Royal Commission
into Violence, Abuse, Neglect and Exploitation
of People with Disability

Research
Report

Changing community attitudes to improve inclusion of people with disability

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Abbreviations and meanings

ADS	Australia's Disability Strategy 2021-31, expected to be released in late 2021. 6 outcome areas: economic security; inclusive and accessible communities; rights protection, justice and legislation; personal and community support; learning and skills; health and wellbeing
CRPD	United Nations Convention on the Rights of Persons with Disabilities 2006
Information about disability	Information about social experiences of disability or disability type or both
Intervention	Action to change attitudes, such as training, program
Intervention types	Education, Persuasion, Incentivisation, Coercion, Training, Restriction, Environmental restructuring, Modelling, Enablement
Level of intervention	Individual (personal), relationships between people (interpersonal), organisations, communities, governments
NDS	National Disability Strategy (2010-2020)
NDIS	National Disability Insurance Scheme
Policy or intervention	Policy, intervention and any other action to change attitudes
Policy types	Communication/marketing, Guidelines, Fiscal, Regulation, Legislation, Environmental/ social planning, Service provision
Report	Not peer reviewed academic evidence. Grey literature from government, business or nongovernment
Social model of disability	Understanding disability as the interaction between people living with impairments and an environment filled with physical, attitudinal, communication and social barriers

Short summary

The Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (Royal Commission) wants to know what could be done to change attitudes towards people with disability so that they are better included in society. UNSW Sydney and Flinders University researched effective policies to change attitudes, using an evidence review and national interviews.

The research found evidence about interventions to change attitudes, behaviours and outcomes. The three concepts are linked and are measures that indicate the social inclusion of people with disability. Social inclusion is an indicator of equality from the human rights of people with disability.

Most interventions focused on one aspect of disability or on disability and one other aspect of diversity, such as culture, gender or sexuality. Some structural interventions in other policy areas, such as women's safety, considered diversity associated with disability.

The interventions were aimed at different levels where change may occur: people's personal perceptions, their interactions with other people, their roles in organisations or the structures in their community and government. Interventions to change attitudes were often aimed at more than one of these levels.

Strategies to change attitudes were often a combination of complementary policy types, intervention types and multiple levels of intervention. Types of policy included communication/ marketing, guidelines, fiscal, regulation, legislation, environmental/ social planning and services. Types of intervention were information and contact, structural interventions and requirements.

The two ways to change attitudes are using strategies that directly target attitude change; and strategies to change behaviour, with attitude change as a secondary purpose and outcome. The implications for government are that attitudes and behaviour both matter, both should be targeted for change, and both should be measured. The facilitators of attitude change are:

1. Active presence of people with disability

2. Leadership

3. Targeting multiple levels and multiple types of policy and interventions

4. Long-term approaches with adequate resources

5. Measuring and monitoring change.

1. Executive summary

The Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (Royal Commission) wants to know what could be done to change attitudes towards people with disability so that they are better included in society. In 2021, the Royal Commission funded UNSW Sydney and Flinders University to identify effective policies to change attitudes, using an evidence review and national interviews.

Findings about change interventions and approaches

The evidence review and interviews consistently found that to make changes to attitudes, behaviours and outcomes, the key was interventions based on information and education. Interventions were targeted towards organisations, communities and individuals. Structural interventions led by government seemed to be important for success. Interventions used a combination of regulation, guidelines, persuasion and modelling. The interventions emphasised:

- Active presence of a diversity of people with disability across all life domains, including inclusive schooling, employment and communities

- Leadership by people with disability at the centre, and leadership by organisations and government that highlights the diverse contribution of people with disability

- Targeting multiple levels and multiple types of policy and intervention in a holistic approach to system change

- Long-term approaches with adequate resourcing to achieve structural, sustained changes

- Measuring, monitoring and research that inform decisions about interventions and accountability across organisations.

Addressing diversity

Most interventions focused on one aspect of disability or disability and one other aspect of diversity, such as culture, gender or sexuality. The interventions did not generally address the diverse experiences of people with disability or the specificity of their intersectional experiences. This gap led to further disadvantage.

Some structural interventions in other policy areas, such as women's safety, intentionally considered the diversity associated with disability.

Measuring changed attitudes

Measurement was discussed about changes in attitudes, behaviours and outcomes. These three concepts are linked, each informing whether the social inclusion of people with disability improves. Social inclusion is an indicator of equality from the human rights of people with disability.

Some existing administrative data and surveys had been analysed to measure change. These data would need to be modified to effectively measure change and hold organisations accountable (6.2).

Longitudinal measures of attitude change were missing. These measures would need to be co-designed with people with disability to reflect people's priorities about how attitudes affect their social inclusion outcomes.

Levels of intervention for change

The interventions were aimed at different levels where change may occur: people's personal perceptions, their interactions with other people, their roles in organisations or the structures in their community and government.

The levels overlapped, and interventions to change attitudes were often aimed at more than one level. Different types of interventions were used across the multiple levels through a targeted approach.

The evidence review found many gaps about what levels of intervention were the most promising to target to improve attitudes and behaviours towards people with disability. Participants in the interviews emphasised that interventions needed multi-level, multi-factor approaches to effect change.

Types of policy and intervention to change attitudes

Promising strategies to change attitudes were a combination of complementary policy types, intervention types and multiple levels of intervention.

Types of policy included communication/marketing, guidelines, fiscal, regulation, legislation, environmental/social planning and services. Types of intervention were information and contact (education, training, modelling and persuasion); structural (environmental restructuring and enablement); and requirements (restriction, coercion and incentivisation).

Effective strategies to change attitudes needed to target all levels of intervention in a combination of complementary policies and interventions.

Future strategies and facilitators for attitude change

The two ways to change attitudes are with strategies that directly target attitude change; and within policies and interventions where the primary purpose is to change behaviour, and attitude change is a secondary purpose and outcome.

The facilitators of attitude change are:

1. Active presence of people with disability

2. Leadership

3. Targeting multiple levels and multiple types of policy and intervention

4. Long-term approaches with adequate resources

5. Measuring and monitoring change.

2. Introduction

The Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (Royal Commission) wanted to know what could be done to change attitudes towards people with disability so that they are better included in society. The Royal Commission funded the Social Policy Research Centre (SPRC) at UNSW Sydney and Flinders University to identify successful policies to change attitudes.

The Royal Commission was established in April 2019. Its task is to find out what governments, institutions and the community should do to prevent, and better protect, people with disability from experiencing violence, abuse, neglect and exploitation, and to create a more inclusive society that supports the independence of people with disability. This aim is based on a human rights framework, which emphasises that all people have equal human rights. Within that framework, the social model of disability understands that disability stems from the interaction between people living with impairments and the physical, attitudinal, communication and social barriers in society.

This research found evidence about ways to change attitudes. Attitude change can be initiated by governments, institutions and communities, and everyone has a responsibility to improve attitudes. This research focuses on actions that can leverage system-wide impact.

The research draws on the literature (evidence review) and the Australian policy experience of governments, organisations and people with disability (interviews). The evidence review explored national and international literature to identify interventions and policies that address community attitudes to support equality, inclusion and participation of people with disability. The review informed the interviews and analysis for implications from the project.

The evidence will inform Royal Commission recommendations to prevent and address violence, abuse, neglect and exploitation of people with disability, and to promote inclusion.

2.1 Attitude types and characteristics

The concept of attitude is primarily psychological, although it is also conceptualised in different ways in philosophy.[1] In psychology, different definitions of attitude emphasise distinct aspects of the concept.[2] Some definitions conceptualise attitudes as an association between an entity (person, place or issue) and a favourable or unfavourable evaluation or feelings.[3]

Other definitions take a more behavioural view, suggesting that attitudes are learned positive or negative evaluations that predispose people to behave towards other people and situations in a particular way.[4] In this project, we focus on studies that adopt these latter definitions of attitude, which focus on the relationship between changes to attitudes and behaviour.

Attitudes can operate on two levels: explicit and implicit.[5] Explicit attitudes are conscious, deliberately formed and can be self-reported.[6] For example, we might state that we like or dislike mathematics, which is an attitude towards this subject. Some positive and negative

judgments are less accessible to conscious awareness and control.[7] Implicit attitudes emerge from automatic processes, in the absence of conscious thought.[8] For example, although we can state that we like mathematics, we might associate this subject with negativity without being aware of it. Like explicit attitudes, implicit attitudes can be both negative and positive. Examples of positive implicit attitudes are those towards a country and religion.[9] Friedman observed that most research about attitudes towards people with disability focused on explicit attitudes, without considering how explicit and implicit attitudes may operate together.[10]

In the Attitudes Matter survey of community attitudes towards people with disability conducted on a representative panel of the Australian population,[11] most respondents reported positive or inclusive attitudes, with only a minority reporting overtly negative attitudes. Respondents generally supported the rights of people with disability, including the rights to: access mainstream schools and inclusive education, have choices about where they live, and participate in conversations about sex. [12]

Nevertheless, 78% of the respondents agreed that people without disability were unsure how to act towards people with disability.[13] It appears that, regardless of people's intentions, actions based on uncertainty can have adverse impacts for people with disability.[14]

Neutral or ambivalent responses to statements (neither agree nor disagree) were common in the survey.[15] For example, "while 20% of respondents agreed that 'people should not expect too much of people with disability,' a further 27% reported they neither agreed nor disagreed with this statement".[16] Neutral or ambivalent responses are challenging to interpret and are common in attitude surveys.

The Attitudes Matter survey had several strengths, including using a large representative sample of the Australian population and a co-design approach with people with disability. However, the survey could not measure implicit attitudes or bias.[17] Also, it could not explore intersectionality, which is the impact that different types of impairments, identities and social positions such as gender, race and ethnicity, class and sexuality can have on attitudes and behaviour.[18]

Research suggests that explicit attitudes and bias, which are conscious, can be addressed directly through policy.[19] It also suggests that a good approach to address implicit attitudes and bias is to identify specific situations where biased decisions are more likely to occur and develop interventions to address them.[20] Both these approaches can focus on changing the attitudes themselves or the behaviours that reflect the attitudes. Policies and interventions that change attitudes and behaviours and maintain behaviour change are critical to the outcomes of equality, inclusion and participation of people with disability. The link between attitudes, behaviours and outcomes is key to the conclusions about effective interventions and is further explored in the next section.

2.2 Attitude change

Theories about attitude change identify several factors that can act as mechanisms of change. Three models in the literature describe the main components and structure of explicit and implicit attitudes:

- expectancy-value theory suggests attitudes are composed of beliefs and evaluations of these beliefs, emphasising the role that personally important beliefs play in shaping attitudes[21]

- symbolic attitude approach proposes that emotions and symbols, like prejudice and deep-seated values, are core components of attitudes[22]

- ideological perspective argues attitudes are organised around ideological principles, like liberalism and conservatism.[23]

These three models suggest that attitudes are related to people's and societal beliefs and values. Perloff proposes a summative view of the relationships between attitudes, values and beliefs: attitudes are shaped by values, defined as guiding principles in a person's life, and consist of specific beliefs, defined as cognitions about the world.[24]

Overall, theories of attitude change can be summarised into two types: central route approaches and peripheral route approaches to attitude change.[25] Persuasion via central route approaches focuses on the information that a person has about the entity under consideration (person, place or issue). Some of these theories assume that comprehending and learning information is key to attitude change. Others emphasise the evaluation, elaboration and integration of this information.[26] Persuasion via peripheral route approaches focus on generating attitude change via relatively simple associations or inferences, such as agreement with an expert source or counting the number of arguments presented, where more arguments is better.

Most contemporary literature on attitude change is guided by one of the available 'dual process' models of judgment. The Elaboration Likelihood Model (ELM) introduced by Petty and Cacioppo is a prominent example of dual process models. [27] It is based on the notion that people want to form correct attitudes (i.e., attitudes that will prove useful in functioning in the environment) as a result of exposure to a persuasive communication, but there are a variety of ways in which a reasonable position can be adopted.[28]

Examples of persuasion via the central route approaches are:

- Message learning approach, which focuses on externally generated information that can lead to attitude change. In its original formulation, it suggests that the more message content people learn, the more their attitudes should change.[29] Recent research shows that people can change attitudes also thanks to cues associated with the message, for example if the source is an expert.[30]

- Self-persuasion approach, which focuses on internally generated information that can lead to attitude change. It proposes that people can self-generate reasons to favour or disfavour any position, so their attitudes can change in the absence of any new external information.[31]

- Expectancy value approach, which focuses on the particular features of the information that are critical for influencing attitudes. It analyses attitudes by investigating the extent to which people expect the entity (person, place or issue) to be related to important values or to produce positive or negative consequences. Fishbein and Ajzen's theory of reasoned action[32] is an influential example of expectancy-value theory. It suggests that the attributes (or consequences) associated with an attitude object are evaluated along two dimensions – the *likelihood* that an attribute or consequence is associated with the object (for example crime will reduce if taxes are increased) and the *desirability* of that attribute or consequence (for example the desirability of reducing crime).[33]

- Self-validation approach, which states that, when making judgements, people are more likely to rely on thoughts in which they have confidence (such as those that they see as valid) than thoughts about which they have doubts.[34]

- Functional approach, which focuses on the specific functions that attitudes have for people. For example, some attitudes have an 'ego-defensive function', that is they aim to protect people from threatening truths about themselves or to enhance their self-image. Other attitudes have a 'value-expressive function', that is they aim to express important values.

- Consistency approach, which states that attitudes often help to maintain a need for consistency among the elements in a cognitive system. Dissonance theory is the main example of consistency approaches.

Examples of persuasion via peripheral route approaches are:

- Inference approach, which states that people can make an evaluative inference based on some meaningful subset of information without having to examine all the issue-relevant information they have available.[35] 'Attribution theory' is a prominent example of the inference approach. It proposes that people infer underlying characteristics about themselves and others from the behaviours that they observe and the situational constraints imposed on these behaviours.[36]

- Approach that emphasises emotions (affect), which focuses on the role of emotional processes in attitude change.

Further insights about attitude change come from other lines of research, such as for example research on intergroup prejudice. Allport's contact theory[37] proposes that contact between groups can effectively reduce intergroup prejudice, but only when four primary conditions are present: equal status between the groups in the situation; common goals; intergroup cooperation; and the support of authorities, law, or custom.[38]

A meta-analysis of 515 studies found that intergroup contact typically does reduce intergroup prejudice, with more rigorous studies yielding larger mean effects. The meta-analysis result also suggested that contact theory, which was originally devised for racial and ethnic encounters, can be extended to other groups, including people with disability, with a lived experience of mental illness, and the elderly.[39] Finally, the meta-analysis found that Allport's optimal conditions to reduce prejudice through intergroup contact are not essential for intergroup contact to achieve positive outcomes, but act as facilitating conditions that enhance the tendency for positive contact outcomes to emerge.[40]

Nevertheless, the meta-analytic results found that, among Allport's conditions, institutional support (i.e. authority support towards the intervention) may be especially important for facilitating positive contact effects. However, this result does not mean that institutional or authority support should be conceived of or implemented in isolation from the other conditions. Institutional support for contact under conditions of competition or unequal status can often enhance animosity between groups rather than reducing it.

Overall, the different theories on attitude change suggest that there are a variety of processes through which attitudes can be changed and that different processes can dominate in different situations. Further, attitudes formed by different processes can have different characteristics, including persistence and resistance. Persistence of persuasion refers to the extent to which attitude change endures over time. Resistance refers to the extent to which attitude change remains despite contrary information.[41]

The Attitudes Matter survey concluded by suggesting whether people who respond neutrally to statements about attitudes towards people with disability might "represent a 'movable middle,' whereby efforts to combat and/or debunk misconceptions and stereotypes about people with disability might be more effective than among those with entrenched negative attitudes".[42]

To conclude, attitudes that appear identical when measured can be quite different in their underlying structure and therefore in their temporal persistence, resistance, or in their ability to predict behaviour and ultimately, outcomes, including high level outcomes such as equality, inclusion and participation of people with disability, and pragmatic outcomes such as reasonable adjustments.

3. Methods

The two research methods were an evidence review and interviews. Further details are in Appendix A.

3.1 Evidence review

The evidence review (Appendix B) synthesised the literature on good practice in policy and successful strategies for changing attitudes and behaviours towards people with disability. It adopted a scoping approach,[43] which is particularly helpful when a topic has not yet been extensively reviewed or is of a complex or heterogeneous nature, as in this study.[44]

The scoping review approach was informed by systematic principles, so it spelled out how relevant literature and policy were identified and included or excluded from the analysis. Consultation was a key step in preparing the scoping review; it helped to ensure that there was expert input about literature selection and interpretation of findings.[45]

The searches were conducted using a systematic approach to identify disability attitudes, interventions and policies across four databases: Australian Public Affairs, ProQuest databases (including PsycINFO), Social science research network and SCOPUS. A detailed explanation of the search terms and strategies is in Appendix B.

The review selected 48 studies published in English language between January 2018 and July 2021. It also reviewed 12 grey literature reports that were out of scope (because they did not report findings about interventions to change attitudes), but they gave context to the review findings.

Overall, the scoping nature of the review allowed the research team to generate a comprehensive overview of the academic national and international literature and of national grey literature on interventions and policies that address community attitudes to support the rights, equality, inclusion and participation of people with disability.

3.2 Interviews

The evidence review informed the approach to the group and individual interviews of the research fieldwork. The field research had ethics approval from UNSW Human Research Ethics Committee and AIATSIS Research Ethics Committee and was ratified by Flinders University Ethics Committee. Recruitment of participants was via email and included a recruitment letter, information and consent form and a summary of the evidence review with discussion questions (see Appendix A).

Purposive sampling of participants was conducted based on their expertise in the topic. Following the evidence review, the interviews focused on identifying promising practice approaches and conditions for achieving positive outcomes of change. The discussions

were disability-focussed. Participants were invited from advocacy and peer organisations, governments at state, territory and federal levels, business and academia, and people involved in key change-making initiatives. A plain English version of questions was sent to self-advocacy groups (see Appendix A). Interviews were held in groups of up to six people or individually when preferred via Teams or Zoom. The online interviews were supplemented with several in-person interviews and written responses from participants unable to attend.

The discussions were led by Sally Robinson and Karen Fisher. In each interview another member of the research team kept notes based on the discussion questions.

Participants are described in the findings section of this report by their role in advocacy (n=21), community (n=22), business (n=2), government (n=12) or academic (n=3). People were not asked to disclose disability, but it was noted where it was relevant and a participant was speaking about lived experience. Interviewees were diverse, including people with a range of impairment types, First Nations people, people from culturally and linguistically diverse backgrounds, people from sexuality and gender diverse communities and people in rural and remote locations. All states and territories were represented. To protect the confidentiality of participants, further details are not provided.

Table 1 Interview participants

Interview	Number of interviews	Number of participants
Group interview online	12	42
Group interview in person	2	8
Individual interview online	8	8
Individual interview in person	1	1
Written responses	2	2
Total	**22**	**61**

Notes: July to October 2021

3.3 Analysis

The retrieved literature and the interviews were analysed using four typologies. First, they were coded and synthesised across the six outcome areas in Australia's Disability Strategy 2021-31 (ADS) – economic security; inclusive and accessible communities; rights protection, justice and legislation; personal and community support; learning and skills; and health and wellbeing.[46] Within each outcome area, they were then further described according to the following typologies:

- 5 levels of change: the individual (personal level); relationships between people (interpersonal level); the organisation (organisational level); the community (community level); and the government

- 7 types of policy: communication/marketing, guidelines, fiscal, regulation, legislation, environmental/social planning, service provision

- 9 types of intervention: education, training, modelling, persuasion, environmental restructuring, enablement, restriction, coercion, incentivisation.

The nine types of intervention and the seven types of policy were adopted from the Behaviour Change Wheel (BCW) (Appendix B),[47] a composite framework informed by the most consistent and significant components identified within 19 frameworks of behaviour change in a systematic literature review.[48] The BCW was a suitable analysis framework for this report because it synthesises multiple models and categorises the different types of actions to change attitudes. It is a holistic, systems-based model that provided sufficient scope and rigour to our analyses.

Appendix B describes the guiding principles that informed the coding of the articles across the ADS and BCW categories. These guiding principles allowed the research team to resolve uncertainty about the coding of some studies through discussion and benchmarking.

3.4 Limitations

The evidence review was limited to papers published in English in the last three years. It did not aim to systematically retrieve and analyse all existing literature on interventions or policies on attitude change beyond people with disability. Consequently, it may have inadvertently excluded relevant interventions and policies aimed at changing attitudes published in other languages, prior to 2018 and for populations other than people with disability.

In particular, the evidence review did not include attitude change literature in relation to other experiences of diversity, such as LGBTQI+ or race as distinct from disability. These latter characteristics were investigated only in relation to the disability-related studies and grey literature included in the evidence review. Consequently, the review has not addressed whether there are learnings from attitude change activities in relation to other groups (separate from disability) that could be transferred in the disability field. Evidence reviews more focused on a specific area, in particular education or employment, might enable a more detailed description of the features of attitude/behaviour change activities across different fields.

The main limitation of the interviews was the low response rate of participants from the business sector. Online interviews were the predominant mode of participation due to COVID restrictions, apart from SA and WA, where a small number of face-to-face interviews were possible. Face-to-face recruitment prioritised self-advocates where permitted in jurisdictions not as impacted by COVID restrictions.

The interview sample was comprehensive to capture a range of activities and success factors. Discussions focused on disability related change, however other relevant change interventions were also included. In line with the evidence review, which had little outcome data available, the interviews yielded little about efficacy of approaches. This meant that despite much activity around changing attitudes and behaviours, interview participants were able to speak about short-term change only due to the lack of long-term program evaluations. Where this information was available, it is included. The interview findings focus on promising approaches and conditions for achieving outcomes.

4. Findings about change interventions and approaches

Key findings

The evidence review and interviews consistently found that the key to change attitudes, behaviours and outcomes was interventions based on information and education. Interventions were targeted towards multiple levels of organisations, communities and individuals. Structural interventions led by government seemed to be important for success. Interventions used a combination of regulation, guidelines, persuasion and modelling. The interventions emphasised:

- Active presence of a diversity of people with disability across all life domains, including inclusive schooling, employment and communities

- Leadership by people with disability at the centre, and leadership by organisations and government that highlights the diverse contribution of people with disability

- Targeting multiple levels and multiple types of policy and intervention in a holistic approach to system change

- Long-term approaches with adequate resourcing to achieve structural, sustained changes

- Measuring, monitoring and research that inform decisions about interventions and accountability across organisations.

This section outlines the findings through the lens of Australia's Disability Strategy (ADS) outcome areas: economic security; inclusive and accessible communities; rights protection, justice and legislation; personal and community support; learning and skills; and health and wellbeing (Appendix B).[49] The ADS outcome areas are generated from the priorities of people with disability and are linked to government obligations in UNCRPD.

The research was conducted in the lead-up to the release of the new strategy (2021-2031), using the outcome measures from the previous National Disability Strategy (NDS, 2010-2020) and in the expectation that the new strategy would use similar measures. It follows the outcome order of the earlier NDS 2010-2020: inclusive and accessible communities; rights protection, justice and legislation; economic security; personal and community support; learning and skills; and health and wellbeing.

The research findings categorised each intervention within one of the six ADS outcome areas. Interventions about more than one outcome area were attributed to the outcome area that was the primary goal of the intervention. This choice was made to avoid repetition and to reduce the complexity of the analytical framework, which included studies with more than one type and level of intervention. Outcome areas frequently overlap, as many programs generated impacts in more than one outcome area.

Each ADS outcome area has examples from the evidence review followed by examples from the interviews. The quotes refer to the type of interview participant (advocacy, community, business, government, academic). The sections conclude with case studies to illustrate effective or promising interventions in that outcome area. The examples include different intervention types (Section 8.2).

The evidence review found that most interventions aimed to change people's attitudes by focusing on:

- their knowledge of disability (information-based cognitive interventions) – for example by providing information about the experience of disability or about human rights or

- information and opportunities for participants to interact with people with disability (mixed cognitive and behavioural interventions).

A small number of studies consisted only of a behaviour intervention, such as for example a theatrical intervention to provide members of a college community with positive contact with autistic people and their stories.[50]

The effect of the reviewed interventions to make long-term change was unclear. A qualitative study questioned whether voluntary interventions might attract people whose existing views aligned with the intent of the intervention, so primarily reinforcing positive attitudes.[51] A longitudinal randomised study suggested that anti-stigma activities and message interventions need to be maintained to prevent people reverting to previous attitudes.[52]

Participants in the interviews discussed programs, experiences and approaches that impact attitudes, behaviours and outcomes. Interventions were cognitive and behaviourally based and were across multiple levels of organisations, communities and individuals. Common approaches were education, training, modelling and persuasion, which reflected the types of intervention found in the evidence review. Some examples of other types of intervention are also noted below and in Section 8.

The interview findings within each section are ordered from the levels of change: governments, communities, organisations, relationships between people (interpersonal) and individual (personal) (Section 7).

Each section concludes with at least one case study example of an intervention or approach to change. These case studies are illustrative of multiple approaches and are examples of practical implementation of programs. Where possible, the case studies are aligned to positive change affecting the lives of people with disability.

4.1 Inclusive and accessible communities

This outcome area refers to people with disability living in accessible and well-designed communities with opportunity for full inclusion in social, economic, sporting and cultural life (Appendix B).

4.1.1 Evidence review

Discrimination fuelled by negative attitudes, stigma and prejudice can create social and economic exclusion of people with disability and their families from the communities in which they live.[53] The reviewed evidence provided a mixed picture of the effectiveness of education interventions to reduce stigma. At the community level some information interventions were useful. Examples were information and courses[54] to understand disability through a social model of disability,[55] the use of the social relational model to inform an organisation's teaching philosophy and practice, and interventions such as imagined-contact, vignettes, pictures or hypothetical scenarios.[56]

4.1.2 Interviews

In the interviews, participants gave examples of inclusive and accessible communities outcomes that were achieved by a range of campaigns and actions. The campaigns and actions were conducted by community organisations and government, and often used community development approaches. Many participants talked about perceptions and language of disability, about diversity and about assumptions and stereotypes about hierarchies of disability.

Participants explained a holistic approach to the responsibility for change, which rests with the broad community, organisations and individuals, and not people with disability. They also highlighted that active presence of people with disability was fundamental to community inclusion. Active presence means that people with disability participate in all life domains with dignity, have equal value and worth and have equal human rights. The approaches or interventions that facilitated change included education, information, environmental restructuring and enablement interventions.

Participants talked about the mediated contact with people with disability through traditional, popular and social media, noting that representation and visibility in media reinforces or challenges attitudes (advocacy, community). They explained that while attitude change campaigns had some impact, active presence, or visibility and participation, in popular media outside of campaigns were more useful in shifting community attitudes in a positive way. One participant noted

> If it was just as simple as having an ad campaign, you know we would have done it (advocacy).

