuSSA) is Australia's major academic social survey. It is a biennial survey, and its fourth round was completed in 2009. The survey team includes academics from Australian and overseas universities. The purpose of the survey is to find out more about what Australians think about contemporary political and social issues. The survey method relies on a random sample of registered Australian adult voters, stratified by Australian states and territories, and uses a mail-out/mail-back methodology, with a typical sample of some 4300 adults.

The survey covers a wide range of topics—work, globalisation, industrial relations reform, retirement, citizenship, political trust, and family and community life—but does not focus specifically on issues relating to disability or public attitudes to disability (Denemark et al. 2007; Wilson et al. 2005). The survey does ask respondents if they are currently 'living with a

disability', which might allow some analysis of social and political attitudes among the population reporting a disability, but it does not gauge public attitudes to disability. However, it may be possible to commission the research team to include a disability element in their survey. This should allow government and the researchers to monitor and assess any changes in public attitudes over time.

The datasets are publicly available for other researchers to analyse. Data and codebooks can be obtained through the Australian Social Science Data Archive's NESSTAR facility.

State/territory surveys on attitudes to disability

In recent years some of the state/territory governments have conducted surveys of public attitudes to disability, most often originating from the state's Commonwealth, State and Territory Disability Agreement action plan. Such survey work has been undertaken most notably in the ACT by the Department of Disability, Housing and Community (Wallace 2004) (see Section 2.1). Related work has also been carried out in Western Australia, although this study consults stakeholders rather than the public (Banks-McAllister, n.d.).

The ACT Department of Disability, Housing and Community conducted confidential, anonymous telephone interviews with 300 randomly sampled ACT residents without disability. The research also included interviews with 70 residents who defined themselves as having a disability, in order to draw comparisons and to help validate the results. It emerged that there are clear differences in community understanding of and comfort with different types of disability. Of the sample of 300 people without disability surveyed, 97 per cent said they would be comfortable about helping a person in a wheelchair carry groceries to the supermarket checkout. However, 17 per cent said they would be uncomfortable if a new work colleague confided that they had schizophrenia, and a quarter (26 per cent) said they would be uncomfortable if a person displaying challenging behaviours sat next to them.

Many thought that people with disability did not have the same opportunities as other community members. For example, 45 per cent of these ACT residents felt that people with disability did not have the same access to services as other people in the ACT; 44 per cent suggested that people with disability did not have the same opportunities to participate in community life as other people; 30 per cent thought that, overall, people with disability were not treated fairly in the ACT; more than half (54 per cent) felt that people with disability did not have adequate government financial support; around 80 per cent of respondents said that employers should make accommodations for people with disability; 47 per cent agreed that local businesses should be required to employ more people with disability; and two-thirds (66 per cent) agreed that large national and multinational businesses operating in the ACT should be required to do more to employ people with disability.

Although the sample size is sufficiently large to be able to draw preliminary inferences about public attitudes to disability among residents of the ACT, it is not large enough to generalise about Australian public attitudes in general. Moreover, the study cannot be assumed to be nationally representative because it does not provide sufficient information about the sampling strategy used to generate the random sample of Canberra residents.

Notwithstanding these methodological limitations, the questions in this survey are quite comprehensive and could be used as a model for more coordinated survey efforts between the states/territories. Using these or similar questions could ensure a core set of questions which would allow for state level comparisons. With the use of appropriate and precisely described

sampling techniques, the state results could be combined to provide a picture of attitudes to disability at the national level.

Australian Census 2006

The 2006 Census included a short series of questions relating to a Core Activity Need for Assistance variable, which has been developed to measure the number of people throughout Australia with profound or severe disability. The major strength of Core Activity Need data from the Census is in the ability to analyse area and population sub-group data. The results suggest that the level of need for core activity assistance varies between states/territories, with the highest level of overall need for assistance occurring in South Australia. Direct data about attitudes towards disability are not collected through the Census. Data are publicly available, subject to an application process.