They observed that media narratives about disability were shifting. In some media, participation was more visible and representation of people with disability more nuanced and active. One participant noted that training programs for journalists had some effect and changed reporting, representation and language in a positive way (advocacy). Several participants gave examples of increased visibility and representation in the media (community, government, advocacy, academic). Mediated contact with people with disability, along with visibility and representation, can create an active presence of people with disability in society. An active presence can lead to community-wide recognition of the diversity of disability, that it will be encountered day by day and that it is protected by human rights for all people.

The interviews coincided with the Paralympics 2020 (September 2021), which was a platform for positive images of disability and the platform for the launch of the We the 15 campaign.[57] Participants had observed that the diversity of disability experience was overshadowed by the exceptionalism of elite Paralympian athletes.

One participant noted that community-wide regulations and initiatives were valuable as local symbols, and that regulations about disability sent 'a big signal to the Australian community that you know disability is real' (government). They explained that regulations and 'signs matter' (government). Participants stated that regulations directly linked to actions and the integration of change into regular, standard processes was key to structural and behavioural change (community).

We heard that some Disability Inclusion Action Plans (DIAP) (some plans have different titles) had contributed to structural and organisational change (business, government, community). The Western Australian 'footpath plan' was an example of a plan that contained access audits, which had improved accessibility for people with disability. The plan and audit in consultation with people with disability 'enabled prioritisation and scheduling of key routes and areas'.[58] We heard that one local government included yearly disability access audits in general infrastructure processes.

Several participants explained how locally driven solutions could influence and support change (government, advocacy). Participants agreed that targeted interventions addressing specific local issues had impact, especially when a person with disability or peer group network generated activity for change (advocacy, community). Many participants said it was important that interventions were led by people with disability and were underpinned by legislation.

> It's been really important that we involve people with disability in looking at what the solution needs to be along with the other key stakeholders from the beginning, that we're actually using the stories based on people's lived experiences to actually create a different level of understanding and awareness amongst people … We use people [with disability] as peer facilitators (advocacy).

Another participant described their experience in the workplace where it required a combination of approaches, legislative and leadership, with people with disability agitating for change.

I've been [here] a long time, and when I asked about [the business] approach to disability, yeah, the responses were, 'we have a workplace adjustment policy'. It's a legislative requirement about workplace adjustment, so that was it. So, to me, the legislative requirement is very, very low weight. Where you have people with disability almost agitating for change and you get a leadership or leaders who are...come out and pretty much, get it, that's really powerful. But it still might take those two things [legislation and activism] (business).

Several participants described relationships and community engagement as central to effective interventions, with peer networks taking the lead. Many peer networks, such as the Diversity and Disability Alliance, Our Voice or Council for Intellectual Disability, focused on peer advocacy, with people with disability leading the education for families and community.[59] These approaches include people telling their stories and engaging with the community. It is not possible to separate knowledge of disabled people's personal stories from the impact of direct personal interactions with people with disability as influential in changing attitudes.

Peer-led change adopted a community development model that targeted change driven by local people with disability and localised knowledge. One example from remote Queensland centred on the needs of people with disability at that location and was driven by them, together with local community leaders, Elders and peer-led advocates (4.1.3 Case Study - Warner Street Community Living, Synapse).

Nationwide campaigns driven by disability peer networks have also led to change (4.6.3 Case Study – Our Health Counts). In a different example, we heard that advocates and allies worked alongside others and linked with the broader community and organisations to facilitate change. The approach engendered community support and led to legislative change. They noted that change at the political level was directly influenced by community, and legislative or regulation change occurred due to broad support from communities and organisations (advocacy). One participant talked about a successful campaign to improve accessibility in building codes. They explained,

… we were one of the organisations that have been part of the Building Better Homes Campaign to actually get changes in the building codes, to introduce a mandatory accessibility standard into the building code, and to have it legislated and to try to get all the jurisdictions to agree to that because they all contribute to the implementation of the building code.[60]

Because we've got that connection around the state and there's been work happening at a local level, from a Queensland perspective, we were able to actually get members of our local groups to actually target federal politicians up here who were fence-sitting as well as the state government because they had yet to sign on to agree to those changes to minimum standards. A number of our peer group members and leaders in marginal seats actually went and made appointments and had conversations with them about what that would actually mean. Those conversations would not have been held had they not believed

it was important to get the change because everyone knew the issue but also having confidence and knowledge and skills to be able to feel comfortable, to sit with a politician and say, "Hey mate, this needs to change for these reasons" (advocacy).

Local and place-based interventions and approaches that facilitated people with disability to participate in their community, and to know and be known by their neighbours, appeared to change attitudes and behaviours. Sustained commitment to community engagement was central to the success of these forms of community inclusion. Several advocacy groups approached change with this method, which aligns with the Ten priorities to address disability inequities.[61]

One participant explained that they knew attitudes had changed over time, as community behaviours changed and there were fewer calls and complaints from neighbours.

Community actions in changing attitudes ... that was literally going in knocking on everyone's door and inviting people to be part of our community.

Right next door, for example, is an aged care facility, so we have … quite a significant number of older adults who are frail, so our tenants now go in and provide support, do their gardens so it's very much … for us to change what we needed to change. And this was a 10-year period of community attitudinal change. [It] was a place-based response where we asked everybody what would it take for people to accept our mob with very complex disabilities?

Basically, living in the middle of town. So, it wasn't just a one off. It's long, it's about that ongoing relationship and commitment with everybody in the neighbourhood (advocacy).

Many participants highlighted that attitude change needed leadership, by people with and without disability, and from within communities and from people in positions of authority (business, government, advocacy). We heard that interventions often had champions or ambassadors, people who were visible change makers, allies and supporters (business, advocacy, community). Other participants described agitators and disrupters who effected change.

… a number of attitudinal change issues need a champion to lead them and often it's the established power base, no matter what that power base is, that aren't really going to be a champion because quite frankly, they're happy with the way things are. You need the disrupters. Usually, the ultimate disrupters will be people with disability in their family because they're the ones that are ultimately impacted upon (advocacy).

In a different example, a participant described how direct contact with people with disability and narratives of their lived experiences overcame resistance to change and effected the implementation of national standards. They explained that an emotional connection to people's stories supported change. They used the example of accessibility to public transport.

If you have people front and centre telling those stories, it can change people's attitudes and that response to requests like that [information about bus stops]. [It's] just really important … (government).

4.1.3 Case studies

Case Study – Warner Street Community Living, Synapse[62]

Responding to a local need, the Warner Street Community Living project employed a range of approaches to establish a culturally safe living environment for First Nations people in Queensland. Warner Street opened in April 2017 in Cairns and still is Australia's first and only purpose-built, culturally responsive housing service for Indigenous Australians impacted by brain injury.

The project was developed by Synapse, a disability services and support organisation for people in Australia impacted by brain injury, with Commonwealth funding from the Supported Accommodation Innovation Funding. It is a place-based response to a community-identified need for culturally safe services and was developed through relationships with the neighbourhood. Warner Street Community Living supports and promotes First Nations people with disability to be supported and participate meaningfully in their communities. The project uses a community development model, partnered with a cross section of designers and architects (Indigenous and non-Indigenous) and Traditional Owners, to ensure the physical environment and service design were culturally safe.

Warner Street was specifically designed, governed and operated to be spiritually, culturally, socially, emotionally and physically safe for Indigenous Australians with brain injury. The Warner Street service consists of eight purpose-built apartments designed to promote the integration of indoor and outdoor spaces. The service also provides residents with 24-hour support. The service is designed to provide a home for individuals, helping tenants to build skills that maximise opportunity to make future housing choices, to be able to live independently, while fostering meaningful connection to community, culture and staff.

The intended outcomes for staff and tenants are the same. It is part of the project intent that is critical to breaking down the traditional power imbalance in these models, which is the reason that abuse and neglect become a high risk.

Case study - National Youth Disability Summit 2020, Children and Young People with Disability Australia (CYDA)[63]

The National Youth Disability Summit was created by and for children and young people with disability over five days in 2020. The Summit was hosted and facilitated by Children and Young People with Disability Australia (CYDA), a not-for-profit community organisation. CYDA seeks to ensure that all children and young people with disability are valued and living empowered lives with equal of opportunity. CYDA's purpose is to ensure governments, communities and families are empowering children and young people with disability to fully exercise their rights and aspirations.

The Summit was developed by the Co-design Committee of 20 young people with lived experience of disability. The Summit focused on 5 key themes identified by the Co-Design Committee as important to young people: education, employment, access, awareness and

inclusion, the National Disability Insurance Scheme (NDIS) and housing, and mental health. The Summit created an inclusive environment in which children and young people with disability came together as a community and shared their ideas to shape the future. Participants talked about barriers to inclusion, such as ableism, and enablers to inclusion, such as the presence of role models with disability, and solutions for the future. The Summit was a platform for children and young people with disability to be publicly recognised as leaders in enacting change and advocating against the negative attitudes and barriers constructed by the government, organisations and community members.

The Summit concluded with a call to action, released as the What Young People Said papers, including:

- For the government to invest in community interventions that target misinformed and discriminatory attitudes and beliefs held about people with disability

- For organisations to ensure they are accessible for everyone

- For the community to reflect on their beliefs and attitudes towards young people with disability.

4.2 Rights protection, justice and legislation

This outcome area refers to people with disability feeling safe and having their rights promoted, upheld and protected (Appendix B).

4.2.1 Evidence review

There is a research and knowledge gap on successful interventions aimed at reducing negative attitudes towards people with disability so that they feel safe and have their rights promoted, upheld and protected. The review found only one study about this outcome area. This is a research and knowledge gap. The study compared student anti-bullying policies of 39 universities in the UK and 39 in Australia. It showed how student unions (organisational level) could make a positive contribution to changing attitudes. Anti-bullying policies needed to be informative and student friendly. Policies should pay attention to accurate definitions of bullying and harassment. The study did not investigate behaviour change.

4.2.2 Interviews

Interview participants outlined examples of how education, modelling, persuasion and coercion had been employed in targeted campaigns focused directly on changing attitudes. Examples included interventions focused on information and training to address media perceptions and representations of people with disability, and on using existing legislation and rights protection to support change.

Participants described successful targeted campaigns that were underpinned by a rights agenda, for example those for marriage equality and the NDIS, which centred on change for people with disability. The NDIS campaign was developed from the ground up, with people with disability at the centre, together with advocates, allies and communities who agitated for legislative and policy change. The implementation of the NDIS required broad community support and legislative change.

Across the interviews, participants frequently argued that effective change for people with and without disability was underpinned by rights and legislation. One participant commented:

> In order to get successful change, we've needed to have some kind of high-level human rights or legislative base to actually hang an approach on, to give us legitimacy to take the issue into the broader public domain to start with, regardless of what that issue is (advocacy).

We heard that targeted interventions with a specific focus were valuable in changing attitudes and outcomes (see also Section 4.1.2). Although, as discussed in section 6, measurements of success were a gap in both the evidence review and interview findings.

Several participants discussed a national government campaign aimed at reducing violence against women and children and changing negative attitudes and behaviour towards women and girls (community).[64] The campaign did not focus on women and girls with disability, however they were a subset of the population affected by these behaviours. The programs leveraged increased public awareness and political and social readiness for change under a strategic framework. The Change the Story framework had not yet been evaluated however the targeted campaigns were directed towards different segments of the community. The Stop it at the Start national program targeted attitudes about violence towards women and focused on adult influencers of young people. One social media program targeted people parenting young children to counter gender stereotyping. Another program that connected to the national strategy was Our Watch's Bystander campaign, which targeted men and boys aged 25-45 years. The campaign provided education and modelled examples of appropriate actions and responses when they witnessed negative attitudes and behaviours towards women and girls. The Bystander campaign was developed following research about men's attitudes and behaviours and was designed to work by 'moving the middle', that is influencing people who are open to being convinced of the need to improve attitudes (community).[65] Participants' experiences were that campaigns and policy could be strengthened when supported by the coercion or restrictions of legislation, such as the Anti-Discrimination Act (government).

One participant explained how successful disability discrimination complaints triggered changes to policy. The SA Government introduced the Promoting Independence - Disability Inclusion Action Plans in 2001, to address disability discrimination in government departments. As part of the plans, government staff undertook disability awareness training developed and facilitated by people with disability. The training was also compulsory for all businesses tendering for SA government contracts (government).

Participants noted the role of legal frameworks to reinforce training and accessibility to ensure change. One such example is the discrimination case Innes v RailCorp. The, then, Disability Discrimination Commissioner successfully sued RailCorp for the lack of audible train announcements.[66] Participants explained the importance of change campaigns backed by legal frameworks, drawing on the non-disability example of the campaign Racism. It stops with me[67]:

> I think the fact that there is a legal backing behind it and then it is introduced in policy… really strengthens that framework (government).

Several participants described accessibility audits in workplaces that led to improved education, supported rights and justice, provided knowledge of disability (disability awareness) and influenced positive behaviour and organisational change (advocacy, business). The audits included training to upskill and educate judiciary, police officers and corrective services personnel to understand cognitive impairment and to learn respectful ways to arrest people, and information about how the person being arrested may be impacted by the event (advocacy).[68] We heard that implementing positive change relied on leadership, and that ongoing accessibility audits or monitoring were key components of change in the Queensland court system (advocacy). Accessibility audits were one method that could be used to measure attitude and behaviour change in organisational culture.

To sustain any change, participants said it needed ongoing monitoring and review, changed organisational structures and ongoing leadership (business, government). One participant explained that supportive structures and processes within organisations could reinforce inclusion and disability access (community). The structures and processes included public events, newsletters, a staff survey, working groups, networks and a steering committee. Another participant explained that failure to monitor or set up accountability structures meant that the responsibility for change mistakenly fell to people with disability.

> … it cannot be just a once off. It is really important, and I know that when we had each of the government departments having representatives who then had their own committees to implement the disability action plans in the government departments and it was important for them to be senior people involved in the implementation and monitoring of that work … if the spotlight comes off in the reporting, and accountability drops off again, then the discrimination still relies on the victims to go to the law and lodge the complaints.

> You can be busy lodging complaints every second day of the week, people just get tired and battered trying to do it (government).

Participants told us that regulation and legislation were the only routes to ensure human rights for people with disability in some situations of discrimination. One participant noted incarceration of people with intellectual disability unable to access their freedoms despite having completed a gaol term. They argued that changes to legislation were the only way to address this issue of discrimination (community, advocacy).

Another participant illustrated how regulation and legislation by themselves may remain bstract until they are applied to a particular case. They described a response to a complaint about school-based bullying of a young person with disability. The participant explained that while managers were aware of policies and procedures, it was case-based coaching that effected behaviour change. They found:

> … when we're working with team leaders and with management, often, they've had the universal kind of training around attitude, support, etcetera so there can be a degree of dismissiveness which is, "We know this stuff." … from our perspective … how do we actually get the people who actually go, "I've been through all of this training" and yet in terms of their practice and their way of managing staff, we continue to see practices that may not be consistent with an inclusive attitude (government)

One participant echoed the views of many participants working in advocacy, government and community when they described the need to work simultaneously at multiple levels (see Section 7) to achieve change:

> … we have led many campaigns where we've recognised an issue, we've realised the only way that you can resolve that issue would mean to get political change at a high level but knowing that we couldn't get the political change at a high level unless we had community attitudes (advocacy).

4.2.3 Case studies

Case Study - Our Voice SA[69]

Our Voice is a self-advocacy and peer network organisation for people with intellectual disability. The group meets monthly and conducts workshops for people with intellectual disability. Our Voice members described learning and skills workshops designed for and conducted by people with intellectual disability that supported them to become self-advocates and peer educators. They described the flow-on benefits of the workshops, which supported them to develop their capacity and knowledge about rights, educate their peers, challenge self-stigma and help change other people's attitudes. Training had supported them to develop confidence about their rights in peer workshops and programs with other people with intellectual disability. The active presence and participation of self-advocates in developing and presenting peer workshops about rights had broader influence, as they modelled capacity and changed disability workers' attitudes and responses.

Case study - Sexual Lives & Respectful Relationships[70]

Sexual Lives and Respectful Relationships (SL&RR) is a program led in Australia by Deakin University. The program aims to improve sexuality and relationship outcomes for people with intellectual disabilities. It focuses on rights, privacy and respect within relationships. Based on earlier research at the Australian Research Centre in Sex, Health & Society, SL&RR was developed as a primary prevention program in 2011 and funded by the Australian Government through the first National Plan to reduce violence against women and children.

Using a 'train the trainer' model delivered by Deakin University, SL&RR is facilitated by peer educators, who are people with intellectual disabilities. They run the program alongside program partners – community-based professionals with expertise in areas of relationships, sexuality, sexual health, sexual assault services and community inclusion. Peer educators and program partners work together within an adult education framework to reflect on stories gathered through narrative research. Through discussing the stories, participants learn about their rights and safety in relationships and to empower people to have healthy relationships and sexuality. The SL&RR program supports sector development, by partnering with community organisations involved in domestic, family and sexual violence, women and community health and disability advocacy. The program also supports systemic change by developing an evidence base through research and a translation of outcomes. Together, the peer educators and program partners aim to change attitudes about people with intellectual disability and sexuality, and to change approaches to violence and abuse prevention and sexual education.

Following the success of the SL&RR program, feedback suggested increasing the diversity and representation of the program. A trial version of the SL&RR program specifically for LGBTQ+ people with intellectual disability was created in 2018 and ran across four sessions. The program ran similarly to other SL&RR programs, with the addition of two more stories specific to the experiences of sexually and gender diverse communities. The program participants were also asked to suggest what they would like to do, and they decided on a session about safe sex. Following positive feedback of the LGBTQ+ pilot program, the original program was modified to ensure greater inclusivity of all sexual and gender identities.

Over the last decade, peer educators and program partners have described to Deakin University researchers how they continue to learn, develop and see themselves as agents for change in improving the inclusion of people with intellectual disability in matters about them, and within their local communities.

4.3 Economic security

This outcome area refers to people with disability and their families and carers having economic security and suitable living arrangements, enabling them to plan for the future and exercise choice and control (Appendix B).

4.3.1 Evidence review

The evidence review found only 2 studies about interventions to change attitudes in economic security. This is a research and knowledge gap.

Interventions used education to improve attitudes and reduce stigma from employers and co-workers. These interventions improved public knowledge about aphasia and ability to communicate with people with aphasia. A separate study showed that the label "severely disabled" printed on disability ID cards to comply with a German employment quota policy generated some negative effects for the card holders, who felt they had less opportunity to develop relationships at work.[71] These studies did not investigate behaviour change.

A rapid evidence review discussed social marketing strategies to reduce negative employers' attitudes.[72] Social marketing campaigns can be used to promote attitude change across the whole population or large sections of the population.[73] The report found that using a mix of well-known and ordinary people to deliver the campaign messages was effective. Evaluation findings from social marketing strategies seem to show that these campaigns can produce short-term attitudinal change but are less effective at generating long-term attitudinal change or any change in behaviour.[74]

4.3.2 Interviews

In the interviews we heard about interventions to increase participation and employment for people with disability. Interventions included, education, government incentives and resources, campaigns, and using training, enablement and environmental restructuring approaches. We also heard about supports and organisational structures that made workplaces disability confident, including staff networks and resources.[75]

Participants described how campaigns had been used to improve employment of people with disability across government, business and other organisations. Some government campaigns attempted to improve workplaces, such as the Don't Dis-my-Ability campaign.[76] One participant described programs established through federal incentives for employers to employ older people (government).[77]

Several participants discussed the national campaign IncludeAbility, which focuses on increasing employment of people with disability and offers information and knowledge, education and resources for employers and employees (community, advocacy, government).[78] The IncludeAbility program includes information about how to set up Disability Employee Networks and reasonable adjustments, and it maintains a register of IncludeAbility employers (advocacy, government).

Organisational approaches that supported people with disability to participate in employment were leadership, organisational culture, structures, resources and education and training about disability and discrimination for all employees (government, business, organisations, academic, advocacy). Often these strategies were used in conjunction, and financial and staff resources were necessary for any of the strategies to be implemented.

For example, one national company had moved into its third inclusion plan. The company had worked with multiple disability employment providers to establish relationships and set up pre-employment processes, working internally to support recruitment, offering ongoing support post placement, and trying to improve disability awareness within the organisation (business). The company used access audits and targets to include people with disability in the workforce, and disability awareness training and support for other staff to ensure a disability confident organisation. They said Disability Inclusion Action Plans

> … definitely put a spotlight on disability. It took a while … a number of people were kind of advocating that we needed something like that or a plan or a strategy or something. But it certainly shone a light on disability. And I think, since the [disability inclusion plan]

was released … it got the attention of the very senior leadership. And one of the things which is really good is a [senior partner] has said 'that's just one of the areas that I want done personally" (business)

Regarding leadership, participants also said it helped to have political leadership in public and private organisations that demonstrated valuing people with disability in the workplace, and to have visible leadership by people with disability. Disability employment targets helped. For example, one participant noted that in their position there was active goal setting to improve their inclusion index over time (government).

Participants from government, business and advocacy organisations all described the importance of accessible recruitment strategies, and once a person was appointed, supervision and appropriate adjustments and flexibility to meet goals. These included strategies to ensure supervisors and work colleagues were part of disability-safe workplaces, understood what disability discrimination was and undertook disability awareness training (government, business). One training example was the Four Pillars of Inclusion Framework for the Employable Q Toolkit. It included education and information for employers and employees about strategies and issues in the workplace for LGBTQ+ people with disability.[79] Several participants spoke of the need for training to be conducted by skilled practitioners with lived experience (government, advocacy).

The collective presence of people with disability in large organisations, supported by disability employee or peer networks, effected change. This was particularly important to research participants with intellectual disability. They described positive workplace experiences when they were in open employment alongside colleagues with intellectual disability and when there were disability employee or peer networks (self-advocacy). They explained that their experience in peer leadership roles, including presenting at workshops and working as a collective, supported their participation. They also felt that their participation modelled authority and valued participation to other people with intellectual disability (self-advocacy).

Participants from other groups also described disability employee networks (or employee resource groups[80]) such as the VPS Enablers network,[81] which supported people with disability across the public service sector. Participants said the networks had created an environment where people with disability could work safely and occupy positions of leadership (government, business).

Social procurement was another method described by participants for increasing economic participation. One participant explained that public sector agencies were permitted to procure directly from disability employment organisations without competitive tender (government). Another method to improve disability employment was using disability employment services to recruit employees (Case study- CROWN*ability* Section 4.3.3).

Several participants said positive representation of people with disability through mediated contact though television, film and other media contributed to changing attitudes around employment. They explained that Employable Me (ABC TV), a program that increased visibility of people with disability seeking employment, anecdotally attracted interest among some employers (government).

Participants with disability described their experiences of looking for work, which highlighted attitudinal barriers, particularly for young people with disability. In one example a young person sought to take part in work experience. They explained that businesses rejected the request -

> without reaching out to involve the people with disabilities and their carers.

> … there's no mechanism […] to do that [develop work experience opportunities in remote areas]. We've had to have a team of people that are orchestrated by me for that to happen (community, First Nations experience).

4.3.3 Case study

CROWN*ability* program[82]

CROWN*ability* is an employment program that strives to ensure people with disability can gain employment and build valuable careers at the Crown Resorts company, Australia's largest gaming and entertainment group. The program was established in 2014 and has placed over 680 candidates into diverse careers. The program's goals are to:

* Increase the participation of people with disability in Crown through employment opportunities.

* Build valuable careers

* Build a disability confident organisation

Crown's overarching vision is to ensure the organisation is an accessible and inclusive organisation.

CROWNAbility uses a 5-step model to promote sustainable employment within the company. Crown works with disability employment services to seek talent and to prepare candidates for job application and recruitment, it works internally to provide a fair and inclusive environment, provides ongoing support to employees and their managers. The program also provides disability confidence and awareness training to all staff to impart a stronger understanding of disability and to encourage positive attitudes towards people with disability within their workplaces.

4.4 Personal and community support

This outcome area refers to people with disability and their families and carers accessing a range of well-coordinated and effective services and supports appropriate for their needs and for their participation in their communities (Appendix B).

4.4.1 Evidence review

The evidence review found only 2 studies about changing attitudes in the personal and community support area.[83] This is an important research and knowledge gap. It means evidence was missing about interventions to reduce negative attitudes towards people with disability in the support they receive. Grey literature points to the importance of organisational culture, which could relate to National Standards for Disability Services (legislation).

In general, the 2 studies showed that interventions that used multiple methods such as workshops, practice and feedback to support the implementation of what people learned from training could be more effective than interventions based only on reading material or traditional-style lectures. None of the studies investigated behaviour change.

4.4.2 Interviews

Participants in the interviews described training interventions for disability support workers, and community-based adjustments for people with disability to participate in their communities. They noted that including people with disability and their lived experiences in the training were central to improving knowledge about disability.

Participants discussed the value of co-designed training interventions for disability support workers, policy makers and in workplaces. They described training and induction processes to improve disability support and improve workers' knowledge and skills (community, advocacy). Many participants referred to the valuable role of peer organisations in improving knowledge and understanding of disability (government, community, advocacy).

Co-designed interventions were highly regarded as positive ways to make change. Active presence of people with disability in decision-making roles were key to effective personal and community support (advocacy).

Several participants talked about QDeNgage, an in-reach program that consults about disability to businesses and organisations.[84] The service included disability inclusion reviews (audits), training, service design and Disability Action Plans, and product and experience testing. QDeNgage consultants with disability provided advice and shared information and experience about inclusive workplace practices and policies, and about breaking down stigma (advocacy, community).

Participants also appreciated outreach programs that offered education to direct support workers about their role in supporting people with disability (community). One participant explained that both general and specific training were essential, as were supportive working conditions (community).

> [From the] workforce perspective, what is really helpful is training. People enter [disability support work] because they want to do this type of work but that doesn't necessarily mean that they actually have an understanding about the [diverse] lived experience of people with a disability (community).

Several participants mentioned community-based adjustments that organisations, businesses and governments had implemented. Examples were quiet supermarket hours and Auslan interpreters in government press conferences during the COVID pandemic. Participants noted that these changes showed increased recognition of consumers' diverse needs and diversity of disability (advocacy, community).

Participants also talked about community responses that supported change (academic, advocacy). One participant described leveraging personal privilege to bring people with disability into positions of influence, in the workplace and across the community (academic). Another participant described how direct relationships, active presence and education worked together to change attitudes towards people with disability from culturally diverse backgrounds in the community.

> We had a group of members in a particular state who were expressing some fairly negative views about recently arrived migrants and refugees to Australia. So, we did some work getting some of our members who were recently arrived migrants and refugees to talk to those people, to sit down with them…. The change in attitude after those interactions was so dramatic that some of those people who previously had been quite racist towards these people had actually turned around so far that they were raising money for refugee support groups, that they were actively doing things…. So, I think that visibility and being part of, you know, shopping and life helped people to change their attitudes (community).

Participants consistently said that knowledge and experience presented by people with disability and leaders was a powerful way to educate others and had lasting impact due to the potency of the delivery (business, government, community, advocacy). But they also stated that telling personal experiences was not without personal cost to presenters (community, advocacy, government) and that often the burden of change fell to people with disability and not to structures and organisations (academic).

> … we have people with disability as part of that process of helping us look at what's needed as part of this change, but then how do you actually make sure that you have people with disability front and centre in modelling the behaviour or telling the story that will impact the workers to give them a different level of understanding about the issue (advocacy).

One participant with disability explained that community awareness about disability helped to change attitudes. They said that being seen and participating in community and employment were central.

> It's a lot to do with the opportunity for people to be out and be supported (advocacy).

4.4.3 Case studies

Case Study - Building Access Project [85]

Building Access is an ongoing project designed to enable Domestic and Family Violence (DFV) services across NSW to be more accessible to women and children with disability. The project is led by People with Disability Australia (PWDA) in conjunction with Domestic Violence NSW and Women's domestic and family violence services across NSW. The project also has an expert advisory group that included disability advocates, women with disability, representatives from violence service organisations and other people interested in the project.

The Building Access Project was designed in response to statistics showing that women with disability are 40% more likely to experience DFV and can find it harder to escape violence. Women with disability may face accessibility issues if the physical service is inaccessible, the service's information is inaccessible, the staff are not confident supporting women with disability, or the policies and practices of the service exclude women with disability. The aim of the project is to improve accessibility for women with disability and remove all physical, informational, and attitudinal barriers to accessing services needed to escape DFV.

Key components of the project are to familiarise staff in DFV services with the social model of disability; inform staff of the obligations their organisation has towards people with disability under the UN Convention on the Rights of Persons with Disabilities; hire people with disability; and include women with disability in the governance body. The project has also assisted the DFV sector in the creation of resources, awareness raising and campaigning.

Access goals are achieved through auditing DFV services, providing guidance to develop Disability Inclusion Action Plans (DIAP), arranging grants to improve accessibility for DVF services, and providing disability awareness and NDIS training for DFV staff. The project also offers a range of resources to guide DFV services to be more inclusive and accessible. An internal evaluation of the project noted that training contributed to shifts in attitudes, language and practice.[86]

Case study - Theatre Plays[87]

Theatre Plays was a program delivered in 2016 as part of the FutureAbility's project, aimed at educating culturally and linguistically diverse communities about the NDIS, and educating disability stakeholders about the needs of culturally and linguistically diverse people with a disability. FutureAbility was funded by the NSW Government and led by Settlement Services International (SSI), a community organisation that works with refugees, asylum seekers and culturally and linguistically diverse communities to build capacity and enable them to overcome inequalities. The FutureAbility Project was designed in response to a gap showing that only 8% of NDIS participants were from culturally and linguistically diverse backgrounds despite a projection that 20% of NDIS participants should be from a culturally and linguistically diverse backgrounds, as over 1 in 5 Australians speak a language other than English at home.

Developing and staging plays was chosen to deliver messages about disability and the NDIS to Greek, Italian and Macedonian communities, as they have a strong history of storytelling via theatre. A total of 32 performances were held across Sydney in three languages, in locations where many members of these communities live. An additional four theatre plays were also delivered across Regional NSW, in Griffith, Wollongong and Newcastle. The plays were advertised in community languages in radio, print and social media.

The theatre plays had a total estimated attendance of over 2,600 people. Audience members gave positive responses on the post-performance evaluation forms. The feedback received suggested that the plays successfully raised awareness about the experiences and abilities of people with disability, gave clear information about accessing the NDIS, and offered messages of hope for the future of people with disability in these communities.

4.5 Learning and skills

This outcome area is about people with disability achieving their full potential through their participation in an inclusive, high-quality education system that is responsive to their needs (Appendix B).

4.5.1 Evidence review

Twenty-six studies reported interventions in the learning and skills outcome area, that is interventions aimed to promote positive attitudes towards people with disability in education environments (early childhood services, preschool, primary, secondary schools and tertiary education). Most interventions were at schools (organisational level). They targeted people based on their role in education (organisational level). Interventions were directed at students, teachers and administrative staff (Appendix B).

The types of intervention were education, training, modelling, supported by inclusive education guidelines and anti-discrimination legislation (Appendix B). Education and training interventions consisted of either cognitive interventions, for example provision of information on disability, or behavioural interventions, for example promoting direct or imagined contact with peers with disability (for students) or practical field experience (for teachers). At the organisational level, there was evidence that school leaderships and community of practice approaches to professional learning could have an important role in promoting school-wide approaches to inclusive education (Appendix B).[88]

4.5.2 Interviews

In the interviews, participants consistently stated that inclusive schooling had long-term benefits for the whole community, as positive attitudes developed from a young age. They said that learning and skills programs across the life course, peer-advocacy and advocacy and education campaigns increased and broadened community awareness.

Many participants talked about learning and skills programs, which frequently had impacts across other outcome areas. This research takes a broad view of learning and skills, which includes participation in lifelong learning. Several participants described how advocacy and self-advocacy played critical roles in making change, often through campaigns, resource development and education programs for the broad community (advocacy, self-advocacy).

Many participants had the strong view that inclusive schooling was a cornerstone of positive community attitudes, with benefits across the life course for the whole community (government, advocacy, community). They also explained that exclusion of children with disability was a strongly held and deep-seated bias in the community, and changing attitudes and behaviours took time (advocacy).

> And as every child goes through an inclusive school experience, the experience of everybody else around that translates forward … that's not the sort of thing that's measured in a quick-turnaround evaluation … it's a very slow changing thing, and it's very deep (advocacy).

Participants described education interventions that employed multiple resources across different levels. Be the Change (see Section 4.5.3), an intervention to change bullying of children and young people with learning disability, used educational tools in schools, plus resources with older people with disability, plus disability ambassadors (community). They stated that:

> I think [Be the Change] is a good example of an effective way to try to change attitudes because it [used] multiple reinforcing strategies. It wasn't just one … they were looking at education tools for students in schools as well as they had sort of ads and resources. (community)

A different program also adopted a multi-pronged approach across different levels and developed links between education and employment. The Road to Employment (see Section 4.5.3) aimed to change employment expectations within families and young people with disability. It supported relationships between employers and young people in school. They noted the benefits of direct relationships in changing attitudes.

> When people have workplace contact with people with disability, they are more likely to understand the benefits of a diverse workplace and how to make reasonable adjustments (advocacy).

Advocacy and community organisations explained that they shared information, resources and opportunities for training and skills development across the community – with people with disability, families, allies and employers (advocacy, community). In one example, the Queensland-based Community Resource Unit (CRU) provided training and workshops for families and allies, and in local government when requested.

We heard that peer networks, advocacy, and education provided opportunities for learning and skills for people with disability, support workers, families and policy makers (self-advocates, academic, community, advocacy). We heard again about the active presence of people with disability as leaders with local knowledge and expertise, and the value of co-designed learning resources. Participants described programs about safety, the NDIS, work (see Section 4.5.3), and self-advocacy for people with intellectual disability.

Participants explained that self-advocacy workshops created space and confidence for people with intellectual disability (self-advocate).

> … when you hear from other people, you start to feel more confident to tell your own story (self-advocacy).

> People have told us what to do for such a long time. It is different when we are helping each other, supporting each other (self-advocacy).

Other participants reinforced these views. They noted that resources and programs developed by peer education and peer networks (academic, community) were important for effecting change (business).

… the primary way it's able to change attitudes is through … the voices of people. In this case people with intellectual disability. And firstly, that's through their work as peer educators on the program (academic) (see Section 4.5.3).

... when it's done meaningfully, it totally unsettles what people think can be an intellectual act. What people think about who is allowed to have knowledge, who's allowed to create it, what type of knowledge is important (academic).

4.5.3 Case studies

Case Study - Be the Change- Scotland[89]

Be the Change is an innovative anti-bullying campaign that was started by ENABLE Scotland, a group that supports and advocates on behalf of people with additional support needs in communities across Scotland. Be the Change began in 2016 as a response to research showing that two-thirds of young people with learning disabilities experienced bullying. The campaign aims to challenge bullying behaviours, put an end to bullying and create an equal society. The focus of the campaign is on challenging people's perceptions and breaking down barriers for young people with learning disabilities and Autism Spectrum Disorder (ASD).

Be the Change believes that change starts at a community level. They have trained 10 young people and 20 adults who have learning disabilities to be Change Champions and work as ambassadors for the campaign. Change Champions draw on their own experiences of bullying and their ideas on what would make things better, to deliver workshops to groups in their local communities. As part of their campaign, the Change Champions shared their experiences of bullying in two films, used as part of their workshops. In addition to the workshops, a series of lesson plans were developed to educate school children about the experiences of people with learning disabilities.

Case Study – Road to Employment, Purple Orange[90]

Road to Employment is a three-year project beginning in 2020 that works with schools and employers to change work expectations about people with disability. It is led by Purple Orange, a not-for-profit organisation that aims to create a more inclusive and supportive world for people with disability. The intended outcomes of the project are to improve community attitudes towards the employment of people with disability, and to increase the number of people with disability employed.

Road to Employment recognises that attitudes towards people with disability can have an influence starting during childhood and going on into adulthood. Therefore, the program takes a lifecycle approach to address barriers to employment. Purple Orange believes that starting support for workplace participation during childhood that extends into support during high school and adulthood can lead to meaningful long-term change.

The project was designed by staff members with expertise and lived experience within the disability employment and education sectors. They are supported by a committee that includes people with disability and representatives from policy and advocacy levels and employment services.

The program includes working with employers through a community of practice model, and through the delivery of one-on-one business mentoring to employers. The program also works alongside education programs in schools including the delivery of co-designed workshops for school children, their parents and teachers, and a mentorship program that supports individual students to explore their future employment options.[91]

4.6 Health and wellbeing

This outcome area is about people with disability attaining the highest possible health and wellbeing outcomes throughout their lives (Appendix B).

4.6.1 Evidence review

Five studies reported interventions in the health and wellbeing outcome area aimed to promote positive attitudes towards people with disability and ensure their rights to good health, wellbeing and access to health services throughout their lives. No studies were found about changing attitudes to prenatal testing for disability (Appendix B).

Interventions used education about the social model of disability to change negative attitudes. Interventions offered information about disability and direct contact with people with disability.

The World Health Organization Quality Rights toolkit (organisational level intervention) has worked to improve attitudes in the quality of mental health services, in many settings. It has been used in places with limited resources. Another successful intervention was through theatre performance to enhance the attitudes of pre-service rehabilitation students towards people with disability. Theatre performance provided opportunities for either direct or indirect contact with people with disability. It could be more effective than written information.

A successful awareness-raising intervention aimed at reducing negative attitudes towards people with a mental health diagnosis found a 'rebound effect' at the 3-month follow up. This suggests that anti-stigma activities and message interventions need to be maintained to prevent people going back to their old attitudes. No studies investigated behaviour change.

Most interventions were at the organisational level of health services. The types of intervention were education, training, modelling, restrictions, coercion, and persuasion.

There were 2 grey literature reports that raised issues for attitudes in health and wellbeing. They drew attention to intersectionality, discrimination and lack of training about LGBTQ+ issues among health workers,[92] and for First Nations people.[93]

4.6.2 Interviews

In the interviews, participants described interventions that were based on public health campaigns, specifically about smoking and HIV. These campaigns predominantly used education and persuasion, which often required leadership and advocacy. Health campaigns were invariably a call to action on the part of individuals and were not disability-centred.

Participants explained that successful change campaigns focused on desired actions and affected structural, organisational and personal levels. Several participants discussed the attitude change that had occurred regarding the inclusion of sexuality and gender-diverse people within mainstream institutions and communities, for example the marriage equality campaign (community). Participants said that the marriage equality campaign depended on advocacy, leadership and action over a sustained period, but that attitude change needed to be underpinned by legislation to be comprehensive (community, government).

One participant noted the government initiative Roadmap to Hearing Health (2019) had been designed to foster collaboration between stakeholders and people with hearing impairment. They understood that some members of the Deaf community may have been consulted, but they were not aware of any improvements to health outcomes as a result (government).

One participant talked about training medical students. They used personal narratives that highlighted the medical neglect of people with intellectual disability (advocacy). In another training for medical students, the advocacy organisation Downs Syndrome Association aimed to address antenatal testing language and change the use of the negative term 'risk', for example, the risk of Downs Syndrome in antenatal testing, to the terms, 'probability' or 'chance' of Downs Syndrome. They outlined how personal narratives provoked responses in medical students and were used to change students' perceptions.

> What I found is that people really responded to the stories and examples … you could tell that these [medical] students were being kind of moved to rethink something (advocacy).

Peer advocacy interviews described Reaching Out workshops that had facilitated increased confidence through learning with others with intellectual disability. The shared workshop experience led to a collective sense of wellbeing (self-advocacy).

Several participants said that research and government inquiries into the experiences and lives of people with disability had made some impact on community attitudes. The Shut Out report was cited as an example of research that had some influence on changing views towards people with disability and their families.[94]

4.6.3 Case studies

Case Study - Our Health Counts[95]

Our Health Counts was a community-driven campaign in the lead-up to the 2019 federal election. It aimed to draw attention to the inequities of the health system for people with intellectual disability. Council for Intellectual Disability, with partners such as Inclusion Australia, played a leading role in drawing public and government attention to the issue. The campaign used research data to educate the public and provide background information for people to lobby politicians and others to commit to policy change and focus on health outcomes for people with intellectual disability. People with intellectual disability led political lobbying and contact with the media and also shared personal narratives to influence people to support the proposed commitments – primary health enhancement; curriculum enhancement in medical and nursing schools; and a national inquiry into the barriers to good health for people with intellectual disability.[96]

The campaign was instrumental in highlighting inequity of health access and outcomes for people with intellectual disability. It was influential in the development of the National Roadmap for Improving the Health of People with Intellectual Disability.[97]

Case Study – Ability Links[98]

Ability Links NSW (ALNSW) is a free program that supports people with disability, their families and carers to lead lives as valued and active members of their community. The program is funded by the NSW Government and is run by Settlement Services International (SSI), a community organisation that works alongside people who have experienced vulnerability, including refugees, people seeking asylum and culturally and linguistically diverse communities. SSI works in partnership with St Vincent de Paul NSW and Uniting to deliver the program across several areas of NSW.

The main aim of the program is to facilitate the social and economic inclusion of people with disability within local communities. The program employs staff called Linkers, who connect people with disability with their local communities. Linkers support people with disability to identify goals and to connect with other community members and with mainstream services. The Linkers also support community organisations and businesses to be more inclusive and welcoming of people with disability.

The program employs a mix of generalist and Aboriginal staff to work as Linkers, and many Linkers are also bilingual and bicultural reflecting the cultural make-up of the areas in which SSI was delivering ALNSW. Linkers worked to ensure participants of all cultural backgrounds feel supported within their community.

The program has conducted a Wellbeing Outcomes evaluation, using the Social Impact Measurement Toolkit.[99] In 2017, the program identified that they were successfully supporting outcomes for culturally and linguistically diverse participants, with over 64% of individual outcomes being achieved.

An external evaluation of the SSI's delivery of ALNSW noted that it was strong in delivering outcomes for culturally and linguistically diverse participants and contributed to 75% of statewide outcomes for the ALNSW program for these participants.[100]

5. Addressing diversity

Key findings

Most interventions focused on one aspect of disability or on disability and one other aspect of diversity, such as culture, gender or sexuality.

The interventions did not generally address the diverse experiences of people with disability or the specificity of their intersectional experiences. This gap seems to lead to further disadvantage.

Some structural interventions in other policy areas, such as women's safety, intentionally considered the diversity associated with disability.

This section draws on the findings from the evidence review and interviews in Section 4 to consider issues of diversity. It discusses interventions that have addressed or encompassed intersectional experiences of gender, age, culture and place, including First Nations peoples, culturally and linguistically diverse communities, LGBTQ+ communities and people in rural and remote locations.

None of the studies in the literature review focused on people's intersectional experiences. Notable evidence gaps were how to change attitudes to intersectional experiences of First Nations people, cultural and linguistic diversity, and diversity of location. Several grey literature reports drew attention to intersectionality,[101] discrimination and lack of training about LGBTQ+ issues among health workers,[102] and for First Nations people.[103]

Participants in the interviews were diverse and were all asked to consider intersectionality. Participants explained that issues of class, age, gender, sexuality, cultural background or location created layers of disadvantage in addition to disability or in combination with it. One participant noted that,

> If you want to draw a crowd, talk about racism. If you want to disperse it, talk about ableism (academic).

Participants said it was important to address intersectional disadvantage, look at the issues at play for the whole person and recognise that disability might not be the primary disadvantage (advocacy). Participants pointed out hierarchies of disability, and issues of stigma and stereotyping, particularly about mental health (government) and intellectual disability (advocacy, self-advocacy). They mentioned programs aimed at changing policy (see Section 4.6.3 Case Study Our Health Counts).

One participant noted that any change strategies or policies needed flexibility, multiple layers and reinforcing strategies (see Section 4.5.2). They said implementing one approach or strategy does not accommodate the diversity of people with disability.

> Dual discrimination or double discrimination needs to be examined in more detail, you might hear stories about people being discriminated [against] as a woman or as a person with a disability (government).

Intersectionality was also seen as a potential enabler – when people were seen as more than a person with disability. This strength was illustrated, for example, in the supported accommodation program for First Nations people with brain injury (see Section 4.1.3 Case Study - Warner Street Community Living, Synapse) and an audit of organisations working with women with disability who had experienced sexual violence (see Section 4.4.3 Case Study – Building Access Project). A program for people with intellectual disability was adapted for people in the LGBTQ+ communities (Case Study – Sexual Lives and Respectful Relationships, Section 4.2.3). It appears that making change to attitudes may be easier to leverage when addressed through an intersectional lens.

Several participants discussed education interventions that took an intersectional approach. One example of promising practice was a program to give information about the NDIS to people from culturally and linguistically diverse communities (see Section 4.4.3 Case study -Theatre Plays). Education resources for employers and employees were important to change attitudes and create safe working environments (see 4.3.2 – Employable Q Toolkit).

6. Measuring changed attitudes

Key findings

Measuring was discussed for changes in attitudes, behaviours and outcomes. These three concepts are linked, each informing whether the social inclusion rights of people with disability have improved.

Some existing administrative data and surveys had been analysed to measure change. They would need to be modified to effectively measure change and hold organisations accountable.

Longitudinal measures of attitude change were missing. They would need to be co-designed with people with disability to reflect their priorities about how attitudes affect their rights and social inclusion.

Measuring whether attitudes have changed is important to inform decisions about how to design interventions, so they are most effective. The measures hold accountable the people and organisations responsible for change. The evidence review theory indicates that attitudes, behaviour and outcomes are linked. For example, attitudes that appear identical when measured can be quite different in their temporal persistence, resistance to change, or in their ability to predict behaviour and ultimately, outcomes. Therefore, it is important to measure behaviour and outcomes as well as attitudes.

6.1 Evidence review

In the reviewed literature, change was measured using a variety of research designs and methods, including randomised control trials, cross-sectional surveys and small qualitative studies. A small number of studies investigated whether attitude change resulted in behaviour change. More longitudinal data is needed to understand the long-term effects of interventions aimed at changing people's attitudes and their impact on behaviour. Interventions that included behavioural components generated stronger attitude changes than those without behavioural components.

6.2 Interviews

The gap of knowledge in measuring change and how to collect evidence about change was notable. No participants were aware of monitoring of sustained attitude change or measurement of behaviour change. All participant groups (government, advocacy, community, academic and government) made the point that measures of change were an omission that needed to be addressed.

One participant explained

> … attitudes are a difficult thing to monitor and measure, particularly because they are so closely targeted to people's feelings and emotions. … Often people describe inclusion as having a sense of belonging and feeling welcomed and valued … so I think as we said, looking at case studies and talking to people with the disability in different environments is really important [aspect of measuring change] (government)

One existing example of measuring change was with people with disability from diverse backgrounds who had participated in the Ability Links program, which evaluated wellbeing outcomes through the Social Impact Measurement Toolkit (see Section 4.6.3).[104] The measurement looked a personal change and not community change. A recent report of the Road to Employment noted that the program occurred through building relationships and that change took time (see Section 4.5.3).[105] One participant said that Change the story national framework on changing attitudes about violence towards women and girls, had not been evaluated, although the National Community Attitudes towards Violence against Women Survey (NCAS)[106] had shown some change in attitudes since implementation (see Section 4.2). The Stop it at the Start campaign found 70 per cent of adult influencers could recall the campaign and 60 per cent had taken action.[107]

Several participants noted that the regular representation of people with disability in some areas of the media was a sign of change and had occurred over time. One participant said that the active presence of people with disability in all life domains would indicate increased inclusion and change to attitudes and behaviour (advocacy).

Participants agreed that longitudinal approaches were needed to measure change and that short-term measures were not sufficient (government). Some participants suggested that an evaluation framework for measuring and monitoring change be established at the overall program funding level and over an extended period. This was because the timeframes of single, funded projects were too short and their scale too small to measure change independently. Instead, change measurement for each project should contribute to an overarching framework (government).

We heard that surveys could be used to a limited extent to measure attitude change. Several participants described before and after surveys to measure the efficacy of disability awareness training and were aware of the limitations (government). Another participant said their workplace collected data about experiences of people with disability in all-staff surveys. Their workplace:

> … [conducts a] local [staff] survey every year with questions that could indicate whether they [the respondent] identify as a person with disability … and all sorts of measures relating to engagement and satisfaction at [work]. [They can identify] more people with disability and how they compare with the others (business).

Several participants proposed adapting existing data collections to provide information about behaviour change (business, community, advocacy). Suggested adaptations would add:

- useful attitude measurements in national surveys and government administrative datasets. Examples were ABS surveys, NDIS and ADS outcome measures; the National Consistent Collection Data (NCCD), which is used to identify adjustments in schools; NCAS and other administrative data sets (government, community, advocacy

- targets and accountability measures in disability inclusion and action plans

- performance measures in company annual reports.

Other participants suggested tracking ASX companies' annual reports for accountability and measures about employment (business), and auditing disability inclusion action plans for any behaviour changes (government, community, advocacy). The literature review and interview findings show that further research and action are needed to improve the use of existing data for effective measurement of attitude change.

7. Levels of intervention for change

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Key findings

The interventions were aimed at different levels where change may occur: people's personal perceptions, their interactions with other people, their roles in organisations or the structures in their community and government.

The levels overlapped, and interventions to change attitudes were often aimed at more than one level. Different types of interventions were used across the multiple levels through a targeted approach.

The evidence review found many gaps about what levels of intervention were the most promising to target to improve attitudes and behaviours towards people with disability.

Participants in the interviews emphasised that interventions needed multi-level, multi-factor approaches to effect change.

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The findings about ways to change attitudes in Section 4 were analysed by the levels of the interventions that they applied to; that is whether the interventions were aimed at people's perceptions, their interactions with other people, their roles in organisations or the structures in their community and government (Appendix A). The levels overlapped, and interventions to change attitudes were often aimed at more than one level and targeted different populations. Multi-level interventions that addressed specific change were seen as most effective. Table 2 contains examples of interventions at different levels.

Table 2 Levels of intervention

Level	Definition of level	Example
Personal – intrapersonal	Interventions aimed at changing people's knowledge or emotional response to persons with disability, irrespective of the individuals' organisational and community roles and responsibilities.	Ability Links, NSW Government and Settlement Services International
Relationships between people – interpersonal	Interventions aimed at changing people's attitudes by leveraging their support networks, such as peer support groups and networks (e.g. communities of practice).	Warner Street Community Living, Synapse Sexual Lives & Respectful Relationships Deakin University
Organisations – organisational, institutional	Interventions aimed at changing people's knowledge and emotional response to people with disability by leveraging their roles or responsibilities in an organisation or the community.	QDeNgage, Queensland Disability Network CrownAbility Crown Building Access Project (making services accessible for women with disability experiencing domestic violence)
Community	Interventions aimed at changing attitudes towards people with disability through interventions aimed at the community at large or at specific subpopulations in the community.	Be the Change ENABLE, Scotland Theatre Plays, FutureAbility, Settlement Services International
Government – government, structural	Legal and policy interventions aimed at promoting and safeguarding rights of people with disability.	Western Australia 'Footpath Plan' IncludeAbility (nation-wide government service)
Multi-level	Interventions that intentionally include a multi-level focus	National Youth Disability Summit CYDA Road to Employment, Purple Orange Building Better Homes Campaign (peer network and advocacy national campaign) Our Health Counts, CID Include Australia Our Voice (peer and self-advocacy network) We The 15[108]

Source: Adapted by the authors from Heijnders and Van De Meij,[109] evidence review and interviews

The evidence review found many gaps about what levels of intervention were the most promising to target to improve attitudes and behaviours towards people with disability. Most interventions acted primarily at the organisational, community and intrapersonal levels. Fewer studies were about interventions at government and structural levels to change attitudes.

Participants in the interviews emphasised that interventions needed multi-level, multi-factor approaches to effect change. The interventions that they viewed as successful often operated at more than one level (see Sections 4.1.2, 4.1.3, 4.5.3, 4.6.3). Community support, strengthened by referring to rights and international conventions, could lead to leveraging politicians to action change (see Section 4.1.2, 4.6.3). Participants said that the successful multi-level interventions had people with disability at the centre – as designers, leaders and visible activists (disruptors, champions and agitators). Also, any multi-level campaign needed to be well resourced (e.g. Singapore Quality of Life[110]) and operate long-term.

Participants said that changing attitudes was not enough if behaviour did not change as well. Participants agreed that to change attitudes and behaviours required multiple reinforcing strategies across all levels and all domains, supported by legislative and legal frameworks. This was seen by participants to be especially useful in improving the attitudes and behaviour of the majority of people, who may be hesitant rather than resistant – referred to in both consultation and literature as 'the movable middle'.[111] In this regard, "efforts to combat and/or debunk misconceptions and stereotypes about people with disability might be more effective than among those with entrenched negative attitudes".[112] Alongside this, the role of government and oversight bodies in reinforcing appropriate behaviour and sanctioning unacceptable behaviour was paramount.

Regarding specific levels, intrapersonal skill interventions seemed to be useful in supporting people with disability to access their rights. There were programs that provided information and education and that led to people's engagement with the broader community and improved wellbeing (see Section 4.6.3).

Interpersonal relationships were key to improving attitudes and behaviours. Participants highlighted the impact of direct relationships and the role of peer-led advocacy and allies in making change.

Organisational level interventions included systems that supported and promoted people with disability, made workplaces safe and established resources and training for the workforce. Some organisations responded to competitive incentives, and disability inclusion action plans with reportable and accountable outcomes could assist in changing organisational cultures.