Household, Income and Labour Dynamics in Australia 2001–08

The Household, Income and Labour Dynamics in Australia (HILDA) is a household-based panel study which began in 2001. Funding has been guaranteed for 12 annual waves (Watson 2009). HILDA collects information about economic and subjective wellbeing, labour market dynamics and family dynamics. The survey method relies on special questionnaire modules included in each wave. The Wave 1 panel consisted of 7682 households and 19 914 individuals. Interviews are conducted with all adult members of each household, and panel members are followed over time.

HILDA does carry questions relating to panel members' disability, although none directly on public attitudes to disability. Recent analysis of the data found that people with disability have a high probability of being out of the labour force (Mavromaras et al. 2007). While more than 85 per cent of men without disability are employed, only 55.6 per cent of men with disability are. The percentages of people who are out of the labour force are 38.4 per cent for men with disability and 50.5 per cent for women.

Secondary analysis of HILDA data (Honey, Emerson & Llewellyn 2009) showed that young people with disability reported poorer mental health than their peers without disability, but this difference was minimal where there was high social support and low financial hardship. The authors conclude that the mental health of people with disability can be improved by addressing their social and economic exclusion.

The HILDA team note that additional information on disability could be gathered, including severity of core activity restrictions, but they also observe that much of this information is already captured in the SDAC (Melbourne Institute 2008). At present HILDA does not collect attitude data, but it may be possible to commission the HILDA teams to add specific questions or even a series of questions that may help to ascertain public attitudes to disability. Blocks of questions have been added or modified across the waves to reflect different and changing interests in HILDA. The HILDA dataset is publicly available, subject to an application process.

General Social Survey

The General Social Survey (GSS) is a multi-dimensional social survey covering many aspects of social life to enable analysis of the inter-relationships in social circumstances and

outcomes, including the exploration of multiple advantage and disadvantage. The second GSS was conducted in 2006 and included 13 375 people aged 18 years and over (ABS 2007).

The results from this survey show that people with disability experience lower rates of 'community involvement' and can miss out on a range of activities offering the potential for community interaction. For instance, 64 per cent of those people with no disability or long-term health condition took part in sport or physical activities or attended a sporting event as a spectator within the previous three months; however only 50 per cent of people with disability that was not a profound or severe core activity limitation, had participated in these activities within the previous three months. Participation was lower still among those with a profound or severe core activity limitation, at 28 per cent (ABS 2006a). The GSS also covered other aspects of 'community participation', but the Australian Bureau of Statistics report does not break down the results by disability/long-term health condition status. The GSS does not contain direct attitudinal data. The dataset is publicly available, subject to an application process.

National Aboriginal and Torres Strait Islander Social Survey (NATSISS)

The National Aboriginal and Torres Strait Islander Social Survey (NATSISS) conducted by the Australian Bureau of Statistics provides data relating to the Indigenous population of Australia. Every six years starting from 2002, information is collected by personal interview from approximately 10 000 Aboriginal and Torres Strait Islander people aged 15 years and over throughout Australia, including those living in remote areas. Up to three randomly selected Indigenous people are chosen from each selected household to participate in the survey. Trained interviewers from the Australian Bureau of Statistics conduct the survey using face-to-face interviews in non-remote areas, while paper questionnaires were used in remote areas.

Findings suggest that disability is 1.4 times greater among the Indigenous population than among the non-Indigenous population (AIHW 2007). It is not clear if data can obtained subject to an application process, but if so, culturally appropriate measures to ensure that data analysis is sensitive, for example, employing Indigenous researchers, would be used. The NATSISS does not appear to include data on public attitudes to disability.

Longitudinal Study of Australian Children

The Longitudinal Study of Australian Children (LSAC) commenced in 2004 and follows the development of 10 000 children and families from all parts of Australia. LSAC involves a nationally representative sample of children, and a major aim is to give direction for policy development to improve support for children and their families and for early intervention and prevention.