Community level interventions varied as to where the intervention began. Some community level interventions were initiated at personal or organisational levels. Some of these then expanded to influence change at government structural levels (see Section 4.4.2 QDeNgage). Other community level interventions began as multi-level initiatives, simultaneously targeting change at all levels, such as Every Australian Counts campaigns.[113]

Government and structural level interventions were either initiated in government, such as responding to a policy imperative (see Section 4.2.2 Stop it at the Start) or complemented other interventions, such as policy change due to community level agitation. One example was the National Roadmap for Improving the Health of People with Intellectual Disability (see Section 4.6.3 Our Health Counts).[114]

8. Types of policy and intervention to change attitudes

Key findings

Promising strategies to change attitudes were a combination of complementary policy types, intervention types and multiple levels of intervention.

Types of policy included communication/marketing, guidelines, fiscal, regulation, legislation, environmental/social planning and services.

Types of intervention were information and contact (education, training, modelling and persuasion); structural (environmental restructuring and enablement); and requirements (restriction, coercion and incentivisation).

Effective strategies to change attitudes needed to target all levels of intervention in a combination of complementary policies and interventions.

The findings about ways to change attitudes in Section 4 were analysed by the types of policy and interventions that they applied (Appendix A):

- types of policy: Communication/marketing, Guidelines, Fiscal, Regulation, Legislation, Environmental/social planning, Service (Table 3).
- types of intervention: Education, Training, Modelling, Persuasion, Environmental restructuring, Enablement, Restriction, Coercion and Incentivisation (Tables 4, 5, 6).

The general conclusion from the evidence review and the interviews was that effective strategies to change attitudes need a combination of complementary policy types, intervention types and multiple levels of intervention (Section 7).

This section analyses the findings based on the types of policy and types of intervention. The findings are summarised into types of policy and 3 groups of types of intervention (information and contact, structural and requirements).

8.1 Types of policy

The types of policy refer to levers that can be used to support the delivery and effectiveness of interventions (Communication/marketing, Guidelines, Fiscal, Regulation, Legislation, Environmental/ social planning, Service – Appendix A).

In the evidence review, most interventions referred to legislation, guidelines and regulation as the main types of policy to implement attitude change (Table 3). We found no reference to the other types of policies (fiscal, environmental and services; Appendix A).

In the interviews we heard about a range of policy types to change attitudes and behaviours. Each policy type fulfilled a different purpose and was used according to the level being targeted and the desired outcome. For example, nationwide campaigns led by people with disability and advocates to change attitudes towards people with disability were instrumental in the development of the NDIS. These campaigns focused on building community support and education about the UNCRPD, with guidelines, regulation, and legislation used in the implementation of the NDIS. We also heard that fiscal incentives had been used to support employment of targeted groups, such as older people. Participants gave examples of environmental and social planning policies such as Disability Inclusion Action Plans with accessibility audits to lead structural and organisational change. Service policies were those used by governments to promote employment. There were no policy evaluations of longer-term outcomes or behaviour changes, with one evaluation in development.

Table 3 Types of policy

Type of policy	Description of policy	Example
Communication and marketing	Print, online or broadcast media	Stop it at the Start[115,] Our Watch (nation-wide Respect campaign) Campaign for the NDIS
Guidelines	Frameworks and protocols that recommend or mandate practice	Disability Inclusion Action Plans[116]
Fiscal	Tax system to reduce or increase financial costs	Government incentives – Mature Age Employment[117]
Regulation	Agreements that establish rules or principles of behaviour or practice	UN QualityRights tool[118] School-wide and systematic approaches to inclusive education[119]
Legislation	Changing or making laws	Commonwealth Disability Discrimination Act[120] National legislation to implement the CRPD[121]
Environmental and social planning	Designing or controlling the physical and social environment	Western Australia 'Footpath Plan' accessibility audit
Service	Delivering a service that either changes attitudes or delivering in a way that changes attitudes	IncludeAbility (nation-wide government service) Building Access Project (NSW government and providers making services accessible for women with disability experiencing domestic violence)

Source: Adapted by the authors from Michie et al.[122], evidence review and interviews

8.2 Types of intervention

The main types of intervention found in the research overall were education, training and modelling. The types of interventions with examples are in Tables 4, 5, 6 below.

Table 4 Information and contact interventions

Type of information and contact interventions	Aim of intervention	Example
Education	Increase knowledge of people without disability about experience of disability	Building Access Project (NSW government and providers making services accessible for women with disability experiencing domestic violence)
Training	Improve skills relevant to improve attitudes and reduce negative attitudes towards disability	Road To Employment Purple Orange
Modelling	Promote peer learning and leadership	Our Voice (peer network and self-advocacy) VPS Enablers network[123] Be the Change ENABLE, Scotland
Persuasion	Promote cognitive or emotional response rather than the provision of facts and information	Theatre Plays, FutureAbility, Settlement Services International
Multi-type		Our Health Counts (National campaign – Council for Intellectual Disability and Inclusion Australia

Table 5 Structural interventions

Type of structural interventions	Aim of intervention	Example
Environmental restructuring	Promoting positive attitudes by reshaping the structures of an organisation, institution, or government	Ability Links (NSW Government, Settlement Services International) Staff inductions and recruitment strategies, including for disability support staff
Enablement	Providing support or removing barriers for people with disability, their family and carers	Sexual Lives & Respectful Relationships Deakin University Employee Resource Groups[124] and Disability Staff Networks
Multi-type		Building Access Project (NSW government and providers making services accessible for women with disability experiencing domestic violence) Warner Street Community Living, Synapse

Table 6 Requirement interventions

Type of requirement interventions	Aim of intervention	Example
Restriction	Establish rules or regulation to reduce the opportunity to engage in contrary behaviours	
Coercion	Forms of penalty, primarily through administrative or criminal law mechanisms	Coaching managers following bullying complaints
Incentivisation	Incentivise attitudes or behaviours	Mature Age Employment[125]

Source: Adapted by the authors from Michie et al.,[126] evidence review and interviews

The evidence review found that education interventions aimed to increase knowledge about disability. Most education type interventions were at the organisational and community levels, such as students in schools. Training interventions aimed to increase skills that improve attitudes or reduce negative attitudes towards people with disability. Training was at organisational and intrapersonal levels for skills of teachers, health professionals the public. Modelling interventions aimed to promote peer learning and leadership. Most modelling interventions were at the organisational level or more than one level of intervention.

Similar to the findings from the evidence review, education, training and modelling interventions dominated the examples in the interviews. Repeatedly participants explained that they had used or observed a targeted and multi-level, multi-sector approach to create change. The development and implementation of the NDIS was an example that had used education, persuasion, restriction and environmental restructuring.

In the interviews we heard that in some circumstances restrictions and rules were the only way to change behaviours. The example was where people with intellectual disability were incarcerated for extended times beyond their original jail sentence, due to shortage of support in the community.

Overwhelmingly, interventions of any type were regarded as improving community attitudes and behaviours if they were developed with and around people with disability and if they increased visibility of people with disability across everyday life, such as in playgrounds, schools, media, shops, gyms and workplaces.

This echoed theories about cross group interactions[127] and the human rights approach promoted in the UNCRPD. In particular, contact theory[128] poses that an increase in positive everyday participation across life domains supports a citizenship approach to disability and diversity. Overall, this aligns with the aim and intent of the ADS and it offers opportunities to counter negative attitudes with multiple alternative experiences. Participants highlighted the value of change interventions driven and led by people with disability and supported by political leadership and legal frameworks.

9. Future strategies to change attitudes

Key strategies and facilitators for attitude change

The two ways to change attitudes are with strategies that directly target attitude change; and within policies and interventions where the primary purpose is to change behaviour, and attitude change is a secondary purpose and outcome.

The facilitators of attitude change are:

1. Active presence of people with disability

2. Leadership

3. Targeting multiple levels and multiple types of policy and intervention

4. Long-term approaches with adequate resources

5. Measuring and monitoring change.

The research found that strategies to change attitudes encompassed two types of approaches:

1. strategies with attitude change as the direct purpose

2. strategies where the primary purpose was to change behaviour to fulfil the rights of people with disability, and attitude change was a secondary purpose or outcome.

This conclusion is consistent with the theory on attitude change[129] and the evidence in the review (Appendix B). The views and experiences of interview participants were remarkably consistent with this conclusion across the range of perspectives, including people in organisations, government, business and community members with disability, including people from peer networks.

The implications for government are that attitudes and behaviour both matter and can be changed and measured. Policies to change attitudes that apply a human rights framework mean that the strategies have coherence and are consistent with other policies to change outcomes, behaviour and attitudes. In Australia, these mandates are articulated in Australia's Disability Strategy (ADS), which also incorporates responsibilities, accountability and resourcing.[130]

Five facilitators to change attitudes were highlighted in the research: active presence of people with disability; leadership; targeting multiple levels and multiple types of policy and interventions; long-term approaches with adequate resources; and measuring and monitoring change. Interventions that incorporate all five facilitators work best because the facilitators reinforce each other over time for sustained change. Linking the facilitators to the ADS outcome areas means that the strategies to change attitudes reinforce the urgency to implement current policies to improve the social inclusion of people with disability.

9.1 Active presence of people with disability

The first facilitator to change attitudes is people with disability having an active presence throughout society. This involves generating community-wide recognition that disability exists in the community in many diverse ways, that it will be encountered day by day and that it is protected by human rights for all people. The facilitator is a two-step process of attitude change. First, it requires law and policy implementation of structural change towards equitable access and social inclusion in all outcome areas of Australia's Disability Strategy 2021-31. The implementation needs leadership to set expectations about employing, engaging, serving and protecting people with disability alongside other members of the public.

The second step is about contact and exposure between people with and without disability. When people with disability have equitable access and are present throughout society, then opportunities for positive social interaction are broadened. This social inclusion is true for people with disability generally and for those with intersectional experiences, including for people with disability who are First Nations, who come from culturally and linguistically diverse backgrounds, or who experience disadvantage from living outside major centres or identifying with a diverse sexuality or gender identity. Everyday contact in personal interactions, media, organisations and leadership means that people see and know each other and come to expect a full range of diversity in disability in their communities. This culture change includes reducing negative attitudes and behaviour and expecting positive and inclusive attitudes and behaviour.

One example of active presence in the community is a service for First Nations people with disability living in their community.[131] The service is designed for people to live and build skills to live independently, while fostering meaningful connections to their community and culture.

9.2 Leadership

The second facilitator is using leadership to demonstrate commitment to changing attitudes. This involves three types of change within entities in government, politics, business, media and communities; changes in leadership personnel and changes in structures; and changes to embed co-design.

First, positions of leadership need to be held by people with and without disability who understand the reasons to effect attitude change. When leadership positions are places where people demonstrate their commitment to change attitudes, then the interventions initiated from other levels are endorsed and gain momentum. Also, when people with disability hold leadership positions throughout organisations, the attitudes of others change, as seeing people with disability in leadership positions becomes an expectation and a common experience.

Second, this facilitator requires change in structures, with leadership about disability embedded in organisations. People in leadership positions in government, business and social and cultural organisations need to be incentivised to communicate about the importance of attitude change, and they need to be incentivised to appoint people with disability to leadership positions. Effective leadership also contributes to resisting any counterforces to change.

Third, leadership needs to require co-design with people with disability. Examples of structures required for this type of leadership are inclusive governance and management, including employee resource groups and disability staff networks; and building campaigns and interventions from grassroots priorities. When interventions to change attitudes adopt co-design processes, they validate the collective voices and lived experience expertise of people with disability in the way the interventions are designed and conducted. These processes can effect change by joining the power of life stories to specific calls for action. Co-design activity needs to avoid risks of tokenism. Instead, it needs to connect deeply to structural change.

9.3 Targeting multiple levels and multiple types of policy and intervention

Strategies to change attitudes seem to work well when they are targeted at multiple levels and involve multiple types of policy and intervention. Multiple strategies are important because they reinforce the intended changes. Structural interventions led by government seem to be important for success.

Multi-level approaches can be initially targeted at any level of society (intra or inter-personal, organisational, community and government). This approach works well if the primary target expands or has corresponding actions at other levels. For example, working with people with disability at a community level to change attitudes may also have impacts in facilitating organisational and policy change. Complementary action at each level can expand the scope over time to engage other people and organisations.

It is also important to apply multiple types of intervention, across multiple policy domains, to apply them simultaneously and to link them together. Laws and policies reinforce organisational structures that seek to influence intra and inter-personal attitudes. For example, anti-discrimination laws are incorporated into workplace structures as inclusive procedures, networks and leadership These structures aim to change who is in the workplace and how their managers and workers interact with them.

Preferred change strategies seemed similar across all ADS domains, however they must address the action targeted for change. For example, in the domain of health, education campaigns primarily targeted individual action. Inclusive communities, however, would have a broader focus and employ interventions across all levels to facilitate change.

Linking the various types and levels of intervention is important so they reinforce each other. To demonstrate why and how multi-level and multi-type approaches work, it is useful to refer to people's experiences as well as to human rights frameworks. People's experiences, or stories, show the effects of negative and positive attitudes and help other people understand why attitudes make a difference. Applying human rights concepts, such as fairness, equity and equality, to people's personal stories creates a resonance between the words used by communities and by government. Attitude change requires law and policy mandates. Explaining these mandates through human rights concepts links the policy to the personal. This can in turn motivate change across levels.

When negative attitudes and behaviour are not challenged, they increase hesitancy and resistance to the rights of people with disability. Government and oversight bodies can increase the effectiveness of multi-targeted policy and intervention by enforcing laws and guidelines and by ensuring a strong structural framework to promote positive attitudes and behaviour.

The national campaign to address accessibility in building codes is an example of how multiple-level interventions have achieved change. A campaign led by communities, people with disability, allies and industry influenced politicians to make legislative change, and now most states have signed up to the codes.

9.4   Long-term approaches with adequate resources

The fourth facilitator is having long-term approaches to change attitudes that are supported with adequate resources. One-off, short-term actions have limited impact if they are not reinforced within a larger strategy or other interventions over time. The implications of this facilitator are to:

1.   explicitly incorporate and resource attitude change approaches within long-term policies that target behaviour

2.   resource multiple-level strategies as described in 9.3.

Inclusive education is an example of a resourced, long-term policy that has fundamental, community-wide impact on attitudes and behaviour. Implementing inclusive education requires intervention at all levels (individual to government). It affects the behaviour and attitudes of students, teachers and families in schools now; and it affects the behaviour and attitudes of children with and without disability throughout their lifetimes. Examples of other long-term behaviour policies that have attitude implications have been found in each of the ADS outcome areas.

Long-term resourcing for targeted strategies to change attitudes are also needed. This means that, as part of the strategy, attitude change is planned, coordinated and measured. Responsibility and accountability have to be transparent within government and organisations. Disability Inclusion Action Plans (DIAPs) are an example of long-term strategies with adequate resourcing that can effect change. DIAPs with adequate resources and auditing processes can facilitate change, such as a local government accessible infrastructure plan.

9.5   Measuring and monitoring change

The final facilitator is measuring and monitoring change. Measuring change has two components: measuring behaviour change and measuring attitude change. Monitoring is about setting outcome targets for policies and interventions, regularly checking whether the targets are reached and adjusting the intervention if and as needed. The research indicates that measuring and monitoring the implications of behaviour change for attitudes or measuring and monitoring attitude change has not yet been a focus.

Measuring behaviour change is the main strategy noted in this research due to the relative ease with which behaviour can be measured in comparison to attitudes. Also, behaviour change has a direct impact on outcomes for people with disability, while the theory indicates that attitude change by itself may not translate into behaviour change. Measures of changed behaviour can be embedded within each of the ADS outcome areas. The measures preferably rely on or modify existing administrative data collections, so that all sectors across the community can be held responsible and accountable for change.

The second approach is to track longitudinal attitude change through national measures and local initiatives. These measures include:

- attitudes from the perspective of people holding the attitudes

- attitudes as reflected in community inclusion (numbers of people with disability in positions, awards and measures of recognition)

- the perspective of people with disability who experience the attitudes.

Some of these measures can be derived from existing or modified data collections (eg ABS surveys, NCAS,[132] NCCD[133]). Other measures need new investment and requirements on government and organisations. For example, accessibility audits of existing strategies (disability access and inclusion plans) within organisations (the judiciary, government agencies, business) are also productive ways to measure and track change. Measuring and monitoring are needed to hold governments and organisations accountable and to meaningfully inform strategies for change.

Data collection, analysis of the data and application of the findings to develop new strategies all require investment in research and collaboration between governments and organisations responsible for change.

Public inquiries and research draw attention to issues of inclusion for people with disability and reporting by the media provides information and education to the broader community. Many advocacy organisations produce and disseminate research driven by the priorities of their membership and make submissions to Senate Inquiries and Royal Commissions. The findings and reports from these inquiries lead to positive policy and structural change interventions across government, organisations and the community.

Appendix A Methods

Evidence review

Search strategy

The search strategy aimed to retrieve peer-reviewed literature published in English language between January 2018 and July 2021, supplemented with appropriate forms of grey literature from the same period.

At the start of the project, three sets of keywords were generated to identify literature on people with disability, attitudes and interventions (Table 7) The keywords were refined with the Disability Royal Commission advisors and then searched to retrieve peer-reviewed and grey literature.

Table 7 Keywords

People with disability	Attitudes	Interventions
1. Disabl* or Disabilit*	1. Attitude*	1. Intervention*
2. Handicap*	2. Knowledge	2. Program*
3. Impair*	3. Recognition	3. Scheme*
4. Deaf or deafness or ((Hearing or Acoustic or Ear*) adj5 (loss* or impair* or deficienc*))	4. Belief*;	4. Evaluat*
5. Blind or blindness or ((Visual* or Vision or Eye*) adj5 (loss* or impair* or deficienc*)	5. Lay belief*	5. Initiative*
6. Cripp*	6. Stigma	6. Policy or policies
7. Special need*	7. Discrimination	7. Strateg*
	8. Prejudice	8. Pilot*
	9. Awareness	9. Law or laws or legislation
	10. Disablism	10. Regulat*
	11. Ablism	11. Campaign*
	12. Inclusion[1]	**Change/Impact (to be searched separately)**

People with disability	Attitudes	Interventions
	13. Exclusion[1x]	14. Alter
		15. Reduce or reducing or reduction* (in conjunction with stigma)
		16. Modify or modified or modifying
		17. Change or changes

Note 1. This keyword was searched separately to establish its relevance to answer the research questions.

Peer reviewed literature was searched using the following electronic databases, which were relevant to retrieve social policy, social science and legal studies on attitudinal change:

- APAFT: Australian Public Affairs (Australian journal articles from published material on the social sciences.

- ProQuest databases (International coverage of sociology, sociological issues, and select social sciences, it includes PsycINFO, which covers the professional and academic literature in psychology and related disciplines, including medicine, psychiatry, nursing, and sociology)

- SSRN: Social science research network (consists of specialised research networks in social sciences)

- Scopus (the largest abstract and citation database in the fields of science, technology, medicine, social sciences, and arts and humanities)

In each database, the three groups of keywords in Table 7 were searched together using the Boolean operator OR and then combined using the Boolean operator AND, i.e. 'People with disability' AND 'Attitudes' AND 'Interventions'. The intervention keywords for 'change/impact' (Table 7) were searched separately and combined with the others on their own, i.e. 'People with disability' AND 'Attitudes' AND 'Change/Impact' when the other searches returned few references.

A detailed breakdown of the papers retrieved from the searches conducted in each database is reported below in Table 12, Table 13, Table 14, and Table 15.

Grey literature was searched using the keywords 'disability', 'attitude' and 'intervention' in the following datasets/search engines:

- Google

- OpenGrey. System for Information on Grey Literature (http://www.opengrey.eu)

The following websites were also searched individually, to locate anything missed above:

- DRC website

- National Ethnic Disability Alliance

- Council for Intellectual Disability

- ACON (AIDS Council of NSW)

- Inclusion Australia

- First Peoples Disability Network

Data management and selection

A total of 2,752 references were found through the searches in the four academic databases (details of the references found in each database are reported in Appendix A). Titles and abstracts of studies identified by the searches were downloaded into the bibliographic management software EndNote and duplicates removed. The references were then split between the two first authors who conducted a first round of eligibility screening of the titles and abstracts of the retrieved literature. References were included for a second screening check if they met both of these criteria:

- focused on interventions or policies to raise awareness about disability or to enhance social inclusion for people with disability

- reported quantitative or qualitative findings on changes in knowledge about disabilities or attitudes or behaviours towards people with disability

A total of 69 papers were selected for full download and inclusion in the scoping review analysis. After accessing the full papers, another eight papers were excluded from the final list, including one paper excluded because it was not possible to retrieve it online. A final set of 61 publications was included in the analyses.

Data extraction and analysis

The following information was extracted from each paper and summarised in Excel tables:

- Study aims

- Country(ies) where the study was conducted

- Study findings/results

- Policy areas, the six Australia's Disability Strategy[134] (ADS) outcome areas: Inclusive and accessible communities; Rights protection, justice and legislation; Economic security; Personal and community support; Learning and skills; and Health and wellbeing

- Type of intervention (from the Behaviour Wheel Change[135] (BWC): Education, Persuasion, Incentivisation, Coercion, Training, Restriction, Environmental restructuring, Modelling, Enablement)

- Level of intervention (Intrapersonal, Interpersonal, organisational / institutional, community governmental/structural level)

- Intervention/policy aim (e.g. attitude change, behaviour change)

- Target population, e.g. general public, students (noting the school stage), teachers (noting the school stage), both students and teachers)

- Research design (e.g. Pretest-Posttest, Randomised Control Trial, Survey, Correlational, Semi-experimental, Review)

- Number of studies included (for reviews)

- Type of data (Qualitative, Quantitative, Mixed)

- Sample size

- Measures used (for quantitative research)

- Comments

The above information was used to identify commonalities and differences across the retrieved literature, which was then synthesised and reported based on the six outcome areas reported in the ADS[136] (see below). Within each outcome area, the retrieved studies were then further described according to the type of intervention[137] (see below) and level of intervention[138] they were classified with in the data extraction tables (see below).

The research team discussed and agreed on the criteria to follow in order to code the selected articles to one of the six ADS outcome areas. The ADS outcome areas were broad enough to be inclusive of the wide range of studies reviewed. Appendix B describes the guiding principles that informed the coding of the articles across the ADS and BWC categories. These guiding principles allowed the research team to resolve uncertainty around the coding of some studies through discussion and benchmarking.

Australia's Disability Strategy outcome areas

We coded and synthesised interventions and policies across the six outcome areas highlighted in the ADS to cover policy areas and life domains: Inclusive and accessible communities; Rights protection, justice and legislation; Economic security; Personal and community support; Learning and skills; and Health and wellbeing. Table 8 presents a summary of the outcome definitions and indicators.

Table 8 Australia's Disability Strategy outcomes

The shared vision of Australia's Disability Strategy - An inclusive Australian society that enables people with disability to fulfill their potential as equal members of the community.

Shared domains	Shared outcomes	Shared sub-outcomes (person-centred) - examples	Shared indicators - examples
Inclusive and accessible communities	People with disability live in accessible and well-designed communities with opportunity for full inclusion in social, economic, sporting and cultural life	I can access social and cultural events	Participation in social/community activities
Economic security	People with disability and their families and carers have economic security and suitable living arrangements, enabling them to plan for the future and exercise choice and control	I have employment opportunities	Employment/ unemployment
Personal and community support	People with disability and their families and carers have access to a range of well-coordinated and effective services and supports that are appropriate for their needs	I can access the supports and services I need	Effectiveness of services and supports
Health and wellbeing	People with disability attain the highest possible health and wellbeing outcomes throughout their lives	I can interact with health professionals who understand my needs	Access to health services
Rights protection, justice and legislation	People with disability feel safe and have their rights promoted, upheld and protected	I am not discriminated against because of my disability	Disability-related discrimination
Learning and skills	People with disability achieve their full potential through their participation in an inclusive high quality education system that is responsive to their needs. People with disability have opportunities to continue learning throughout their lives in both formal and informal settings.	I am supported to reach my full educational potential	Participation in education

Types of intervention

The nine types of intervention used to inform the analysis of the eligible literature came from the Behaviour Change Wheel (BCW)[139]. The BCW was developed as a composite framework informed by the most consistent and significant components identified within 19 frameworks of behaviour change in a systematic literature review[140]. We selected the Wheel as an analysis framework because it synthesises multiple models and categorises the different types of actions that governments can take to change attitudes. It is a holistic, systems-based model that provides sufficient scope and rigour to this exploratory analysis (see Appendix F). The BCW contains nine types of intervention governments can choose from and seven policy categories that can support the delivery of these interventions. The seven policy areas were used to further classify and discuss studies reporting on policies. A definition of the BCW categories is provided in Table 9 and 10.

Table 9 Definitions of types of interventions in the Behaviour Change Wheel - interventions

Behaviour Change Wheel – Intervention types	Definitions
Education	Increasing knowledge or understanding
Persuasion	Using communication to induce positive or negative feelings or stimulate action
Incentivisation	Creating expectation of reward
Coercion	Creating expectation of punishment or cost
Training	Imparting skills
Restriction	Using rules to reduce the opportunity to engage in the behaviour (or increase the behaviour by reducing the opportunity to engage in competing behaviours)
Environmental restructuring	Changing the physical or social context
Modelling	Providing an example for people to aspire to or imitate
Enablement	Increasing means/reducing barriers to increase capability or opportunity[1]

Source: Michie et al. (2011, p. 7 of 11)

Table 10 Definitions of types of interventions in the Behaviour Change Wheel - Policies

Behaviour Change Wheel Policies	Definitions
Communication/ marketing	Using print, electronic, telephonic or broadcast media
Guidelines	Creating documents that recommend or mandate practice. This includes all changes to service provision
Fiscal	Using tax system to reduce or increase the financial cost
Regulation	Establishing rules or principles of behaviour or practice
Legislation	Making or changing laws
Environmental/ social planning	Designing or controlling the physical, social environment
Service provision	Delivering a service

Levels of policy intervention

We used the five levels of intervention from the ecological framework proposed by Heijnders and Van De Meij[141] to further classify the literature into intrapersonal, interpersonal, organisational / institutional, community, and governmental/structural levels.

Although all interventions in one way or another target people, it is possible to distinguish between those intended for people in their roles in an organisation (organisational/institutional level), from those aimed at changing people's cognitive or emotional perceptions of people with disability independently of their role in an organisation or the community (intrapersonal level). Interventions at the government/structural level consisted of legal and policy interventions, whereas community interventions consisted primarily of educational interventions aimed either at the community at large or at specific subpopulation in the community.

Compared to other multilevel ecological frameworks, this framework has the advantage of offering examples of types of intervention at each level of policy action.

Table 11 Levels of intervention

Level	Examples of interventions
Intrapersonal level	Treatment, Counselling, Cognitive – behavioural therapy, Empowerment, Group counselling, Self-help, advocacy and support groups
Interpersonal level	Care and support, Home care teams, Community-based rehabilitation
Organisational/institutional level	Training programs, (New) policies, like patient-centred and integrated approaches
Community level	Education, Contact, Advocacy, Protest
Governmental/structural level	Legal and policy interventions, Rights-based approaches

Source: Heijnders and Van De Meij[142]

APAFT: Australian Public Affairs (Australian journal articles from published material on the social sciences

Table 12 Search strings and number of peer reviewed studies found in the APAFT (Australian Public Affairs) database

Search ID	Search string	Number of studies found
#1	disabl* OR disabilit* OR handicap* OR impair* OR deaf OR deafness OR ("hearing loss"~3) OR ("acoustic impairment"~3) OR ("earing deficiency"~3) OR blind OR blindness OR ("visual loss"~3) OR ("vision impairment"~3) OR ("eye deficiency"~3) OR ("eyes deficiency"~3) OR cripp* OR "special need" OR "special needs"	7,976
#2	attitud* OR knowledge OR recognition OR belief* OR "lay belief" OR stigma* OR discrimination OR prejudice OR awareness OR disablism OR ableism	10,727
#3	intervention* OR program* OR scheme* OR evaluat* OR initiative* OR policy OR policies OR strateg* OR pilot* OR law OR laws OR legislation OR regulat* OR campaign*	192,582
#4	#1 AND #2 AND #3	147
#5	**Number of studies selected**	**2**

Search ID	Search string	Number of studies found
#6	alter OR reduce OR reducing OR reduction* OR modify OR modified OR modifying OR chang*	37,198
#7	#1 AND #2 AND #6	55
#8	**Number of studies selected**	**0**
#9	Inclusion OR exclusion	27,712
#10	#1 AND #2 AND #8	56
#11	**Number of studies selected**	**0**

Note. Filters applied: Peer reviewed literature published from 2017 to 2021

ProQuest databases

Table 13 Search strings and number of peer reviewed studies found in the ProQuest databases

Search ID	Search string	Number of studies found
#1	disabl* OR disabilit* OR handicap* OR impair* OR deaf OR deafness OR (hearing NEAR/3 loss) OR (acoustic NEAR/3 impairment) OR (earing NEAR/3 deficiency) OR blind OR blindness OR (visual NEAR/3 loss) OR (vision NEAR/3 impairment) OR (eye NEAR/3 deficiency) OR (eyes NEAR/3 deficiency) OR cripp* OR "special need" OR "special needs"	280,623
#2	attitud* OR knowledge OR recognition OR belief* OR "lay belief" OR stigma* OR discrimination OR prejudice OR awareness OR disablism OR ableism	744,905
#3	intervention* OR program* OR scheme* OR evaluat* OR initiative* OR policy OR policies OR strateg* OR pilot* OR law OR laws OR legislation OR regulat* OR campaign*	2,795,699
#4	#1 AND #2 AND #3	1,652

Note. Filters applied: Peer reviewed literature published from 01/01/2018 to 28/06/2021 NOT (Reports AND Conference Papers & Proceedings AND Other Sources AND Speeches & Presentations AND Encyclopedias & Reference Works AND Trade Journals AND Magazines) AND retrieve only papers labelled as 'intervention'.

Social science research network (SSRN)

Table 14 Search strings and number of peer reviewed studies found in the Social science research network (SSRN)

Search ID	Search string	Number of studies found
#1	disability	1,147
#2	attitude	1,849
#4	#1 AND #2	18
#5	**Number of studies selected**	**0**

Note. Searched in Title, Abstract & Keywords in the last three years.

Scopus

Table 15 Search strings and number of peer reviewed studies found in Scopus

Search ID	Search string	Number of studies found
#1	disabl* OR disabilit* OR handicap* OR impair* OR deaf OR deafness OR (hearing W/3 loss) OR (acoustic W/3 impairment) OR (earing W/3 deficiency) OR blind OR blindness OR (visual W/3 loss) OR (vision W/3 impairment) OR (eye W/3 deficiency) OR (eyes W/3 deficiency) OR cripp* OR "special need" OR "special needs"	52,801
#2	attitud* OR knowledge OR recognition OR belief* OR "lay belief" OR stigma* OR discrimination OR prejudice OR awareness OR disablism OR ableism	104,244
#3	intervention* OR program* OR scheme* OR evaluat* OR initiative* OR policy OR policies OR strateg* OR pilot* OR law OR laws OR legislation OR regulat* OR campaign*	3,928,805
#4	#1 AND #2 AND #3	898

Note. (exclude (srctype , "p")) and (limit-to (pubyear , 2022) or limit-to (pubyear , 2021) or limit-to (pubyear , 2020) or limit-to (pubyear , 2019) or limit-to (pubyear , 2018) or limit-to (pubyear , 2023)) and (limit-to (language , "english")) and (exclude (subjarea , "neur") or exclude (subjarea , "bioc") or exclude (subjarea , "agri"))

Table 16 Literature coding categories and Australia's Disability Strategy Outcomes

ADS Outcomes Domains	Definition	Description of what papers we associate with the domain and why
Inclusive and accessible communities	People with disability live in accessible and well-designed communities with opportunity for full inclusion in social, economic, sporting and cultural life.	Papers that focus on interventions addressing attitudes within community and sporting settings, as well as social inclusion more broadly. Papers which use education as an intervention but aim to better include people with disability in society are classified in this category. For example, Robertshaw and Kotera (2019) use Massive Online Open Courses (MOOC) as an intervention to change attitudes around people living with dementia. This intervention uses an education intervention to reach a wide range of members of the community, not just students within an educational setting, therefore it is categorised as 'inclusive and accessible communities'.
Economic security	People with disability, their families and carers have economic security and suitable living arrangements, enabling them to plan for the future and exercise choice and control over their lives.	Papers about paid work, unpaid work, self-employment, business, income and income support.
Health and wellbeing	People with disability attain highest possible health and wellbeing outcomes throughout their lives.	Papers that report on interventions aiming to change attitudes of service providers to make health and wellbeing services more inclusive towards people with disability. For example, Bogart et al. (2020) looked at an intervention aiming to shift psychology students' understanding of disability towards the social model, fostering more positive attitudes. The intended outcome of this intervention is less discrimination and better access to mental health services for people with disabilities.

ADS Outcomes Domains	Definition	Description of what papers we associate with the domain and why
Rights, protection, justice and legislation	People with disability feel safe and have their rights promoted, upheld and protected.	Papers about civil and political rights and the criminal justice system.
Personal and community support	People with disability, their families and carers have access to a range of well-coordinated and effective services and supports that are appropriate for their needs.	Papers about mainstream and disability specialist social support services
Learning and skill	People with disability achieve their full potential through their participation in an inclusive high-quality education system that is responsive to their needs. People with disability have opportunities to continue learning throughout their lives in both formal and informal settings.	Papers reporting on interventions that aim to shift behaviours and attitudes of people in education environments (early childhood services, preschool, primary, secondary, tertiary, vocational, adult), including teachers, students, school community, and/or governance structures. For example, Ocete et al. (2020) look at an educational intervention, 'Inclusive Sport in School', working to change the attitudes of students in Physical Education classes, enhancing students with disabilities access to high-quality education.

Table 17 Literature coding categories and Behaviour Change Wheel domains

Behaviour Change Wheel Domains	Definition	Description of what papers we associate with the domain and why
Education	Increasing knowledge or understanding	Education interventions are informed by two main theoretical frameworks: Social cognitive theory, which aims to disrupt information processing that gives rise to stigmatizing behaviour, such as categorizing people into groups and then associating groups with negative beliefs and attitudes. The content of these interventions is typically delivered via instruction or media. Contact theory, which promotes positive intergroup interactions to increase perspective-taking and empathy, reduce anxiety, and ultimately reduce stereotypes, prejudice, and discrimination. The content of these interventions is typically delivered through promoting cooperative learning tasks and work in small groups.
Persuasion	Using communication to induce positive or negative feelings or stimulate action	Interventions that use persuasion emphasise emotional response rather than the provision of facts and information. For example, teacher feedback on students' attitudes (Huber et al 2018), and bias feedback where participants are informed about their implicit attitudes found in psychological testing (Young et al 2019).
Incentivisation	Creating expectation of reward	Incentivisation as an intervention is understood as using rewards as a motivation to change attitudes, or to engage in an educational intervention. For example, Anderson (2021) uses both education and incentivisation in the course for Boy Scouts, in which they receive a Merit Badge (an incentive) upon completion.
Coercion	Creating expectation of punishment or cost	Interventions that come with a form of penalty are classified as coercion, primarily through criminal law mechanisms.

Behaviour Change Wheel Domains	Definition	Description of what papers we associate with the domain and why
Training	Imparting skills	Training is understood as an intervention that is skills based, rather than knowledge/ understanding based. Some interventions use both training and education. Some examples of training interventions include imparting skills and specific methods to teachers around inclusive education (Carew et al 2019; Ibrahim 2020; etc) and teaching psychological skills that help young people engage rational thinking (Kabasakal and Emiroglu 2021).
Restriction	Using rules to reduce/ increase the opportunity to engage	Interventions that focus on rules or regulation were considered as 'restriction', from organisational settings like schools and workplaces to government and structural law.
Environmental restructuring	Changing the physical or social context	Environmental restructuring is understood as interventions that reshape the structures of an organisation, institution, or government. These might include wide-ranging reforms to a school, or more accessible public transport.
Modelling	Providing an example for people to aspire to or imitate	Modelling is an intervention that is categorised as peer learning and leadership. The development of a Community of Practice or Partnership Program for teachers is conceptualised as modelling (and education), as participants emulate peers' positive attitudes and behaviours around inclusion (Brennan et al. 2019; Klibthong and Agbenyega 2018). Others use teachers as models that students look to for aspiration (Huber et al. 2018). In another study, students look to each other as models, with the intervention being around bystander behaviour (Siperstein et al. 2018).
Enablement	Increasing means/ reducing barriers to increase capability or opportunity	Enablement is understood as interventions that influence the cohort, in this instance, people with disability. These interventions are excluded as they are not within the scope of this review.

Interview guides

Interview guide for individual and group interviews

We want to learn about any programs or approaches you know of or have been part of that have improved community attitudes to people with disability. Please tell us about

1. **Any approaches that you know of, or have been involved in that have been successful in improving attitudes to people with disability?**

    Prompts

    •   What was it called?

    •   What worked?

    •   What could work better and why?

    •   What was the time frame for the intervention/program

2. **What was the focus of the change?**

    Prompts

    •   Inclusive and accessible communities; (community access and being included)

    •   Rights protection, justice and legislation (having rights)

    •   Economic security (having enough money)

    •   Personal and community support (support for personal needs)

    •   Learning and skills (learning and working)

    •   Health and wellbeing (being healthy and feeling good)

3. **Who or what was the change aimed at?**

    Prompts

    •   Was it directed towards government, communities, organisations or individuals?

4. **What was the approach to changing and improving attitudes based on?**

    Prompts

    •   Policy through legislation, guidelines, and regulation

    •   Information and contact

        ◦   giving people more information and education about disability (cognitive interventions) or

- providing experiences that help people to understand disability (practical experiences) [Education, training, modelling, persuasion]
- Structures
    - changes at an organisational level, (environmental and enabling),
    - promoting positive attitudes in organisations and removing barriers to environment and in organisations and government (Environmental and Enabling)
- Requirements
    - for example, an accessible entrance to all buildings policy [Restrictions, Coercion, Incentivisation]

5. **How did the approach address the diverse needs and circumstances of people with disability?**

    Consider the following aspects:

    a. metro/rural divide

    b. explicit/implicit attitudes, ableism

    c. other areas of discrimination, (eg cultural background, sexual preference, intersectional discrimination, lifecourse, gender identity, Aboriginality)

6. **How was the change in attitudes measured? Was there evidence that the attitude change resulted in behaviour change?**

7. **Based on your experiences and what you have heard in the group today, what kind of strategies do you think will improve and change community attitudes to people with disability?**

Peer network interview guide

We want to learn about what helps to improve community attitudes towards people with disability. Attitudes are the ways we think about or treat other people.

Can you tell us about things that have helped people in the community to improve their attitudes to people with disability?

1. **Do you know about any programs that have improved community attitudes to people with disability? (You may have been in the program or seen it)**

    a. What was it called?

    b. Did it work?

    c. If yes, why do you think it worked?

    d. What would make it better?

2. **What was the program about?**

   For example - any of these things

   a. Being included in the community

   b. Having rights (such as right to safety or opportunities)

   c. Having enough money

   d. Having the support and services you need

   e. Learning and working

   f. Being healthy and feeling good

3. **Whose attitudes did the program want to improve?**

   a. Government

   b. Communities

   c. Organisations

   d. Individual people

4. **What was the program based on?**

   a. Changing rules to be fair to people with disability. For example, a policy that says all buildings have to have an accessible entrance

   b. Giving people more information, education, training and experiences about disability.

   c. Removing barriers in organisations and developing positive attitudes to people with disability

5. **How did the program include people's differences?**

   Consider the following aspects:

   a. People living in the city or the country

   b. People with disability of different ages, cultural backgrounds, sexual preference, gender identity, or First Nations people.

6. **How could you see attitudes had improved?**

   Did people do different things when their attitudes improved? What did they do?

7. **What other things do you think will improve community attitudes towards people with disability?**

Appendix B Evidence review

Abbreviations and meanings

ADS	Australia's Disability Strategy 2021-31, 6 outcome areas: economic security; inclusive and accessible communities; rights protection, justice and legislation; personal and community support; learning and skills; health and wellbeing
CRPD	United Nations Convention on the Rights of Persons with Disabilities
Information about disability	Information about social experiences of disability ordisability type or both
Intervention	Action to change attitudes, such as training, program
Intervention types	Education, Persuasion, Incentivisation, Coercion, Training, Restriction, Environmental restructuring, Modelling, Enablement
Level of intervention	Governments, communities, organisations, relationships between people (interpersonal) and individual (personal)
Policy or intervention	Policy, intervention and any other action to change attitudes
Policy types	Communication/marketing, Guidelines, Fiscal, Regulation, Legislation, Environmental/ social planning, Service provision
Report	Not peer reviewed academic evidence. Grey literature from government, business or nongovernment
Social model of disability	Understanding disability as the interaction between people living with impairments and an environment filled with physical, attitudinal, communication and social barriers

Short summary

The Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (Royal Commission) wants to know what can be done to change attitudes towards people with disability so that they are better included in society. In 2021, the Royal Commission has funded UNSW Sydney and Flinders University to identify effective policies to change attitudes.

This report is the first part of the research. It found the written evidence in literature about effective policies and interventions. The second part of the research will ask people about the Australian policy experience of policies to change changing attitudes. The evidence from both parts will inform Royal Commission recommendations to prevent and address violence, abuse, neglect and exploitation of people with disability and to promote inclusion.

Evidence about policy and interventions that change attitudes

Changing people's attitudes is difficult. There are many types of policies and interventions to change people's attitudes.

The policies and interventions are aimed at government, community, organisations, relationships between people and at individuals. We call these levels of intervention.

Some policies and interventions are more successful than others. The different ways are:

- Giving people more information about disability (called cognitive interventions)

- Giving people experiences that help them understand disability (called practical experience, behavioural or skill building interventions)

- Using both information and experience and skill building to change attitudes.

The different approaches are:

- Interventions – for example, training and education

- Policies – for example, communication, guidelines and legislation.

The evidence says that positive attitudes can lead to changing people's behaviours. But we did not find much written evidence about whether these policies and intervention changed behaviour or not. Behaviour change was not usually measured.

The evidence says that addressing discrimination across government and communities would improve inclusion for people with disability.

Summary of evidence about policy to change attitudes

This summary explains what we found out from reading the evidence about policies and interventions to change attitudes towards people with disability. More details are in the rest of the report.

We reviewed the academic evidence in 48 research papers and 12 reports. This scoping review is of the academic evidence. Other reports (grey literature) were evidence as to why changing attitudes is urgent and what areas need to be addressed.

We wanted to know three things

• Did the policy or intervention change attitudes?

• Did the attitude change lead to behaviour change?

• What evidence is missing?

There are many policies and interventions aimed at changing people's attitudes. These are:

• Interventions: Education, Persuasion, Incentivisation, Coercion, Training, Restriction, Environmental restructuring, Modelling, Enablement

• Policies: Communication/ marketing, Guidelines, Fiscal, Regulation, Legislation, Environmental/ social planning, Service provision.

These policies and interventions focus on 5 levels – individual (intrapersonal), relationships between people (interpersonal), organisations, communities, and governments.

We analysed the academic evidence to attitude change in the 6 Australia's Disability Strategy (ADS) outcome areas. The list shows how many papers were in each outcome area.

1. Changing attitudes in **learning and skills** (26 papers)

2. Changing attitudes in **inclusive and accessible communities** (12 papers)

3. Changing attitudes in **health and wellbeing** (5 papers)

4. Changing attitudes in **personal and community support** (2 papers)

5. Changing attitudes in **economic security** (2 papers)

6. Changing attitudes in **rights protection, justice and legislation** (1 paper)

Policy by type and level of intervention

The general conclusion from the review is that effective policy to change attitudes needs to involve a combination of complementary intervention types and multiple levels of intervention. The three dimensions that the review examined were the type of intervention (Table 9), the type of policy (Table 10) in the Behaviour Change Wheel[143] and the level of intervention (Table 11).

These conclusions about effective approaches to change attitudes are summarised in Table 18, drawn from across the 6 ADS outcomes areas. Overall, most of the reviewed interventions led to an increase in positive attitudes towards people with disability. Positive outcomes were produced both by interventions that aimed to provide information about disability and interventions that combined information with interactions with people with disability, whether in person or imagined.

However, there are many gaps in evidence about what approaches, including interventions and types of policies, work to improve attitudes and behaviours towards people with disability. The effectiveness of the reviewed interventions to affect long-term change remained unclear. A qualitative study[144] questioned whether voluntary interventions might attract people who already have positive views towards people with disability. A longitudinal quantitative study[145] suggested that anti-stigma activities and message interventions need to be maintained to prevent people going back to their old attitudes.

Most interventions acted primarily at the organisational, community and intrapersonal levels (Table 22), so it means that we could not find out very much about government and structural interventions to reduce negative attitudes towards people with disability, their families and carers.

Lack of evidence at the structural level was also clear from the many gaps that we found regarding the types of policies that informed the implementation of the interventions to change attitudes towards people with disability. Most interventions referred to legislation, guidelines and regulation as the main types of policy to implement attitude change. We found no reference to the other types of policies (fiscal, environmental and social planning; Table 19). Other gaps were attitudes to intersectional experiences of First Nations people, cultural and linguistic diversity and location.

Table 18 Summary of types and level of interventions

Types of intervention	Number of studies*	Examples
Education	35	Education interventions aimed at increasing knowledge about disability. Most were at the organisational (n=20) and community (n=8) levels. Examples were traditional educational tools like written material, videos, workshops, but also contact-based activities, imagined contact activities and simulation activities.
Training	16	Training interventions were aimed at improving skills relevant to reduce negative attitudes towards people with disability (individual and organisational levels). Examples were disability-specific sensitisation or awareness training programs, and behavioural or skill-building interventions, such as learning how to communicate and which actions are appropriate.
Modelling	8	Modelling interventions were aimed at promoting peer learning and leadership. Most studies with modelling interventions were at the organisational level (n=4) or part of studies that acted on more than one level of intervention (n=2). Examples were the development of a Community of Practice or Partnership Programs where teachers could model peers' positive attitudes and behaviours about inclusion;[146] teachers acted as models for students;[147] students acted as models for each other in an anti-bullying intervention on bystander behaviour[148].
Persuasion	3	Persuasion interventions were aimed at promoting a cognitive or emotional response rather than the provision of facts and information. Two were at the intrapersonal level and 1 at the organisational level. Examples were teachers giving feedback on students' attitudes,[149] and bias feedback where participants are informed about their implicit attitudes/bias found through psychological testing.[150]
Environmental restructuring	2	Environmental interventions were aimed at promoting positive attitudes by reshaping the structures of an organisation, institution, or government (organisational level). An example was the state-wide implementation of the anti-bullying prevention framework 'School-Wide Positive Behaviour Intervention and Supports' (SWPBIS) in Georgia, USA.

Types of intervention	Number of studies*	Examples
Enablement	2	Enablement interventions were aimed at providing support or removing barriers for people with disability, their family and carers. Both studies were at the government level. An example was the adoption of the social relational model of disability by the Academy of Music and Arts for Special Education (AMASE), to challenge teachers' implicit beliefs about students' capabilities and provide access to music education that was previously limited or denied.[151]
Restriction	1	Restriction interventions promoted positive attitudes by establishing rules or regulation that would reduce the opportunity to engage in competing behaviours (organisation level). An example was the implementation of the World Health Organisation Quality Rights toolkit, which assesses mental health services across 5 dimensions of the UN CRPD (art. 12, art. 14, art. 15, art. 16, art. 19, art. 25, art. 28). This example was an enablement and a restriction intervention.
Coercion	1	Coercion interventions promoted positive attitudes by introducing forms of penalty, primarily through criminal law mechanisms (government level on organisations). An example was the comparison of anti-bullying policies in 39 comparable universities in the UK and Australia.[152]
Incentivisation	1	Incentivisation interventions were aimed at promoting positive attitudes by incentivising attitudes or behaviours (personal level). An example was the Disability Awareness Merit Badge Clinic for boy scouts who received a Merit Badge (an incentive) upon completion of a course aimed at promoting disability awareness.[153]

Note. * Sixteen studies had one or more types of intervention, so some studies are counted multiple times.

Table 19. Summary of types of policy identified in the primary studies

Types of policy	Number of studies*	Examples
Legislation	37	Legislation was the type of policy that most authors linked their interventions to. Examples were national legislation to implement the CRPD[154] or organisation anti-bullying policies.[155]
Guidelines	4	Guidelines referred to frameworks and protocols that recommended or mandated practice. Examples were the UN Quality Rights tool[156] and school-wide and systematic approaches[157] to inclusive education.
Regulation	1	Regulation referred to agreements that established rules or principles of behaviour or practice. The example was the research and knowledge exchange initiative involving a higher education institution and a management body for post-primary schools in Ireland to develop integrated, school-wide, systematic and collaborative approaches to inclusive education[158].

Note. This table reports the explicit or implicit type of policy that the authors of the intervention studies used to motivate or frame the need for their intervention. The systematic reviews were excluded from this classification because they included more than one study.

Changing attitudes in learning and skills

Interventions in the learning and skills outcome area were about promoting positive attitudes towards people with disability in education environments (early childhood services, preschool, primary, secondary schools and tertiary education).

Most interventions were at schools (organisational level). They targeted people based on their role in education (organisational level). Interventions were directed to students, teachers and administrative staff.

The types of interventions were education, training, modelling, supported by inclusive education guidelines and anti-discrimination legislation (Table 18).

Interventions for students

Learned prejudice and lack of knowledge about disability can influence children and young people to hold negative attitudes. The interventions focused on how children and young people's attitudes develop in kindergarten to high school.

Two types of interventions aimed at changing attitudes in students. Usually they were used together. One type was giving information about disability (cognitive interventions). Most interventions included the second type, experience-based interventions (behavioural

interventions), for example experience with direct or imagined contact with peers with disability. Contact-based interventions had larger positive effects than other behavioural and cognitive interventions.[159] Most studies reported positive attitude change, except one.

Interventions for teachers

Teachers' attitudes towards inclusion affect their teaching behaviour.[160] The Theory of Planned Behaviour[161] proposes that the intention to perform certain behaviours, such as teaching inclusively, is predicted by three main factors: people's attitude towards the behaviour (i.e. people's global assessment of the behaviour), subjective norms (i.e. individual beliefs about the expectations of other important people regarding a behaviour) and perceived behavioural control (i.e. beliefs regarding facilitation or the factors that can make a specific behaviour difficult to perform). In this regard, teachers' attitudes towards inclusion are a key factor for successfully implementing inclusive education. Interventions targeted teachers in preservice and continuing professional training. The studies showed it is important to prepare preservice teachers to work in inclusive settings, so that they have new or additional skills, behaviours and beliefs.[162]

The three types of teacher-focused interventions were: giving teachers information about disability (cognitive intervention), giving them experiences with disability (practical field experience), and interventions that did both, information and experience.[163]

Most studies reported positive attitude change. Some positive attitude and behavioural change from teachers were evident from interventions that included people with disability (practical field experience).

Interventions for teachers, students and administrative staff

School leadership (organisational level) and school communities have an important role in promoting school-wide approaches to inclusion.

The school-wide interventions focused on increasing awareness (for students and teachers) and professional learning (for administration staff). Positive attitude changes were evident from school-wide approaches and school leadership. One study showed there was no change through an equity reporting approach.

Changing attitudes towards inclusive and accessible communities

Social and economic exclusion of people with disability and their families in their communities can come from discrimination due to negative attitudes, stigma and prejudice.[164] The relevant contexts include attitudes in social, community and public places.

Interventions to reduce negative attitudes have mixed results. At the community level some information interventions can help. Examples are information and courses to understand disability through a social model of disability. These information interventions are resources that communities and organisations use to reduce negative attitudes in groups in the community.

Most interventions that gave people information about disability and awareness training (cognitive elements), and experiences of disability (behavioural or skill-building interventions), were successful. These interventions reduced negative attitudes towards people with disability. No studies looked at behaviour change.

Most interventions were at the personal, community or organisational levels. They were targeted at organisations that could change attitudes of community members. The types of interventions were education, training and environmental restructuring (Table 24 and Table 25). Grey literature emphasised the possibilities of change through media portrayal and reform of discrimination legislation (Disability Discrimination Act).

Changing attitudes in health and wellbeing

Interventions in health and wellbeing aimed to promote positive attitudes towards people with disability and their rights to good health, wellbeing and access to health services throughout their lives (studies to change attitudes to prenatal testing for disability were not found). The relevant contexts include attitudes in health systems.

Interventions used education about the social model of disability to change negative attitudes. Interventions provided information about disability and contact with people with disability.

The World Health Organization Quality Rights toolkit (organisational level intervention) has worked to improve attitudes in the quality of mental health services, in many settings. It has been used in places with limited resources. Another successful intervention was through theatre performance to enhance the attitudes of pre-service rehabilitation students towards people with disability. Theatre performance provides opportunities for either direct or indirect contact with people with disability. It can be more effective than written information.

A successful awareness raising intervention aimed at reducing negative attitudes towards people with a mental health diagnosis found a 'rebound effect' at the 3-month follow up. This suggests that anti-stigma activities and message interventions need to be maintained to prevent people going back to their old attitudes. No studies investigated behaviour change.