The study is using an accelerated cross sequential design in which two cohorts of children are being followed for six years (and possibly longer), starting from when the children were aged 0 to 1 years and 4 to 5 years. Face-to-face interviews are conducted with parents every 2 years. Multiple facets of children's development, health and wellbeing are examined, including physical health, and social, cognitive and emotional development. A set of 14 key research questions guides the study, clustered around the themes of child and family functioning, health, child care, and education (Gray & Smart 2008). As a longitudinal study, LSAC is designed as a tool for obtaining high-quality evidence about the determinants of children's

health and wellbeing. Data from Waves 1, 1.5, 2, 2.5, 3 and 3.5 have been released and Wave 4 data will be available in August 2011.

The latest evidence suggests that one-fifth of children live with a parent with disability. Trend data suggest that the prevalence of overall disability and severe disability is increasing among children aged 0 to 14 years: 8 per cent of Australian children are reported to have a disability and of these 4 per cent have profound or severe core activity limitations (AIHW 2009b; Yamauchi 2008). An analysis of Wave 1 LSAC data (Emerson & Llewellyn 2008) showed that the poor mental health of a mother increases her child's risk of disability, partly due to poverty and lack of social capacity of the mother.

The LSAC data set is publicly available, subject to an application process and the granting of a deed of licence (AIFS 2009). The survey says nothing directly about public attitudes to disability.

National Health Survey 2007–08

The National Health Survey conducted by the Australian Bureau of Statistics was designed to obtain national benchmarks on a wide range of health issues, and to enable changes in health to be monitored over time. Information was collected about: the health status of the population; health-related aspects of lifestyle and other health risk factors; and the use of health services and other actions people had recently taken for their health. Just over one in three people (36 per cent) reported a disability or long-term restrictive condition. Of these, 13 per cent had a profound or severe core activity restriction. Twenty-six per cent of those aged 18 years and over with a profound or severe activity limitation were employed, and 61 per cent had a pensioner concession card (ABS 2009). People with disability were much more likely to use health services as shown in Table B1.

Table B1:   Frequency of health service use

Frequency of check-ups with General Practitioner	People with severe disability (per cent)	People without disability (per cent)
At least once a month	40	4
Every three months	25	10

Source: National Health Survey

The National Health Survey is a good data source for reliable information on disability and health in the national population, but the survey does not cover public attitudes.

Australian Longitudinal Study on Women's Health

The Australian Longitudinal Study on Women's Health (Women's Health Australia) is a longitudinal population-based survey that examines the health of over 40,000 Australian women over a 20-year period (Lee 2001). In April 1996, a large random sample of over 40 000 women agreed to participate in the project for 20 years. The survey will follow the sample of women through various stages of their lives in order to understand more about women's health and wellbeing.

This survey was primarily designed for epidemiological purposes, to provide estimates relating to health and illness for women in Australia, and it does not collect data on attitudes towards disability. The dataset is publicly available, subject to an application process.

National Survey of Mental Health and Wellbeing 2007

The National Survey of Mental Health and Wellbeing is a random-sample survey funded by the national Department of Health and Ageing, designed to provide lifetime prevalence estimates for mental health disorders across the adult Australian population (aged 16 to 85 years). Respondents were asked about experiences of mental disorders throughout their lifetime and about symptoms during the 12 months prior to the survey. Almost half the respondents (45 per cent) reported a lifetime mental disorder, i.e. a mental disorder at some point in their lives. One in five (20 per cent) had a mental disorder in the last 12 months and 14.4 per cent (2.3 million Australians) reported having an anxiety disorder in the last 12 months. Women experienced higher rates of 12-month mental disorders than men (22 per cent compared with 18 per cent).

Data are publicly available subject to an application process, but this survey was primarily designed for epidemiological purposes to provide estimates of mental health problems in Australia, and does not cover public attitudes to disability.