Most interventions were at the organisational level of health services. The types of interventions were education, training, modelling, restrictions, coercion, and persuasion (Table 26 and subsequent material).

There were 2 grey literature reports that raised issues for attitudes in health and wellbeing. They drew attention to intersectionality, discrimination and lack of training around LGBTIQ+ issues among health workers,[165] and for First Nations people.[166]

Changing attitudes in personal and community support

There were only 2 studies about changing attitudes in the personal and community support area. This is an important research and knowledge gap. It means evidence was missing about interventions to reduce negative attitudes towards people with disability in the support they receive. Grey literature points to the importance of organisational culture, which could relate to National Standards for Disability Services (legislation).

Overall, the two studies showed that interventions that use multiple methods such as workshops, practice and feedback to support the implementation of what people learn from training can be more effective than interventions based only on reading material or traditional-style lectures. No study investigated behaviour change.

The interventions were at the intrapersonal, organisational and institutional level. The types of interventions were education and training.

Changing attitudes in economic security

Only 2 studies were about interventions for changing attitudes in economic security. This is a research and knowledge gap about evidence on successful interventions aimed at reducing negative attitudes towards people with disability and their right to economic security from work, income and suitable living arrangements. The relevant contexts include attitudes in employment, income support and housing systems.

Interventions used education to improve attitudes and reduce stigma from employers and co-workers. These interventions improved public knowledge about aphasia and ability to communicate with people with aphasia. However, a separate study showed that the label "severely disabled" printed on disability ID cards to comply with a German employment quota policy generated some negative effects for the card holders, who felt they had less opportunity to develop relationships at work.[167] These studies did not investigate behaviour change.

The interventions were at the organisational and government levels. The types of interventions were education and restrictions.

A rapid evidence review discussed social marketing strategies to reduce negative employers' attitudes.[168] Social marketing campaigns can be used to promote attitude change across the whole population, or large sections of the population.[169] The report recommended using a mix of well-known and ordinary people to deliver the campaign messages. Overall, the review noted the lack of evaluation of the effectiveness of marketing strategies aimed at changing attitudes. Findings from social marketing strategies that have been evaluated seem to show that these campaigns can produce short-term attitudinal change but are less effective at generating long-term attitudinal change or changes in behaviour.[170]

Changing attitudes in rights protection, justice and legislation

The review found only 1 study in the rights protection, justice and legislation outcome area. This area also has a research and knowledge gap, with little evidence on successful interventions aimed at reducing negative attitudes towards people with disability about their rights to safety and justice. The relevant contexts include attitudes in the political, protection and justice systems.

The study compared student anti-bullying policies of 39 universities in the UK and 39 in Australia. It showed how student unions (organisational level) can make a positive contribution to changing attitudes. Anti-bullying policies need to be informative and student friendly. Policies should pay attention to accurate definitions of bullying and harassment. The study did not investigate behaviour change.

The intervention was at the organisational level. The type of intervention was coercion.

Several grey literature reports were submissions made to the DRC, in response to the rights and attitudes discussion paper. These reports raise issues of discrimination, gendered violence, racism and intersectionality. They point to the urgent need to address rights through legislation and policy reform to change institutionalised discrimination.[171]

Limitations

The reviewed studies had theory and method limitations. Sometimes the limitations raise questions about whether the change in knowledge and attitudes can be linked to positive attitudes.

None of the studies focus on people's intersectional experiences, such as gender, age and culture. They concentrate on disability only. Some interventions are about attitudes to people of one disability type. These interventions that made positive attitude changes towards people with one disability type may not be effective in promoting positive attitude changes about people with other disability types or with other cultural or gender identities.[172]

Most reports found in the grey literature search were excluded because they were not about the effectiveness of interventions or were too old. The grey literature about changing attitudes and the need to for attitude change across the 5 levels of government to personal were not about successful interventions.

Gaps

The research had many gaps about successful interventions aimed at reducing negative attitudes towards people with disability in most of the outcome areas: health and wellbeing (5 studies), personal and community support (2 studies), economic security (2 studies), and right protection, justice and legislation (1 study).

The review also found significant gaps in the links between the reviewed interventions and the theoretical frameworks that informed them. Most literature drew on a limited number of theoretical frameworks, for example Allport's contact theory, with limited reference to other theoretical frameworks of attitude change.

Introduction to changing attitudes

Background to this research project

The Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (Royal Commission) wants to know what can be done to change attitudes towards people with disability so that they are better included in society. The Royal Commission has funded the Social Policy Research Centre (SPRC) at UNSW Sydney and Flinders University to identify successful policies to change attitudes.

The Royal Commission was established in April 2019. Its task is to find out what governments, institutions and the community should do to prevent, and better protect, people with disability from experiencing violence, abuse, neglect and exploitation, and to create a more inclusive society that supports the independence of people with disability.

This research project will produce evidence about effective policies to change attitudes. The research acknowledges that attitude change can be initiated by governments, institutions and communities, and that every person has a responsibility to improve attitudes. This research will focus on government actions, which can leverage system-wide impact.

The research draws on the international literature and the Australian policy experience of governments and people with disability. The evidence will inform Royal Commission recommendations to prevent and address violence, abuse, neglect and exploitation of people with disability, and to promote inclusion. The summary of the research plan is on page 140.

This is the report on the findings of a scoping review that explored national and international literature to identify interventions and policies that address community attitudes to support equality, inclusion and participation of people with disability. The findings of the scoping review will inform the fieldwork and further outcomes of the project.

Attitude types and characteristics

The concept of attitude is primarily psychological, although it is also conceptualised in different ways in philosophy.[173] In psychology, different definitions of attitude emphasise distinct aspects of the concept.[174] Some definitions conceptualise attitudes as an association between an entity (person, place or issue) and a favourable or unfavourable evaluation or feelings.[175]

Other definitions take a more behavioural view, suggesting **that attitudes are learned positive or negative evaluations that predispose people to behave towards other people and situations in a particular way.**[176] In this project, we focus on studies that adopt these latter definitions of attitude, which focus on how changes to attitudes can affect behaviour.

Attitudes can operate on two levels: explicit and implicit.[177] Explicit attitudes are conscious, deliberately formed and can be self-reported.[178] For example, we might state that we like or dislike mathematics, which is an attitude towards this subject.

However, some positive and negative judgments are less accessible to conscious awareness and control.[179] Implicit attitudes emerge from automatic processes, in the absence of conscious thought.[180] For example, although we can state that we like mathematics, we might associate this subject with negativity without being aware of it. Like explicit attitudes, implicit attitudes can be both negative and positive. Examples of positive implicit attitudes are those towards a country and religion.[181] Friedman[182] observed that most research about attitudes towards people with disability focuses on explicit attitudes, without considering how explicit and implicit attitudes may operate together.

In the Attitudes Matter survey of community attitudes towards people with disability conducted on a representative panel of the Australian population,[183] most respondents reported positive or inclusive attitudes, with only a minority reporting overtly negative attitudes. Respondents generally supported the rights of people of disability including the right to: access mainstream schools and for inclusive education, have choices about where they live, and to participate in conversations around sex.[184] Nevertheless, 78% of the respondents agreed that people without disability are unsure how to act towards people with disability.[185] Regardless of people's intentions, acting based on uncertainty can have adverse impacts for people with disability.[186] Further, neutral or ambivalent responses (neither agree nor disagree) to statements were common in the survey.[187] For example, "while 20% of respondents agreed that 'people should not expect too much of people with disability,' a further 27% reported they neither agreed nor disagreed with this statement".[188] Neutral or ambivalent responses are challenging to interpret and common in attitudes surveys.

The Attitudes Matter survey had several strengths, including using a large representative sample of the Australian population and a co-design approach with people with disability. However, the survey could not measure implicit attitudes or bias.[189] Also, it could not explore intersectionality, that is the impact that different types of impairments, as well as identities and social positions such as gender, race and ethnicity, class and sexuality can have on attitudes and behaviour.[190]

Research suggests that explicit attitudes and bias, which are conscious, can be addressed directly through policy.[191] The literature suggests that a good approach to address implicit attitudes and bias is to identify specific situations where biased decisions are more likely to occur and develop interventions to address them.[192]

Policies and interventions that address community attitudes and facilitate, develop and maintain behaviour change are critical to equality, inclusion and participation of people with disability.

Attitudinal change

Theories that have addressed attitudinal change identify several factors that can act as mechanisms which lead to changes in people's attitudes. Three models in the literature describe the main components and structure of explicit and implicit attitudes:

- the expectancy-value theory that suggests attitudes are composed of beliefs and evaluations of these beliefs, emphasising the role that personally important beliefs play in shaping attitudes[193]

- the symbolic attitude approach that proposes that emotions and symbols, like prejudice and deep-seated values, are core components of attitudes[194]

- the ideological perspective that argues attitudes are organised around ideological principles, like liberalism and conservatism[195].

These three models suggest that attitudes are related to people's and societal beliefs and values. Perloff proposes a summative view of the relationships between attitudes, values and beliefs: attitudes are shaped by values, defined as guiding principles in a person's life, and consist of specific beliefs, defined as cognitions about the world.[196]

Overall, theories of attitude change can be summarised into two types: central route approaches to attitude change and peripheral route approaches to attitude change.[197] Persuasion via the central route approaches focus on the information that a person has about the entity (person, place or issue) under consideration. Some of these theories assume that comprehending and learning information is key to attitude change. Others emphasise the evaluation, elaboration, and integration of this information.[198] Persuasion via peripheral route approaches focuses on generating attitude change via relatively simple associations or inferences, such as for example agreement with an expert source or counting the number of arguments presented (i.e., the more arguments the better).

Most contemporary literature on attitude change is guided by one of the available 'dual process' models of judgment. The Elaboration Likelihood Model (ELM) introduced by Petty and Cacioppo is a prominent example of dual process models. [199] It is based on the notion that people want to form correct attitudes (i.e., attitudes that will prove useful in functioning in the environment) as a result of exposure to a persuasive communication, but there are a variety of ways in which a reasonable position can be adopted.[200]

Examples of persuasion via the central route approaches are:

- The message learning approach, which focuses on externally generated information that can lead to attitude change. In its original formulation, it suggests that the more message content people learn, the more their attitudes should change.[201] Recent research shows that people can change attitudes also thanks to cues associated with the message, for example if the source is an expert.[202]

- Self-persuasion approaches, which focus on internally generated information that can lead to attitude change. It proposes that people can self-generate reasons to favour or disfavour any position, so their attitudes can change in the absence of any new external information.[203]

- Expectancy value approach, which focuses on the particular features of the information that are critical for influencing attitudes. It analyses attitudes by investigating the extent to which people expect the entity (person, place or issue) under consideration to be related to important values or to produce positive and negative consequences. Fishbein and Ajzen's theory of reasoned action[204] is an influential example of expectancy-value theory. It suggests that the attributes (or consequences) associated with an attitude object are evaluated along two dimensions – the *likelihood* that an attribute or consequence is associated with the object (for example crime will reduce if taxes are increased) and the *desirability* of that attribute or consequence (for example the desirability of reducing crime).[205]

- Self-validation approach, which states that, when making judgements, people are more likely to rely on thoughts in which they have confidence (such as those that they see as valid) than thoughts about which they have doubts.[206]

- Functional approach, which focuses on the specific needs or functions that attitudes have for people. For example, some attitudes have an 'ego-defensive function', that is they aim to protect people from threatening truths about themselves or to enhance their own self-image. Other attitudes have a 'value-expressive function', that is aim to give expression to important values.

- Consistency approach, which states that attitudes often help to maintain a need for consistency among the elements in a cognitive system. Dissonance theory is the main example of consistency approaches.

Examples of peripheral route approaches are:

- Inference approaches, which state that people can make an evaluative inference based on some meaningful subset of information without having to examine all of the issue-relevant information they have available.[207] 'Attribution theory' is a prominent example of the inference approaches. It proposes that people infer underlying characteristics about themselves and others from the behaviours that they observe and the situational constraints imposed on these behaviours.[208]

- Approaches that emphasise emotions (affect), which focus on the role of emotional processes in attitude change.

Further insights about attitude change come from other lines of research, such as for example research on intergroup prejudice. Allport's contact theory[209] proposes that contact between groups can effectively reduce intergroup prejudice, but only when four primary conditions are present: equal status between the groups in the situation; common goals; intergroup cooperation; and the support of authorities, law, or custom.[210] A meta-analysis of 515 studies found that intergroup contact typically does reduce intergroup prejudice, with more rigorous studies yielding larger mean effects. The meta-analysis result also suggested that contact

theory, which was originally devised for racial and ethnic encounters, can be extended to other groups, including people with disability, with a lived experience of mental illness, and the elderly.[211] Finally, the meta-analysis found that Allport's optimal conditions to reduce prejudice through intergroup contact are not essential for intergroup contact to achieve positive outcomes, but act as facilitating conditions that enhance the tendency for positive contact outcomes to emerge.[212] Nevertheless, the meta-analytic results found that, among Allport's conditions, institutional support may be especially important for facilitating positive contact effects. However, this result does not mean that institutional or authority support should be conceived of or implemented in isolation from the other conditions. Institutional support for contact under conditions of competition or unequal status can often enhance animosity between groups rather than reducing it.

Overall, the different theories on attitude change suggest that there are a variety of processes through which attitudes can be changed, and that different processes can dominate in different situations. Further, attitudes formed by different processes can have different characteristics, including persistence and resistance. Persistence of persuasion refers to the extent to which attitude changes endure over time. Resistance refers to the extent to which attitude change is capable of remaining despite contrary information.[213]

The Attitudes Matter survey concluded by suggesting whether people who respond neutrally to statements about attitudes towards people with disability might "represent a 'movable middle,' whereby efforts to combat and/or debunk misconceptions and stereotypes about people with disability might be more effective than among those with entrenched negative attitudes".[214] To conclude, attitudes that appear identical when measured can be quite different in their underlying structure and therefore in their temporal persistence, resistance, or in their ability to predict behaviour.

Methods

The review adopted a scoping approach[215] which is particularly helpful when a topic has not yet been extensively reviewed or is of a complex or heterogeneous nature, as in the case of this study.[216] Details are in Appendix A.

A scoping review approach is informed by systematic principles – spelling out how relevant literature and policy is identified and included or excluded from the final analysis. It provides a structured search and analysis process in order to support a quality assessment of the evidence. It is not as exclusionary as a systematic evidence review, nor does it focus in quite as much detail on the methodological flaws of the eligible studies. Consultation is a key step in preparing scoping reviews to ensure there is expert input about literature selection and interpretation of findings.[217]

The scoping review aimed to synthesise literature on good practice in policy and successful strategies for changing attitudes and behaviours in ways that will better support the equality, inclusion, and participation of people with disability.

In analysing the selected literature, we adopted a human rights approach, which entailed identifying the theoretical framework underpinning the definition of disability used in the reviewed literature (e.g., diagnostic framework and social model framework) and the involvement of people with disability in the design of the proposed interventions and policies. Finally, the analysis compared the reviewed literature based on the main characteristics identified in the data extraction phase (Appendix A), including reference to the theories reviewed below.

The scoping nature of the literature review allowed the research team to generate a comprehensive overview of the academic national and international literature and of national grey literature on interventions and policies that address community attitudes to support equality, inclusion and participation of people with disability. However, the literature review was limited to papers published in English in the last three years and did not aim to systematically retrieve and analyse all existing literature on interventions or policies on attitude change over and beyond people with disability. Consequently, it may have inadvertently excluded relevant interventions and policies aimed at changing attitudes published in other language, prior to 2018 and for populations other than people with disability.

Findings in the literature review

This section reports on the detailed findings of the selected 48 peer-reviewed studies and 12 grey literature reports on interventions and policies aimed at changing people' and community's attitudes towards people with disability. The findings are reported based on the six ADS outcome areas: inclusive and accessible communities; rights protection, justice and legislation; economic security; personal and community support; learning and skills; and health and wellbeing (Appendix A).

Within each outcome area, we describe the findings according to type of intervention (Appendix A) – education, persuasion, incentivisation, coercion, training, restriction, environmental restructuring, modelling, enablement – and level of intervention – intrapersonal, interpersonal, organisational / institutional, community, governmental/structural level (Appendix A).

The review found many gaps in evidence about what interventions, levels of intervention, and types of policies work to improve attitudes and behaviours towards people with disability. Most interventions acted primarily at the organisational, community and intrapersonal levels (Table 18), so we could not find out very much about government and structural interventions to reduce negative attitudes towards people with disability, their families and carers. Similarly, most interventions referred to legislation as the main type of policy to implement attitude change (Table 17). We did not find reference to other types of policies such as fiscal policies or environmental and social planning ones (Table 17).

Most of the selected peer-reviewed literature was in the three outcome areas 'learning and skills' (n=26), 'inclusive and accessible communities' (n=12) and 'health and wellbeing' (n=5) (Table 16). Two papers were found for the outcome areas 'personal and community support' and 'economic security'' and 1 in the outcome area 'rights protection justice and legislation' (Table 16). The type of papers included in each of the outcome areas is discussed in the subsections below.

The 12 reports from the grey literature did not fit with the criteria about the effectiveness of interventions, and 2 reports were outside the review timeframe. These reports were relevant for issues across the ADS outcome areas. Most (n=8) of the grey literature reports focused on more than one ADS outcome area. There was some focus on 'health and wellbeing' (n=2), economic security (n=1), inclusion and accessible communities' (n=1) 'rights, protection and legislation' (n=3). The reports discussed several issues, including addressing attitudes around discrimination, ableism, gender identity, racism and intersectionality[218] rights, social inclusion and participation. Several grey literature reports were submissions made to the DRC, in response to the rights and attitudes discussion paper. These reports raise the urgent need to address rights through legislation and policy reform to change institutionalised ableism.[219]

Other issues raised across the ADS outcome areas are about participation, social inclusion, discrimination in employment,[220] and supported decision making.[221] The grey literature described the need for strategic targeted approaches in media and advertising, diverse representation, and co-creation and evaluation of any media or public marketing campaign.[222]

The findings of the scoping review are reported starting from the outcome areas with the higher number of studies reviewed.

Table 20 Number of peer reviewed references by ADS outcome areas

ADS outcome area	n
Learning and skills	26
Inclusive and accessible communities	12
Health and wellbeing	5
Personal and community support	2
Economic security	2
Rights protection justice and legislation	1
Total	**48**

Table 21 Types of interventions by type of policy in the selected primary studies

Types of interventions	Legislation	Guidelines	Regulation	Total
Learning and skills	20	3	1	24
Inclusive and accessible communities	8	-	-	8
Health and wellbeing	4	1	-	5
Economic security	2	-	-	2
Personal and community support	2	-	-	2
Rights protection justice and legislation	1	-	-	1
Total	**37**	**4**	**1**	**42**

Note. This table reports the explicit or implicit type of policy that motivated the need for each intervention.

Changing attitudes in learning and skills

Key findings

- The learning and skills outcome area included studies on interventions aimed at promoting positive attitudes towards people with disability within education environments (early childhood services, preschool, primary, secondary, and tertiary locations). Most interventions were at the organisational level, that is they targeted participants based on their specific roles in educational institutions. Interventions were directed to students, teachers, administrative staff, and students and teachers.

- Findings on interventions for students:

  - Most interventions targeted students from kindergarten to high school, when interventions aimed at moulding and modifying attitudes are more likely to be successful because students are at educational and life stages in which attitudes are still developing and consolidating.[223] All but one of the reviewed studies reported positive attitude change.

  - There were two types of interventions aimed at changing attitudes in students and young people: cognitive interventions, for example provision of information on disability, and behavioural interventions, for example an intervention promoting direct or imagined contact with peers with disability.

- Most primary studies that adopted a behavioural approach used a contact-based intervention. Evidence from a systematic review shows that contact-based interventions generate larger positive effective compared to other behavioural and cognitive interventions.

- Findings on interventions for teachers and teachers and students

  - Teachers' attitudes towards inclusion affects their teaching behaviour,[224] so it is considered a key factor for successfully implementing inclusion in education settings. Interventions targeted both preservice and tenure teachers. A growing body of literature emphasises the need to prepare preservice teachers to work in inclusive settings, as this requires new or additional skills, behaviours and beliefs.[225]

  - There were two types of teacher-focused interventions: information-based cognitive intervention, and interventions including a combination of information and practical field experience.[226] The majority of these studies reported positive attitude change. Three of the four interventions that reported evidence of both attitude and behavioural change included practical field experience.

- Findings on interventions for administrative staff

  - At the organisational level, school leaderships and situated community of practice approaches to professional learning can have an important role in promoting school-wide approaches to inclusive education.

  - At the organisational level, providing disciplinary equity reports to school administrators may not cause any meaningful change in disciplinary equity or equity goal setting.

Inclusive education is one of the key provisions (Article 3) in the United Nations Convention on the Rights of Persons with Disabilities (the Convention) and has become an important issue worldwide.[227]

Inclusive education is defined as 'an ongoing process aimed at offering quality education for all, while respecting diversity and the different needs and abilities characteristics and learning expectations of the students and communities'.[228] The Convention promotes education policies that foster public awareness regarding disabilities and positive attitudes towards people with disability.

Disability awareness is defined as educating people regarding disabilities and ensuring that people with disability have rights to lead their lives and are seen as equal citizens.[229] As mentioned above, attitudes towards disability are defined as 'the cognitive and behavioural processes that involve judgement and favourable/unfavourable reactions to aspects of disability'.[230] Negative attitudes towards students with disability limit their opportunities to be accepted and engage in educational settings. Although there is research evidence that students attending inclusive classrooms show greater social acceptance of their peers with disability,[231] promoting inclusive policies without addressing negative attitudes towards disabilities is not sufficient to foster positive attitudes towards students with disability.[232]

The rest of this section reviews the 26 studies coded under the outcome area 'learning and skills'.

Thirteen of the 26 studies were education interventions, that is studies that aimed to increase people's knowledge or understanding about disabilities (Appendix A). Ten were interventions that included 2 or more types of interventions from the Behaviour Change Wheel, and 3 were training interventions.[233] A full breakdown of the types of interventions by their target population is reported in Table 23.

Most studies (20 of 26) reported interventions at the organisational/institutional level. Three studies reported interventions at the intrapersonal level, 1 study was at the government/ structural level, 1 at the community level, and 1 included interventions that acted at two levels (organisational and interpersonal)

No study was recorded at the interpersonal level of intervention. This means that none of the 26 studies identified in the learning and skills outcome area targeted services or networks aimed at providing support to people and more specifically students with disability. Examples could have been tutoring services and homework support groups.

Overall, 12 interventions targeted students, 11 teachers, 2 administrative staff, and 1 both teachers and students. They are discussed below by type of interventions. A full breakdown of the studies' level of intervention by their target population and the list of countries where they were conducted are reported in Table 23, Table 24, Table 25 and Table 26.

Interventions for students

Twelve studies reported interventions to change the attitudes of students without disability towards students with disability. One study was a systematic review[234] and 11 were primary studies. The systematic review included studies that targeted students from kindergarten to high school. The primary studies included studies that targeted students from primary school to high school. The focus of the studies on students up to high school shows the intention of the interventions to target students who are at educational and life stages at which they are still developing and consolidating their attitudes. It is during these years that a lack of knowledge concerning disability can negatively affect the development of children's attitudes, and the interventions aimed at moulding and modifying attitudes are more successful.[235]

Following Ginevra and colleagues[236], we distinguished between two types of interventions aimed at changing attitudes in students and young people: cognitive interventions, for example provision of information, and behavioural interventions, for example an intervention using imagined contact with peers with disability.

Of the 11 primary studies selected for this review, 6 included behavioural interventions, 2 cognitive interventions, and 3 a combination of both. Most behavioural interventions included contact-based activities (n=4), others behavioural interventions were imagined contact activities (n=2), and simulation activities (n=1). Cognitive interventions included awareness programs, teachers' feedback, human rights interventions, and use of information materials.

In their systematic review on school-based interventions to improve disability awareness and attitudes towards disability of students without disability from kindergarten to high school in the Republic of Korea, Chae and colleagues[237] found large positive effects for contact-based interventions, use of materials, role-playing, and human rights interventions in this order. Chae and colleagues' analyses[238] showed that the intervention effects did not significantly differ by school levels. Finally, Chae and colleagues[239] found that longer programmes resulted in more positive awareness and attitudes towards disability. They concluded that increasing the number of programme sessions was more critical than length of instructional times per session in leading to positive attitudes towards disability.

Of the 11 primary studies selected for this review, 10 reported a positive change in attitudes and 1 did not. A detailed review of the findings of all the studies on interventions for students is from page 133 onwards.

Overall, these findings suggest that both cognitive interventions and behavioural interventions can be effective to promote positive attitudes towards the inclusion of students with disability in students of all school stages.

Finally, 1 of the 11 primary studies reported that the positive attitude change generated by their intervention also led to changes in the participants' behaviours. In their study on the impact of the schoolwide social inclusion program ('Special Olympics Unified Champion Schools program') on students' bystander behaviour against the use of the word 'retard' ("the r-word"), Siperstein and colleagues found that students' prosocialness, the context in which the r-word was used, and participation in the Special Olympics Unified program activities significantly predicted active bystander behaviour in response to the r-word.[240]

Interventions for teachers

Teachers' attitudes towards inclusion affects their teaching behaviour,[241] so it is considered a key factor for successfully implementing inclusion in education settings.

Eleven studies reported interventions to change the attitudes of teachers towards students with disability. One study was a systematic review[242] and 10 were primary studies. Overall, 5 studies were about interventions targeted to preservice teachers and 6 were about interventions targeted to tenured teachers. The similar number of studies in the two groups is consistent with a growing body of literature that emphasises the need to prepare preservice teachers to work in inclusive settings, as this requires new or additional skills, behaviours and beliefs.[243]

Based on the theoretical frameworks reviewed above and the categorisation used by Lautenbach and Heyder in their systematic review, we distinguished between three types of interventions: information-based cognitive intervention, practical field experience, and interventions including a combination of information and practical field experience.[244]

Information-based cognitive interventions primarily aimed to provide teachers with information on disability, inclusive teaching, and related legislation and laws. Practical field experience was grounded both in Allport's contact theory – which proposes that, under appropriate conditions,

direct contact with people with disability can reduce prejudice and promote positive attitudes – and in the experiential-based learning and teaching model, which entails complementing coursework with opportunities for application both in the classroom and in the field.[245]

Of the 10 primary studies selected for this review, 6 were studies on information-based cognitive interventions and 4 adopted a combination of information and practical field experiences. Lautenbach's and Heyder's[246] systematic review on preservice teachers' attitudes included 23 studies, of which 11 reported a combination of information and practical field experiences, 10 a cognitive-based intervention, 1 compared an information-based cognitive intervention with a combination of information and field experience, and 1 focused only on practical field experience.