Time Use Survey 2006

The Time Use Survey was conducted by the Australian Bureau of Statistics to obtain information about the way people allocate time to different kinds of activities. This was a random-sample survey, designed to ensure that within each state and territory each person had an equal chance of selection. Trained interviewers collected basic information about each household, and household members aged 15 years or above completed a time diary.

The survey included a detailed disability module, which showed that 34.2 per cent of respondents had disability or long-term health conditions, and that 54.1 per cent of households contained such a person. It also included information about caring for people with disability, and for frail older people and children. The survey has not to date been analysed by the disability status of the respondent, although this is feasible. Households with children and adults with activity limitations usually record more personal care than households without, because the presence of people needing support can affect the activity patterns of the people in that household (ABS 2008). The Time Use Survey does not cover public attitudes to disability.

Survey of Education and Training 2005

This survey was conducted by the Australian Bureau of Statistics from the beginning of May to the end of August 2005. Information was collected during personal interviews conducted by trained interviewers who asked members of each household detailed questions about their education and training experience. Households were selected at random using a multi-stage area sample of private dwellings. All usual residents of the dwelling aged 15 years and over were asked to participate in the survey. In total, almost 27 600 people responded fully to the survey (ABS 2006b).

This survey does collect information relating to disability status, whereas standard reports of educational achievements do not provide a detailed breakdown by disability. This could

represent something of an opportunity for further analysis, although it should be noted that educational attainment is comprehensively covered and reported by SDAC. It is therefore questionable whether analysis of the Education and Training Survey would add significantly to our already substantial knowledge base concerning social and economic disadvantage experienced by people with disability. Moreover, the Survey of Education and Training does not cover public attitudes.

Australian Human Rights Commission

The Australian Human Rights Commission investigates complaints of discrimination, harassment and bullying based on a person's sex, race and disability (including temporary and permanent disability; physical, intellectual, sensory, psychiatric disability, diseases or illnesses; and medical conditions). The Australian Human Rights Commission and other public bodies such as the Anti-Discrimination Board and the Office of Fair Trading are a potential source of information relating to discrimination against people with disability.

However, the data handled by these public bodies are sensitive and they have been submitted in confidence. The Australian Human Rights Commission cannot provide details of individual complaints, but some general information related to complaints and discrimination issues can be found in the Commission's Annual Reports. In 2007–08, the Australian Human Rights Commission received 2000 complaints under the Disability Discrimination Act. Almost half of these complaints (46 per cent) concerned employment (AHRC 2009) (Table B2).

Table B2:   Disability Discrimination Act—complaints received by topic 2007–08

Complaints by area	Number	Per cent
Employment	942	46
Goods, services and facilities	640	31
Education	149	7
Unlawful to contravene Disability Standard	135	7
Access to premises	62	3
Administration of Commonwealth laws and programs	48	3
Accommodation	24	1
Superannuation, insurance	14	1
Clubs, incorporated associations	27	1
Application forms, requests for information	5	-
Sport	4	-
Incitement to unlawful acts or offences	-	-
Advertisements	-	-
Land	-	-
Trade unions, registered organisations	-	-
Total	**2050**	**100**

Source: Australian Human Rights Commission

Detailed information about complaints could shed light on public attitudes towards disability. Therefore it would be worthwhile to investigate whether access to complaints records could be granted.

National Disability Strategy Consultation

In late 2008, the Australian Government released a discussion paper inviting consultations intended to inform the development of a National Disability Strategy by asking the community to respond to a series of questions about their experiences of disability. More than 750 submissions were received in response, more than half from individuals and the remainder from a range of organisations (Deane 2009).

The findings of the consultations included in the National Disability Strategy Consultation Report, *Shut Out* (Deane 2009, p. 4), show that more than half the submissions received (56 per cent) identified exclusion and negative social attitudes as critical issues (Table B3). It is possible that these submissions could provide a rich source of information about the experiences people with disability have had with public attitudes.