Considering both the findings of the 10 primary studies selected for this review and the 21[247] included in Lautenbach's and Heyder's[248] systematic review, 13 of the 16 studies on information-based cognitive interventions reported a positive change in attitudes, and 12 of the 15 studies combining information and field experience reported an increase in positive attitudes. The details are in (Appendix A).

Overall, these findings suggest that both information-based cognitive interventions and interventions including information and practice field experience can be effective to promote teachers' positive attitudes towards the inclusion of students with disability. However, the reviewed studies present theoretical and methodological limitations that need to be taken into consideration in interpreting their findings. In some instances, these limitations raise the question of whether the improvements in knowledge and attitudes identified in some studies can be linked to positive attitudes.

Finally, 4 of the 10 primary studies reported evidence about behavioural changes related to the attitude changes generated by their interventions. Of these, 3 studies reported that the positive attitude change generated by the intervention also led to changes in the participants' behaviours, such as using more inclusive practices in their teaching.[249] One study found evidence of attitudinal change following the intervention, but not of behavioural change in the form of changes in teaching practices.[250] These four studies were all qualitative.

Hughes and Braun conducted a qualitative study with 47 preservice educators in a large university in the US.[251] They examined whether participation in an experiential learning opportunity integrated into a literacy course increased preservice teachers' knowledge of literacy instruction and shifted their beliefs and/or modified their practice for working with students with disability. Hughes and Braun found that preservice educators increased their instructional knowledge, changed their beliefs by holding themselves accountable for student learning, and also changed their instructional practices by using more evidence-based practices.[252]

Brennan and colleagues[253] conducted a qualitative study with 10 Irish teachers to explore support for inclusive pedagogy aimed at meeting the needs of learners with additional educational needs. They concluded that engagement with a Professional Learning Community (PLC), underpinned by critical dialogue and public sharing of work, positively impacted teachers' attitudes, beliefs, efficacy and inclusive practice.

Cologon's and Mevawalla's qualitative study involved 196 Australian pre-service early childhood teachers.[254] It consisted of a cognitive-based intervention and aimed to investigate the implications of teaching Key Word Signing (KWS) as an augmentative communication strategy. The study participants reported that KWS was beneficial for supporting communication development and could facilitate 'inclusive approaches through reducing barriers to participation, valuing diversity, and supporting a sense of belonging'.[255] The behaviour change here was the outcome of the intervention and consisted of adopting the use of KWS.

Carew and colleagues[256] conducted a pre-post intervention quantitative study with 123 teachers in Kenya to investigate the impact of a program covering key inclusive education concepts, such as the identification of children with disability, child-centred approaches to learning, and classroom management. The project focused on the inclusion of girls with disability, so it also addressed gender sensitisation activities. Carew's and colleagues'[257] found little evidence on the impact of the program on inclusive classroom practices. However, they reported that the intervention increased teaching self-efficacy, produced more favourable cognitive and affective attitudes towards inclusive education, and reduced teacher concerns.

A detailed review of the findings of all the studies on interventions for teachers is from page 135 onwards.

Interventions for teachers, students and administrative staff

One study reported positive outcomes of an intervention targeting both teachers and students. Of the 2 studies targeting administrative staff, 1 reported positive outcomes and one a negative one.

Sagun-Ongtangco and colleagues conducted a qualitative evaluation of the Equality and Non-Discrimination programme in the Philippines, which aimed to increase awareness and improve attitudes of regular school-aged children enrolled in public schools regarding disability.[258] The study generated four themes that gave evidence of the positive outcomes of the program on the participating students: shifting lens from seeing disability to ability, course satisfaction, reflection towards self, and realisation of contextual barriers. Similarly, four themes were generated regarding the positive impact of the program on teachers: knowing to doing and valuing, teachers at the forefront, concerted efforts for inclusion, and journey with the students. The study involved 3 teachers and 49 students aged 9–12 years from three cities in Metro Manila.

Fitzgerald and colleagues conducted a qualitative evaluation of an Irish research and knowledge exchange initiative aimed at developing integrated, school-wide, systematic and collaborative approaches to inclusive education.[259] The study involved 15 special educational needs coordinators, curriculum leaders and principals in six schools and found that the initiative raised awareness about inclusive education amongst staff and provided data-informed approaches to education. The study highlighted the central role that leadership has in promoting school-wide approaches to inclusive education. Finally, the study showed the importance that situated community of practice approaches to professional learning had for change to occur in schools.

McIntosh and colleagues' double-blind randomised control trial aimed to assess the effects of providing disciplinary equity reports to the administrators of 35 schools.[260] This education intervention was found to have 'no meaningful change in disciplinary equity or equity goal setting'.[261] The authors concluded that such interventions can cause negative effects, particularly when the recipients do not have control over the context of the intervention area.

Changing attitudes towards inclusive and accessible communities

Key findings

- Negative attitudes, stigma, and prejudice lead to discrimination and the social and economic exclusion of people with disability and their families, increasing their vulnerability.[262]

- The reviewed evidence gave a mixed picture of the effectiveness of education interventions to reduce stigma. However, at the community level, Massive Open Online Courses (MOOCs), the use of the social relational model to inform an organisation's teaching philosophy and practice, and interventions such as imagined-contact, vignettes, pictures or hypothetical scenarios can be effective to reduce stigma and negative attitudes in certain groups in the community.

- Most interventions that included both cognitive elements, such as disability-specific sensitisation or awareness training programs, and behavioural or skill-building interventions, such as imagined-contact, successfully reduced negative attitudes towards people with disability.

- No studies investigated behaviour change.

- Grey literature emphasised the possibilities of change through media portrayal and reform of discrimination legislation (Disability Discrimination Act).

Negative attitudes, stigma, and prejudice lead to discrimination and the social and economic exclusion of people with disability and their families, increasing their vulnerability.[263] Interventions aimed at reducing negative attitudes and stigma towards people with disability can help to promote more inclusive and accessible communities.

Twelve studies were coded under the outcome area 'inclusive and accessible' communities. Most of these were education interventions (n=4) and interventions including two or more types (n=4) and reported interventions at the community (n=6), and intrapersonal levels (n=2). A full breakdown of the studies' type and levels of intervention is reported in Table 29 and Table 30.

None of the studies reported the effect of the interventions on behaviour change.

Grey literature emphasised the possibilities of change through media portrayal and reform of discrimination legislation (Disability Discrimination Act).

The selected studies are reported here based on their type of intervention.

Education interventions

The studies coded as education interventions aimed to increase people's knowledge or understanding about dementia[264], stigma[265], and racial issues[266]. They consisted of 2 systematic reviews and 2 primary studies.

Hermann's and colleagues' systematic review[267] on dementia-related stigma found 9 studies that successfully provided education and support in relation to using experimental vignettes, pictures, or hypothetical scenarios to reduce stigma.

The primary study on dementia selected for this review examined if a Massive Open Online Course (MOOC) on dementia could be used to make demonstrable changes to attitudes towards dementia. [268] Robertshaw and Yasuhiro[269] found no statistically significant change between pre- and post-MOOC questionnaires, although change was observed in questions on independence, autonomy, and control and for non-healthcare workers, older people, and UK-based participants.

In their systematic review of the literature on interventions to reduce stigma towards people with epilepsy, Chakraborty and colleagues highlighted the methodological limitations of the selected studies.[270] They concluded by calling for more work in both developing effective stigma reduction strategies and validating tools to measure their efficacy.

Hochman and colleagues conducted a quantitative study with 472 participants randomly assigned and control group to determine whether online imagined-contact and psychoeducational interventions could contribute to White people's needed understandings to engage in racial justice work.[271] They used three interventions: imagined-contact with a person of colour, learning and reflecting about racism and its impact on people of colour, and increasing awareness of White privilege and positionality. The study demonstrated that the intervention and its components positively impacted outcomes of interest, with increasingly complicated learning requiring more comprehensive intervention to change.

Overall, these four studies provide a mixed picture of the effectiveness of education interventions to reduce stigma. However, they showed that MOOCs can be effective in reducing dementia-related stigma in certain groups in the community and that education and support provided through vignettes, pictures or hypothetical scenarios can also help to reduce dementia-related stigma.

Two or more types of interventions

Four studies were coded as presenting interventions that included an education element together with a training[272], modelling[273], incentivisation[274], or persuasion[275] element. One was a systematic review and three primary studies.

In their systematic review of interventions to reduce stigma experienced by children with disability and their families in low- and middle-income settings, Smythe and colleagues identified 9 studies of which 7 reported significant improvement in knowledge of disability and reduction in negative attitudes.[276]

In a quantitative pre-post test study on the effects of a Disability Awareness Merit Badge Clinic on boy scouts' attitudes towards peers with disability, Anderson and colleagues found a modest but significant increase in positive attitudes among participants, with the highest increase among younger scouts.[277] Anderson and colleagues noted future research should evaluate whether incorporation of experiential learning activities to the clinic curriculum would enhance its effectiveness in improving disability-related attitudes.[278]

In a quantitative study with 65 Canadian participants, Young and colleagues[279] showed the effectiveness of a new intervention designed to specifically target implicit stigmatising attitudes towards mental illness. The intervention included education, bias feedback, and contact components.

Finally, in a quantitative pre-post test study with 197 Turkish participants, Gürbüz and colleagues assessed the impact of a video-based anti-stigma intervention program for Obsessive Compulsive Disorder (OCD).[280] They found that the group that received the intervention (n=101) had more positive beliefs than those in the control (n=96).

Training

The three studies coded as training interventions aimed to improve skills relevant to reduce negative attitudes towards disability.

Similarly to the interventions to change negative attitudes in students, training interventions can be distinguished in cognitive ones, such as disability-specific sensitisation or awareness training programs, and behavioural or skill-building interventions, such as learning how to communicate and which actions are appropriate.[281] Research shows that training has a positive short-term impact on the attitudes of participants, but there is less evidence on its long-term impact and on whether there is any behavioural change after engaging with it.[282]

In a qualitative study with 33 Indian workers who participated in disability-specific awareness training, Kulkarni and colleagues found that sensitisation workshops successfully generate awareness in workers. [283] Nevertheless, Kulkarni and colleagues[284] found that improving awareness also reinforced group boundaries through "othering". The study also found evidence of self-selection bias in voluntary awareness training programs, with workers who already had some prior experience with disability more likely to join the training. Kulkarni and colleagues[285] concluded that non-mandated interventions may not necessarily influence Organisational level outcomes, especially if workshops are conducted without a broader organisational culture of diversity inclusion.

The latter two training type interventions had a combination of cognitive and behavioural elements.

In a quantitative study with comparison group involving 243 Chinese participants, Li and Wu[286] investigated how the Special Olympics programs affected volunteers' self-esteem and attitudes towards people with intellectual disability. This program focused on presentation of knowledge and information on intellectual disability, social inclusion, the Special Olympics, and the Special

Olympics Eunice Kennedy Shriver (EKS) University Day. As part of the training, the volunteers paired with a person with mild to moderate intellectual disability. Li and Wu[287] found that attitudes improved immediately after intervention and that improvements in the participants' self-esteem also contributed to their positive attitude change. However, the long-term effects of the training remained unclear.

Finally, in a quantitative study with randomisation involving 401 participants, Lindau and colleagues[288] compared the effects of brief interventions with different education, indirect and imagined contact components on lay people's attitudes. An intervention combining film-based education about intellectual disability and indirect contact (delivered through the internet instead of a group-base face-to-face intervention) had small positive effects on the participants' attitudes, intergroup anxiety and social distance, with the effects maintained at a six-weeks follow-up. Social distance was further reduced with the addition of a positively toned imagined contact task.

Environmental and social planning

One study was coded as an environmental / social planning intervention aimed to restructure the physical or social environment to reduce negative attitudes towards disability.

Draper and Bartolome[289] conducted an ethnographical qualitative study spanning 3 years, aiming to investigate the Academy of Music and Arts for Special Education (AMASE), and its impact on attitudes and behaviours through a social relational model of disability. The authors described AMASE's organisational values through three themes: ability, community, and service. Ability referred to the Organisation's philosophy of cultivating "a community that acknowledged the impairments of the students while actively seeking ways to break down the socially imposed barriers to musical learning that were disabling to them".[290] Community referred to the fact that the program provided access to music education where previously was limited or denied. Service referred to the fact that undergraduate volunteers involved in the program "raised their awareness of inequity for people with disabilities and motivated them to consider ways to serve this community in their future careers".[291]

Overall, the findings of this study illustrated the potential impact of a social relational model on music education philosophy and practice. Draper and Bartolome[292] concluded that the study findings suggest a need for "music educators to challenge implicit beliefs about students' capabilities and actively inquire into the ways in which music education contexts may be inherently disabling".[293]

Changing attitudes in health and wellbeing

Key findings

- The health and wellbeing area included studies on interventions aimed at promoting positive attitudes towards people with disability, so as to promote the highest possible health and wellbeing outcomes for people with disability throughout their lives.

- At the community level, the social model of disability can be used as a tool for education interventions to change negative attitudes. Education interventions that provide information and opportunities for contact with people with disability generate larger attitude changes.

- At the organisational level, the World Health Organisation QualityRights toolkit has a significant impact on the quality of mental health service and can be effectively implemented even in resource-constrained settings. Theatre performance interventions provide opportunity for either direct or indirect contact with people with disability and can be more effective than printed media in promoting positive attitudes towards people with disability.

- At all levels of intervention, there is a need for continuity in the provision of anti-stigma activities and messages to avoid 'rebound effects', that is a resurgence of stigmatising beliefs and attitudes.

- No studies investigated behaviour change.

Five studies were coded under the ADS outcome area health and wellbeing. These were studies that reported findings on interventions aimed at promoting positive attitudes towards people with disability in health and wellbeing settings, in order to promote the highest possible health and wellbeing outcomes for people with disability throughout their lives.

Two studies reported education type interventions, two were studies with 2 or more intervention types from the Behaviour Change Wheel, and 1 reported a persuasion intervention. Two studies reported interventions at the community level and 2 at the organisational/institutional level and 1 at the intrapersonal level. A full breakdown of the studies' type by levels of intervention is reported in Table 31 and subsequent material.

None of the studies reported the effect of the interventions on behaviour change.

The selected studies are reported here based on their type of intervention.

Education

The 2 primary studies coded as education interventions aimed to increase people's knowledge or understanding about disability and were both at the community level.

Similar to other education and training studies already reviewed in previous sections, the interventions coded under the health and wellbeing outcome could also be distinguished in cognitive ones, such as information and awareness programs, and behavioural ones, including contact-based approaches.[294]

In a quantitative pre- and post-test study with 160 American psychology students, Bogart and colleagues tested whether the assumptions regarding the cause and treatment of disability of the social model and contact with people with disability were effective as tools for interventions to change attitudes towards disability.[295]

Overall, the study found that the medical model beliefs were associated with negative attitudes while social model beliefs were associated with positive attitudes. The education plus contact intervention had the greatest increase in positive attitudes and social model beliefs, and greater reductions in medical model beliefs at post-test than participants in the contact or control groups. Change in medical model beliefs mediated the relationship between course and attitude change. A detailed summary of the study findings is reported in Table 31 and subsequent material.

Bogart and colleagues[296] concluded that disability models can explain disability attitude change and can be used to prepare psychology students to interact with people with disability.

In a qualitative study involving 12 South American undergraduate health care students, Castro and colleagues[297] investigated the effectiveness of a 30-hour multidisciplinary course for undergraduate health care students. The study found that the educational intervention led to improvements in the students' learning experiences, including "the development of empathy and knowledge related to the care of people with disability, improved knowledge around accessibility, and an awareness of the need to humanize the care of people with disability"[298]. Students reported enhanced learning experiences and an increase in knowledge related to the care of people with disability, highlighting the need to humanise the care.

Two or more types of interventions

Two primary studies were coded as presenting interventions that included an education element together respectively with a training one[299], and training, modelling, restrictions, and coercion [300]. A detailed summary of the study findings is reported in Table 31 and subsequent material.

In a pragmatic implementation trial adopting a quantitative pre- post approach, Pathare and colleagues[301] investigated the effectiveness of the World Health Organization Quality Rights Tool Kit as a scalable human rights-based approach in public mental health services in Gujarat, India. They concluded that the WHO QualityRights Tool Kit can be effectively implemented even in resource-constrained settings and has a significant impact on the quality of mental health services.

In a cluster randomised-controlled trial involving 371 Spanish primary care and mental health professionals, Eiroa-Orosa and colleagues[302] designed, implemented and evaluated two awareness-raising interventions tailored to reduce stigmatising beliefs and attitudes towards persons with a mental health diagnosis. In the 1-month follow-up after the intervention, Eiroa-Orosa and colleagues[303] found reductions of stigmatising beliefs and attitudes both in primary care and mental health professionals. However, at the 3-month follow up, the study detected a 'rebound effect', that is a resurgence of stigmatising beliefs and attitudes.

Eiroa-Orosa and colleagues[304] concluded by emphasising the importance of the continuity of the presence of anti-stigma activities and messages.

Persuasion

One study was coded as a persuasion intervention, that is using communication to induce positive or negative feelings or stimulate action.

Diallo and colleagues[305] investigated the efficacy of a live theatre performance intervention aimed to enhance the attitudes of pre-service rehabilitation students towards people with disability. The goal of the live theatre performance was to evoke positive emotion of gladness. The study adopted a pre-post quantitative approach and involved 54 American undergraduate students studying rehabilitation. The study found that the live theatre performance intervention was more effective in providing positive emotion of gladness and in improving the attitudes of the students towards people with disability compared to simple print media.

Changing attitudes in personal and community support

Key findings

- There is a research and knowledge gap on successful interventions aimed at reducing negative attitudes and stigma towards people with disability, their families and carers in services other than health and wellbeing ones. The review found only 2 studies that could be coded in this outcome area. Neither of the studies investigated behaviour change.

- One study highlighted the importance of two elements of a training program that was successful in changing day care staff members knowledge and, potentially, attitudes towards Autism Spectrum Disorder (ASD): support from senior service personnel to find the resources required to develop and implement the training, and on-the-job guidance and feedback to implement their learning from the training. The study concluded by suggesting the need to embed training programs within a broader strategy of personnel development, including linking courses into national

- The other study found evidence for a bias blind spot among mental health professionals working as forensic evaluators and a high level of endorsement for the use of introspection. The study reported that an intervention consisting of reading a brief article on unconscious processes and behaviour to educate the mental health professionals about the shortcomings of introspection was not effective in decreasing reliance on introspection as a debiasing technique.

- Grey literature points to the importance of organisational culture, which could relate to Disability Standards (legislation).

Two studies were coded under the ADS outcome area personal and community support. These were studies that reported findings on interventions aimed at reducing negative attitudes and stigma towards people with disability, their families and carers in services other than health and wellbeing ones.

One study reported on an education type intervention at the organisational/institutional level[306]. The other study reported on a training type intervention at the intrapersonal level[307].

Samadi and colleagues[308] evaluated the impact of a training course on Autism Spectrum Disorder (ASD) on staff working in day care centres' knowledge of ASD and their perceptions of including children with ASD in day centres. The study adopted a quantitative pre- and post-intervention design and involved 162 Iranian day care staff members.

The course was presented over 14 days (112 h in total), which were grouped into three workshops (lasting 4 or 5 days) devoted to one of three themes: understanding ASD, interventions for ASD, partnership with parents.

At 3 months follow-up, the study found that there were more participants who were disposed to include children with ASD in day-care centres and that their knowledge had significantly improved compared to baseline.

Samadi and colleagues[309] proposed three main conclusions from the study. First, the importance of support from senior service personnel to find the resources required to develop and implement successful training. Second, the importance of providing staff with further on-the-job guidance and feedback to implement their learning from the training, particularly for staff who might be less motivated or experience greater difficulty in implementing new practices. Third, staff training initiatives need to be embedded within a broader strategy of personnel development that embraces different levels of training and pathways for their realisation, including linking courses into national frameworks.

Zappala and colleagues[310] conducted a survey study to assess for a "bias blind spot" in a sample of 80 American mental health professionals working as forensic evaluators and to evaluate the effectiveness of an intervention aimed at reducing reliance on introspection as a debiasing technique. The intervention consisted of providing to the intervention group a brief article on unconscious processes and behaviour to educate participants about the shortcomings of introspection.

Zappala and colleagues[311] found evidence for a bias blind spot among evaluators and a high level of endorsement for the use of introspection. However, the intervention used to decrease reliance on introspection as a debiasing technique did not have an effect.

Zappala and colleagues[312] concluded that there is a need for additional research on effective strategies for reducing the bias blind spot and educating evaluators about those strategies.

Grey literature points to the importance of organisational culture, which could relate to Disability Standards (legislation).

Changing attitudes in economic security

Key findings

- There is a research and knowledge gap on successful interventions aimed at reducing negative attitudes towards people with disability, their families and carers so that they can have economic security and suitable living arrangements. The review found only 2 studies that could be coded in this outcome area.

- At the government and organisation intervention levels, official labels used to identify people with severe disabilities can lead to unwanted negative effects, such as generating in those who receive an official label the perception of having fewer opportunities for relationship building at work than their counterparts with a similarly severe, yet unlabelled disability condition.

- Neither of the studies investigated behaviour change.

A rapid evidence review discussed social marketing strategies to reduce stigma and negative employers' attitudes.[313] Social marketing campaigns can be used to promote attitude change across the whole population, or large sections of the population.[314] The report recommended using a mix of well-known and ordinary people to deliver the campaign messages. Overall, the review noted the lack of evaluation of the effectiveness of marketing strategies aimed at changing attitudes. Findings from social marketing strategies that have been evaluated seem to show that these campaigns can produce short-term attitudinal change, but are less effective at generating long-term attitudinal change or changes in behaviour.[315] Two studies were coded under the ADS outcome area economic security. These were studies that reported findings on interventions aimed at reducing negative attitudes towards people with disability, their families and carers so that they can have economic security and suitable living arrangements, enabling them to plan for the future and exercise choice and control over their lives.

One study reported on an education type intervention and was at the community level.[316] The other study reported on a restriction type of intervention and was at the government/ structural level.[317]

Borsatto and colleagues[318] conducted a study to investigate whether accessibility training about aphasia and supportive communication strategies increased employee's knowledge of aphasia and self-efficacy in interacting with a customer with aphasia.

The study adopted a quantitative pre-post intervention approach and involved 226 employees from 15 Canadian organisations. The study found that there was a significant improvement in the participants' declarative knowledge of aphasia and perceived ability to work with people with aphasia or other communication disorders.

Borsatto and colleagues[319] concluded that improved public understanding of aphasia should reduce stigma surrounding the disorder, facilitate community reintegration, and improve the quality of services provided for people with aphasia. However, future research should consider assessing longitudinal factors related to training retention and transfer to other employees.

Brzykcy and colleagues[320] investigated whether people labelled as "severely disabled" perceive fewer opportunities for relationship building at work than their counterparts with a similarly severe, yet unlabelled disability condition. The study adopted a quantitative quasi-experimental design and involved 845 employees with disability sampled from a representative German workforce data set. Brzykcy and colleagues found that labelling leads to perceptions of fewer opportunities for relationship building.[321] This effect was independent of supervisors' knowledge of the subordinates' disability, type of disability, and visibility of disability. Based on the results of these analyses, Brzykcy and colleagues[322] concluded that the labelling effect might be driven primarily by self-stigma rather than public stigma.

A rapid evidence review discussed social marketing strategies to reduce stigma and negative employers' attitudes.[323] Social marketing campaigns can be used to promote attitude change across the whole population, or large sections of the population.[324] The report recommended using a mix of well-known and ordinary people to deliver the campaign messages. Overall, the review noted the lack of evaluation of the effectiveness of marketing strategies aimed at changing attitudes. Findings from social marketing strategies that have been evaluated seem to show that these campaigns can produce short-term attitudinal change, but are less effective at generating long-term attitudinal change or changes in behaviour.[325]

Changing attitudes in rights protection, justice and legislation

Key findings

- There is a research and knowledge gap on successful interventions aimed at reducing negative attitudes towards people with disability so that they feel safe and have their rights promoted, upheld and protected. The review found only 1 study that could be coded in this outcome area.

- At the organisational intervention level, student unions can make a positive contribution to the promotion of bullying information, the provision of advice and support to students. Anti-bullying policies need to be informative and student friendly and attention needs to be paid to avoid inaccuracies in the definitions of bullying and harassment.

- The study did not investigate behaviour change.

- Several grey literature reports were submissions made to the DRC, in response to the rights and attitudes discussion paper. These reports raise issues of discrimination, gendered violence, racism and intersectionality. They point to the urgent need to address rights through legislation and policy reform to change institutionalised discrimination.[326]

One study was coded under the ADS outcome area rights protection, justice and legislation. This was a study that reported findings on interventions aimed at reducing negative attitudes towards people with disability so that they feel safe and have their rights promoted, upheld and protected.

Vaill and colleagues[327] compared the content and usability of student anti-bullying policies of 39 universities in the UK with those of 39 similar Australian universities. The study findings highlighted the positive contribution made by student unions to the promotion of bullying information, as well as the provision of advice and support to students. It also identified that in both countries there were substantial inaccuracies in the definitions of bullying and harassment, the use of staff related examples and workplace policies.

Overall, the study found that that many universities in the UK have bullying related policies and other documents which are more informative and student friendly than those found in Australian universities.

Considering that the UK has a relatively low prevalence rate of bullying (7%), and relatively good student anti-bullying policies, Vaill and colleagues[328] concluded that the study findings suggest that there may potentially be a link between prevalence of bullying and quality of the policy.

Several grey literature reports were submissions made to the DRC, in response to the rights and attitudes discussion paper. These reports raise issues of discrimination, gendered violence, racism and intersectionality. They point to the urgent need to address rights through legislation and policy reform to change institutionalised discrimination.[329]

Limitations

From a human rights framework perspective, all the studies were characterised by two main limitations.

First, although most studies framed the need for inclusive education within the articles of the Convention on the Rights of Persons with Disabilities, they explicitly or implicitly adopted a diagnostic definition of disability. This meant that disabilities were primarily defined based on the clinical symptoms of the impairments associated with them, rather than by looking at the disabling characteristics of the social environment in which people with disability live. It is unclear from the descriptions provided in most of the reviewed papers whether the information given to the participants as part of the interventions was also informed by a diagnostic definition of disability or if it offered a social model and human rights perspective. However, this ambiguity makes it more challenging to interpret what positive attitude change meant in some papers.

In some cases, the adoption of diagnostic definition of disability meant framing people with disability within a deficit perspective, that is focusing on their needs rather than their strengths. In some instances, the interventions seemed to reinforce negative stereotypes about people with disability and possibly promote negative attitudes rather than positive ones. An example of this was the qualitative study by Maia and Vilaça, which investigated the effects of a training program on sexuality and disability.[330] The intervention was conducted in Portugal and involved 10 teachers. It used a combination of didactic material, case studies and role playing to encourage the teachers to think of their actions towards people with disability. However, the case studies chosen for the intervention included:

the following different situations [which were behaviours allegedly exhibited by students with disabilities in the school]: a student with Down syndrome masturbating in the classroom; deaf students secretly dating; an autistic student beginning to undress himself in the classroom during a chemistry exam; a blind student asking the teacher for permission to put his hand on her body in order to get to know her; a student with muscular dystrophy reporting sexual abuse on the part of her grandfather; and a multiply disabled student asking questions about sex in the classroom. Faced with the above cases, the teachers formed small groups to discuss and think about the most appropriate attitudes and behaviours for coping with such situations in the classroom.[331]

Maia and Vilaça concluded that 'after participating in [the] theoretical-practical training, the teachers came to view people with disability as sexual beings, clarified their beliefs, and planned an intervention project for their students with disabilities'.[332] However, it is unclear in what ways the teachers' beliefs were clarified and what the intervention project for students with disability entailed.

Second, very few studies mentioned the involvement of people with disability in the design of the attitude change interventions or the projects to evaluate their efficacy. Co-designing the attitude change interventions and their evaluation would be an example of empowerment of people with disability and would reduce the risk that the interventions adopt content or approaches that are ethically or methodologically questionable.

From a methodological point of view, none of the studies addressed key issues such as intersectionality,[333] gender identities[334] and urban and rural dynamics[335] highlighted in the grey literature. For example, most studies were conducted in urban centres and large universities, so the strength of the stereotypes and attitudes experienced by the participants might be different from those experienced by participants in locations characterised by less diversity or more conservative views. This raises the question of context, where interventions effective in urban contexts might be less so in rural or regional areas.

Finally, all the reviewed interventions aimed at addressing attitudes associated with disability but did so in isolation from other stereotypes and negative attitudes that people with disability might experience as a result of other characteristics, for example their sexual orientation, gender identity, and race/ethnicity.[336] So, interventions that successfully promoted positive attitude changes towards a specific form of disability may not be as effective in promoting positive attitude changes in relation to people with disability of different race/ethnic backgrounds or gender identities.

Conclusions

This scoping review set out to identify national and international research evidence on interventions aimed at promoting positive attitudes towards people with disability. It selected 48 studies published in English between January 2018 and July 2021. It also reviewed 12 grey literature reports that although out of scope (because they did not report findings about interventions aimed at changing attitudes) helped to give context to the review findings.

The searches were conducted using a systematic approach to identify people with disability, attitudes, and interventions and policies across four databases (Appendix A): Australian Public Affairs, ProQuest databases (including PsycINFO), Social science research network, and SCOPUS.

The selected studies were discussed based on:

- 6 ADS outcome areas: inclusive and accessible communities; rights protection, justice and legislation; economic security; personal and community support; learning and skills; and health and wellbeing

- 9 types of intervention: education, training, modelling, persuasion, environmental, restructuring, enablement, restriction, coercion, incentivisation

- 7 types of policy: communication/ marketing, guidelines, fiscal, regulation, legislation, environmental/ social planning, service provision

- 5 levels of change: the individual (personal level); relationships between people (interpersonal level); the organisation (organisational level); the community (community level); the government.

We found many different types of interventions, which were classified across all the ADS areas, types of intervention, types of policy and levels of action. The summary of the findings by ADS areas is below. Here we summarise the findings by type and level of intervention and the preliminary findings of the research questions for the project.

Types of interventions

Most reviewed studies reported education, training, or modelling interventions. These interventions were primarily at the organisation and intrapersonal level. The review found very little evidence of persuasion, environmental, restructuring, enablement, restriction, coercion, and incentivisation type interventions. These types of interventions act primarily at the organisational, community and intrapersonal levels (Table 22), so it means that we could not find out very much about structural interventions to reduce negative attitudes towards people with disability, their families and carers.

Lack of evidence at the structural level was also evident in the many gaps that we found regarding the types of policies that informed the implementation of the interventions to change attitudes towards people with disability. Most interventions referred to legislation as the main type of policy to implement attitude change (Table 21). We found no reference to other types of policies such as fiscal policies or environmental and social planning ones (Table 21). These types of policies could contribute to promote cognitive and behavioural factors that foster attitude change.

The review also found significant gaps in the links between the reviewed interventions and the theoretical frameworks that informed them. Most literature drew on a limited number of theoretical frameworks, for example Allport's contact theory, with limited reference to other theoretical frameworks of attitude change.

Overall, the review found that in most cases both information-based cognitive interventions and those combining information and behavioural experience (for example direct or indirect contact with people with disability) led to an increase in positive attitudes. However, as discussed above, attitudes that appear identical when measured can be quite different in their underlying structure and therefore in their temporal persistence, resistance, or in their ability to predict behaviour. The ability of the reviewed interventions to affect long-term change remained unclear. A qualitative study[337] questioned whether voluntary interventions might attract people who already have views aligned with the intent of the intervention, so primarily reinforcing positive attitudes among those who might already have them. A longitudinal randomised study[338] suggested that anti-stigma activities and message interventions need to be maintained to prevent people going back to their old attitudes.

Education (35 studies).[339.] These were interventions aimed at increasing knowledge about disabilities of people without disability. They included interventions aimed at changing attitudes in students and young people. Most education interventions were at the organisational (n=20) and community (n=8) levels. They included cognitive interventions, for example provision of information on disability, and behavioural interventions, for example promoting direct or imagined contact with peers with disability. Interventions including behavioural components generated stronger attitude changes. Practical field experience was the main type of behaviour interventions for teachers. Contact-based activities (n=5) followed by imagined contact activities (n=2) and simulation activities (n=1) were the main behavioural activities for students.

Training (16 studies). These were interventions aimed at improving skills relevant to reduce negative attitudes towards disability. Most training interventions targeted teachers (n=6) and the general public (n=3) and health professionals (n=3). Most training interventions were at the organisational (n=9) and intrapersonal (n=3) levels. Similarly to education interventions, they consisted of cognitive interventions, such as disability-specific sensitisation or awareness training programs, and behavioural or skill-building interventions, such as learning how to communicate and which actions are appropriate. Training interventions had a positive short-term impact on the attitudes of participants, however more evidence is needed on its long-term impact and on whether there is any behavioural change after engaging with it.

Modelling (8 studies). These were interventions aimed at promoting peer learning and leadership. Most studies with modelling interventions were at the organisational level (n=4) or part of studies that acted on more than one level of intervention (n=2). Examples were: the development of a Community of Practice or Partnership Programs where teachers could peers' positive attitudes and behaviours around inclusion;[340] teachers acting as models for students;[341] students acting as models for each other in an anti-bullying intervention on bystander behaviour.[342]

Persuasion (3 studies). These were interventions aimed at promoting an emotional response rather than the provision of facts and information. Two were at the intrapersonal level and 1 at the organisational level. Examples were: teachers giving feedback on students' attitudes,[343] and bias feedback where participants are informed about their implicit attitudes/bias found through psychological testing.[344]

Environmental restructuring (2 studies). These were interventions aimed at promoting positive attitudes by reshaping the structures of an organisation, institution, or government. An example was the state-wide implementation of the anti-bullying prevention framework 'School-Wide Positive Behaviour Intervention and Supports' (SWPBIS) in Georgia, USA.

Enablement (2 studies). There were interventions aimed at providing support or removing barriers for people with disability, their family and carers. Both studies were at the government level. An example was the adoption of the social relational model of disability by the Academy of Music and Arts for Special Education (AMASE), to challenge implicit beliefs about students' capabilities and provide access to music education where was previously limited or denied.[345]

Restrictions (1 study). These were interventions that promoted positive attitudes by establishing rules or regulation that would reduce the opportunity to engage in competing behaviours. An example was the implementation of the World Health Organisation QualityRights toolkit, which assesses mental health services across 5 dimensions of the UN CRPD (art. 12, art. 14, art. 15, art. 16, art. 19, art. 25, art. 28). This intervention was at the same time an enablement and a restriction one.

Coercion (1 study). These were interventions that promoted positive attitudes by introducing forms of penalty, primarily through criminal law mechanisms. An example was the comparison of anti-bullying policies in 39 comparable universities in the UK and Australia.[346]

Incentivisation (1 study). These were interventions aimed at promoting positive attitudes by incentivising certain attitudes or behaviours. An example was the Disability Awareness Merit Badge Clinic for boy scouts who received a Merit Badge (an incentive) upon completion of a course aimed at promoting disability awareness.[347]

Preliminary findings about the project research questions

The general conclusion from the review is that effective policy to change attitudes needs to involve a combination of complementary intervention types, policy types and multiple levels of intervention.

Most interventions referred to legislation, guidelines and regulation as the main types of policy to implement attitude change. We found no reference to the other types of policies (fiscal, environmental and social planning; Table 19.

The conclusions about effective approaches to change attitudes are summarised from across the 6 ADS outcomes areas. There are many gaps in evidence about what approaches, including interventions and types of policies, work to improve attitudes and behaviours towards people with disability. Notable gaps are attitudes to intersectional experiences of First Nations people, cultural and linguistic diversity and location.

Complementary tables

Table 22 Types of intervention by level of intervention

Row Labels	Organisational / institutional	Community	Intrapersonal	Multiple	Governmental / structural	Interpersonal	Total
Education	12	7	1	1	-	-	21
Multiple	8	1	2	3	1	1	16
Training	3	1	3	-	-	-	7
Environmental restructuring	-	1	-	-	-	-	1
Enablement	-	-	-	-	1	-	1
Coercion	1	-	-	-	-	-	1
Persuasion	1	-	-	-	-	-	1
Grand Total	**25**	**10**	**6**	**4**	**2**	**1**	**48**

Complementary material on learning and skills

Table 23 Types of intervention by target groups of studies on learning and skills

Type of interventions	Teachers	Students	Students and teachers	Administrative staff	Total
Education	3	8	1	1	13
Two or more*	6	3	-	1	10
Training	2	1	-	-	3
Total	**11**	**12**	**1**	**2**	**26**

Note. * Three studies included both education and modelling interventions, three education and training, one modelling and persuasion, one modelling and training, one modelling and environmental restructuring, and one education, modelling, and training.

Table 24 Target population by level of intervention of studies on learning and skills

Target population	Organisational / institutional	Intrapersonal	Community	Governmental / structural	Multiple	Total
Students	8	3	1	-	-	12
Teachers	10	-	-	-	1*	11
School staff	1	-	-	1	-	2
Students and teachers	1	-	-	-	-	1
Total	**20**	**3**	**1**	**1**	**1**	**26**

Note. *Organisational / institutional and interpersonal.

Table 25 Number of students by target population of studies on learning and skills

Row Labels	n
Students	12
Teachers	11
Administrative staff	2
Students and teachers	1
Total	**26**

Table 26 Number of studies by continent of studies on learning and skills

Continent	Number of studies	Countries included
Europe	10	Germany, Greece, Italy, Republic of Ireland, Spain, UK
Asia	6	India, Jordan, South Korea, Philippines, Turkey
North America	5	USA
Two or more continents	2	Australia, Canada, China, Italy, New Zealand, Spain, Thailand, Turkey, UK, USA, Zimbabwe
Oceania	1	Australia
South America	1	Brazil
Africa	1	Kenya
Total	**26**	

Table 27 Number of studies included in this scoping review, Lautenbach and Heyder[348] review

Type of intervention in studies reviewed	Studies included from Lautenbach and Heyder's systematic review	Positive change studies in Lautenbach and Heyder's scoping review
Information-based cognitive intervention studies	10	7
Combination information and practical intervention studies	11	8
Total number of intervention studies	21	15

Table 28 Number of other studies included in this review

Type of intervention in reviewed studies	Other studies included in this review	Positive change studies included in this review
Information-based cognitive intervention studies	6	6
Combination information and practical intervention studies	4	4
Total number of positive change intervention studies	10	10

Students

Chae and colleagues' systematic review of 20 studies aimed to meta-analyse the outcomes of interventions improving disability awareness in school settings in the Republic of Korea.[349] The authors found increased effects for contact-based interventions, use of materials, role playing, and human rights interventions.

Gage and colleagues conducted a quasi-experimental quantitative study with 119 schools.[350] The researchers aimed to investigate the effects of a 'School-Wide Positive Behaviour Intervention and Supports'. They found no statistically significant difference between the intervention and control groups, however, the authors have hope for evidence-based interventions to prevent bullying.

Álvarez-delgado and colleagues quantitative study looked at the effects of a 'Program for Changing Attitudes Towards Persons with Disability' on secondary school students.[351] They assigned 770 participants to the experimental group, and 105 to the control group. Through pre- and post-testing, the authors found the intervention to improve all tested areas in the questionnaire.

Ginevra and colleagues conducted a study that aimed to analyse the effect of imagined contact along with information as an intervention to improve attitudes towards members of stigmatised categories.[352] Through a quantitative pre-test post-test study of 142 school students, the researchers found that imagined contact with information was more successful than solely information in changing attitudes.

Huber and colleagues aimed to investigate whether teacher feedback impacted students' levels of social acceptance towards peers with disability.[353] Using quantitative research methods with 956 participants over 3 countries in Europe, they determined that both positive and negative feedback effected children's social acceptance. The researchers found teachers' negative feedback to have a higher influence on students' social acceptance.

Kabasakal and Emiroğlu conducted a quasi-experimental, quantitative study with 228 students to examine the outcomes of a rational-emotive education on the social acceptance of students with disability in schools.[354] The researchers found a significant increase in wellbeing, self-efficacy and social acceptance of peers with disability, and lower levels of irrational beliefs with the intervention.

Massa and colleagues conducted a quasi-experimental, mixed methods study using pre- and post-test measurements of 101 participants.[355] The study used a theatre as an intervention, aiming to reduce autism stigma through education, emotion and contact. The researchers found the intervention "reduced stigma towards and increased knowledge about autism following the performance."

Ocete and colleagues' quantitative study used a pre and post-test design with 1068 students to analyse the effects of an educational intervention, 'Inclusive Sport in School', aiming to shift students' attitudes towards their peers with disability.[356] The researchers investigated the impact

of previous contact and competitiveness as variables. They found the intervention led to more positive attitudes, and that "the effect of the intervention could be influenced by the type of contact and that the level of competitiveness is a constraining variable".[357]

Pérez-Torralba and colleagues conducted a quantitative study using pre- and post- test methods to consider the outcomes of a Para-Sports Awareness Programme on students' attitudes towards disability, while considering previous contact as a variable.[358] The study used a questionnaire based on the Theory of Planned Behaviour and a Spanish version of the Children's Attitudes towards Integrated physical education (CAIPE) questionnaire to measure students' attitudes towards disabilities in physical education classes. Through data collection of 88 participants, the researchers found the intervention successful in changing attitudes in all variables.

Reina and colleagues' study aimed to analyse the effects of an intervention working to improve attitudes of students regarding the inclusion of peers with disabilities in physical education (PE).[359] The quasi-experimental study with 603 participants concluded that "having contact with para-athletes during the interventions improved in the three attitude variables".[360]

Siperstein and colleagues conducted a quantitative study surveying 1233 participants, attempting to investigate the impact of a social inclusion program on students bystander behaviour around the use of the 'r-word'.[361] The found that school-based interventions address underlying stigma towards people with disabilities as well as an avenue to address the use of the r-word.

Vasileiadis and colleagues' study aimed to examine the effects of a social coexistence program on high school students attitudes towards peers with intellectual disabilities.[362] Using quantitative data collected through pre- and post- test questionnaires with 193 participants, the researchers found the intervention led to more positive interventions.

Preservice teachers

In Lautenbach's and Heyder's[363] systematic review on preservice teachers' attitudes, 7 of the 10 studies on information-based cognitive interventions reported a positive change in attitudes (no change was detected in 2 studies and in 1 study attitudes towards inclusion decreased). Similarly, 8 out of the 11 studies combining information and field experience reported a significant increase in positive attitudes.

Four of the 10 primary studies selected for this review also evaluated interventions to change attitudes of preservice teachers. Of these three[364] adopted a combination of information and practical field experiences and one[365] was an information-based cognitive intervention. Although these studies were conducted in different countries, the interventions were all implemented in large urban universities. Their findings are reported below.

Hughes and Braun[366] conducted a qualitative study with 47 preservice educators in a large university in the US to examine whether participation in an experiential learning experience integrated into a literacy course increased the preservice teachers' knowledge of literacy

instruction and shifted their beliefs and/or modified their practice for working with students with disabilities. Hughes and Braun[367] found that preservice educators increased their instructional knowledge, utilised more evidence-based practices, and shifted their beliefs by holding themselves accountable for student learning.

In a quantitative pre-test, post-test study involving 45 preservice teachers from the University of Jordan, Ibrahim[368] found that participation in a 16-week training program that required the participants to apply with Autism Spectrum Disorder (ASD) children what they learned in the classroom had a positive impact on the teachers' views about ASD.

Finally, in a qualitative study involving 11 preservice science teachers in a large South Korean university, Kang and Martin[369] investigated how teachers' engagement in an informal teaching experience involving both an information-based cognitive element and field experience impacted their perceptions about students with special educational needs. The study also investigated the preservice teachers' beliefs about the value of teaching science to special educational needs students, and about their future responsibilities to support them. Kang and Martin[370] concluded that the intervention led participants to recognise special educational needs students as potential science learners and to identify their learning abilities.

Cologon's and Mevawalla's[371] qualitative study involving 196 Australian pre-service early childhood teachers is the last study that we review targeting preservice teachers. It involved a cognitive based intervention and aimed to investigate the implications of teaching Key Word Signing (KWS) as an augmentative communication strategy. The study participants reported that KWS was beneficial for supporting communication development and could facilitate "inclusive approaches through reducing barriers to participation, valuing diversity, and supporting a sense of belonging"[372].

Tenured teachers

Six of the other 7 primary studies concerning interventions for teachers involved information-based cognitive interventions and 1 study involved an intervention combining both an information-based cognitive intervention and field experience. Overall, 4 studies[373] reported interventions aimed to promote an inclusive pedagogical approach. Two studies had a qualitative research design and 2 a quantitative one. Their findings are reported below

Brennan and colleagues[374] conducted a qualitative study with 10 Irish teachers to explore support for inclusive pedagogy aimed at meeting the needs of learners with special educational needs. They concluded that engagement with a Professional Learning Community (PLC), underpinned by critical dialogue and public sharing of work, positively impacted teachers' attitudes, beliefs, efficacy and inclusive practice.

Klibthong and Agbenyega[375] conducted a qualitative study to investigate the impact on inclusive pedagogy of a partnership program between the Thai Bureau of Special Education professional development and an Australian inclusive school. Sixteen early childhood teachers from Thailand

participated in the program and visited the Australian school. Klibthong and Agbenyega[376] concluded that the program led to "better understandings of children with special education needs by creating a mindset for change"[377]

Carew and colleagues[378] conducted a pre-post intervention quantitative study with 123 teachers in Kenya to investigate the impact of a program covering key inclusive education concepts, such as the identification of children with disabilities, child-centred approaches to learning, and classroom management. The project focused on the inclusion of girls with disabilities, so it also addressed gender sensitisation activities. Carew's and colleagues'[379] study is the only one reviewed so far that found little evidence regarding the impact of the program on inclusive classroom practices. However, they reported that the intervention increased teaching self-efficacy, produced more favourable cognitive and affective attitudes towards inclusive education, and reduced teacher concerns.

Savarimuthu and colleauges[380] conducted a quantitative pre-post intervention study involving 89 Indian teachers to evaluate a four-step educational program that included educating the teachers regarding common disabilities, identification of children with intellectual disability, screening and treatment along with use of audiovisual information. Savarimuthu and colleagues[381] concluded that the intervention led to a generally positive attitude towards intellectual disability and inclusive education.

Complementary material on inclusive and accessible communities

Table 29 Type of intervention of studies on inclusive and accessible communities

Type of intervention	n
Education	4
Two interventions*	4
Training	3
Environmental restructuring	1
Total	**12**

Note. These included education in conjunction with either modelling, training, incentivisation, and persuasion.

Table 30 Level of intervention of studies on inclusive and accessible communities

Level of intervention	n
Community	6
Intrapersonal	2
Multiple	2
Organisational/institutional	1
Interpersonal	1
Total	**12**
Total	**12**

Complementary material on health and wellbeing

Table 31 Types of intervention by level of action of studies on health and wellbeing

Type of intervention	Community	Organisational / institutional	Intrapersonal	Total
Education	2	-	-	2
Two or more*	-	1	1	2
Persuasion	-	1	-	1
Total	**2**	**2**	**1**	**5**

Note. These included education, training, modelling, and coercion.

Summary of studies

Education

In a quantitative pre- and post-test study with 160 American psychology students, Bogart and colleagues[382] tested whether the assumptions regarding the cause and treatment of disability of the social model and contact with people with disability were effective as tools for interventions to change attitudes towards disability.

The study involved three psychology undergraduate classes. Fifty-two students participated in a first intervention that combined education about disability with contact. This intervention focused on the social construction of disability, challenged the medical model, and was taught by an instructor with a disability. Forty-five students participated in a second intervention that focused on contact. This intervention did not include disability content but was taught by an instructor with a disability. Fifty-three students participated in the control group, which did not include disability content and was taught by an instructor without a disability. Measures of disability models and attitudes were completed by all participants at the beginning and end of each 10-week course.

Overall, the study found that the medical model beliefs were associated with negative attitudes while social model beliefs were associated with positive attitudes. The education plus contact intervention had the greatest increase in positive attitudes and social model beliefs, and greater reductions in medical model beliefs at post-test than participants in the contact or control groups. Change in medical model beliefs mediated the relationship between course and attitude change.

Bogart and colleagues[383] concluded that disability models can explain disability attitude change and can be used to prepare psychology students to interact with people with disability.

Two or more types of intervention

In a pragmatic implementation trial adopting a quantitative pre- post approach, Pathare and colleagues[384] investigated the effectiveness of the World Health Organisation QualityRights toolkit as a scalable human rights-based approach in public mental health services in Gujarat, India. They concluded that the QualityRights can be effectively implemented even in resource-constrained settings and has a significant impact on the quality of mental health services.

The study involved 6 public mental health services (3 mental hospitals, 2 psychiatric units in general hospitals attached to medical colleges, and 1 psychiatric unit at a district general hospital). The comparison group that did not receive the QualityRights program included: 1 mental hospital, 1 psychiatric unit in a general hospital attached to a medical college, and 1 psychiatric unit at a general hospital

In the intervention group, at baseline, the study involved 1,001 between service users (n=698) and caregivers (n=303) and at 12-month follow up it involved 943 between services users (n=652) and caregivers (n=291). In the comparison group, at baseline, the study involved 462 between services users (n=345) and caregivers (n=117), and at follow up it involved 399 between services users (n=291) and caregivers (n=109). The study findings also included the views of 232 staff members from the intervention group and 31 from the comparison group, where both baseline and end-of-study data were available and were used in the analysis.

The study found that the quality of services provided by those services receiving the QualityRights intervention improved significantly. The study found small to medium effect sizes improvements (effect sizes 0.50–0.17) in the attitudes towards service users of staff in the intervention group. Small effect size improvements were found in service users' feelings of empowerment (effect size 0.07) and satisfaction with the services offered (effect size 0.09). Caregivers at the intervention services also reported a moderately reduced burden of care (effect size 0.15).

Summary of the research plan

The Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (Royal Commission) wants to know what can be done to change attitudes towards people with disability so that they are better included in society. The Royal Commission has funded the Social Policy Research Centre (SPRC) at UNSW Sydney to identify successful policies to change attitudes. The SPRC will work on this project together with researchers at Flinders University. The project started in May 2021 and will finish in November 2021.

The **research aim** is to produce evidence about effective policies to change attitudes. The research will draw on the international literature and the Australian policy experience of governments and people with disability. The evidence will inform Royal Commission recommendations to prevent and address violence, abuse, neglect and exploitation of people with disability, and to promote inclusion.

The research will use a **conceptual framework** with two parts:

1. The multi-level ecological framework by Cook et al. (2014). The framework has 3 levels: the intrapersonal level, which focuses on interventions directed at individuals; the interpersonal level, which focuses on interventions that target groups or organisations; the structural level, which describes interventions directed at the social-political environment.

2. Policies, called government actions in this research, which are included in the Behaviour Change Wheel. The Wheel was developed from 19 frameworks of behaviour change by Michie, van Stralen & West (2011). Behaviour is the observable part of the relationship between changing attitudes and changing behaviour. The government actions to change behaviour and attitudes are: Communication/marketing, Guidelines, Fiscal, Regulation, Legislation, Environmental/social planning, Service provision.

We will investigate government actions across the six outcome areas in the National Disability Strategy (NDS) that cover the policy areas and life domains: Inclusive and accessible communities; Rights protection, justice and legislation; Economic security; Personal and community support; Learning and skills; Health and wellbeing.

We will consider intersectional discrimination. Negative attitudes towards characteristics such as gender identity, age group, sexual orientation, Aboriginality, ethnic and cultural origin create specific discrimination at the intersection of these experiences.

Based on these concepts, the **research questions** are:

1. **Which government actions have improved attitudes?**

   Government actions are: Communication/marketing, Guidelines, Fiscal Regulation, Legislation, Environmental/social planning, Service provision

   Including the following aspects:

   a. metro/rural divide

   b. other areas of discrimination (e.g. cultural background, sexual preference)

   c. disciplines beyond disability (e.g. psychology, social marketing)

   d. explicit/implicit attitudes, ableism

   e. components of effective strategies (and how can they be applied to disability)

   f. emerging approaches

   g. intersectional discrimination (e.g. lifecourse, gender identity, Aboriginality)

   h. measuring change

   i. gaps in our knowledge.

2. **Which government actions have improved attitudes across the 6 NDS outcome areas?**

   Outcome areas are: Inclusive and accessible communities; Rights protection, justice and legislation; Economic security; Personal and community support; Learning and skills; Health and wellbeing

   Including the following aspects:

   a. commonalities and differences

   b. gaps in our knowledge

3. **How have strategies at the levels of governments, communities, organisations, relationships between people (interpersonal) and individual (personal) worked well together?**

   Including the following aspects:

   a. impacts on behaviour-

   b. gaps in our knowledge

   The **research methods** are:

   - Co-design: Throughout the research, we will seek input from relevant stakeholders, including people with disability. We will set up an advisory group to comment on research design and methodology, review deliverables and give general research guidance. Members will include people with lived experience of disability, relevant stakeholders in the Royal Commission, and representatives from disability peak bodies and community organisations.

   - Review of literature and policy: We will conduct a scoping review of academic and grey literature on how to effectively address community attitudes.

   - Scan of the government and public experience: We will consult with relevant state, territory and federal government departments, peak industry and disability organisations, national and state level stakeholders and other people with disability. Consultations will be about the experiences of research participants with government actions to improve community attitudes towards people with disability.

The project **deliverables** are a project plan, summaries of key findings from the review and the scan, and a final report.

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