Table B3:   Barriers to full participation in the economic and social life of the community experienced by people with disability (including families, friends and carers)

Area where barriers experienced	Per cent of submissions
Social inclusion and community participation	56
Disability services	56
Rights, justice and legislation	39
Income support and the cost of disability	37
Employment	34
Accommodation	32
Families and carers	30
Education	29
Transport	29
Health and wellbeing	29
Built environment	27
Disability services—workforce issues	21
Aids, equipment and assistive technologies	20

Source: National Disability Strategy Consultation report

Mission Australia Youth Survey

Mission Australia's regular survey of children and young people aged 11 to 24 years explores what young people value, what concerns them, where they turn for advice and support, their level of engagement in the community, and who they admire. Around 29 000 young people from communities across Australia participated in the latest survey (Mission Australia 2009),

and this too could be a source of information on some key areas of young people's lives. In the 2007 survey, a third of young people reported that body image was a major concern, and 13 per cent reported discrimination (Mission Australia 2008).

Some of this information relating to both the national and the state/territory levels has already been published. The unanalysed data do not appear to be publicly available, although it may be possible to obtain it upon request. However, the survey does not cover public, or more specifically childhood, attitudes to disability.

The Julia Farr Association 'tell us' about Living with Disability survey

The Julia Farr Association is currently running a 'Living with Disability' survey and is encouraging people to report their views and experiences of living with disability. This project is still gathering data, and it is not clear what sort of data will be made available, or when. The project may provide interesting findings, but the sample is voluntary and as a result is likely to represent the views of people already interested in issues to do with disability, rather than being a representative sample (see <www.juliafarr.org.au/survey> for more information).

1000 Voices Project

A similar dataset is the *1000 Voices* project out of Griffith University. This project is encouraging people with disability from around the world to report their life stories, and it is running between 2009 and 2011. The project aims to promote the diverse lived experiences of people with disability and to open up people's eyes and ears so that they can recognise that diversity. This project is still gathering data and it is not clear whether it will be made publicly available. The project may provide interesting results, although its sample can be assumed to be relatively small and it is international, not specifically Australian (see <www.1000voices.edu.au> for more information).

List of shortened forms

ABC	Australian Broadcasting Corporation
ABS	Australian Bureau of Statistics
ACT	Australian Capital Territory
ADA	Americans with Disabilities Act
AHRC	Australian Human Rights Commission
AIDS	Acquired Immuno-Deficiency Syndrome
AND	Australian Network on Disability
AuSSA	Australian Survey of Social Attitudes
BBC	British Broadcasting Corporation
BSA	British Social Attitudes (UK national survey)
CAG	Consumer Advisory Group (NSW)
CALD	culturally and linguistically diverse
DAA	Disability Awareness in Action (UK, international)
DAC	Disability Advisory Council (ACT)
DASH	Disability Awareness Starts Here! (US)
DEEWR	Australian Government Department of Education, Employment and Workplace Relations
DHCS	Department of Disability, Housing and Community Services (ACT)
DRG	Disability Reform Group (ACT)
FaHCSIA	Australian Government Department of Families, Housing, Community Services and Indigenous Affairs
GSS	General Social Survey
HHS	Department of Health and Human Services (US)
HILDA	Household, Income and Labour Dynamics in Australia
LSAC	Longitudinal Study of Australian Children
NATSISS	National Aboriginal and Torres Strait Islander Social Survey
NSW	New South Wales
ODI	Office for Disability Issues (UK)
OFD	Office for Disability (Victoria)
ONCE	Organización Nacional de Ciegos Españoles (the Spanish National Organisation of the Blind)
SDAC	Survey of Disability, Ageing and Carers, Australian Bureau of Statistics
SPRC	Social Policy Research Centre
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNSW	University of New South Wales
UK	United Kingdom
US	United States

This report uses the terms 'people with disability' and 'a person with disability' to be consistent with current Australian disability community preferences for 'people first' language and with FaHCSIA usage. An exception is when we refer to British research findings, where the preferred term is 'disabled people', and to the UN initiatives, where the preferred term is 'persons with disabilities.'

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