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Five Factors for Effective Policy to Improve Attitudes towards People with Disability

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Improving community attitudes and behaviours is core to improving inclusion for people with disability. To identify ways to achieve such change, we analysed data from qualitative interviews with sixty-one expert stakeholders in Australia, informed by our preceding literature review on effective interventions. We identified five themes describing factors with the potential to change attitudes and behaviours to improve inclusion and reduce discrimination: ensuring people with disability have active presence across all life domains; leadership by people with disability, together with organisational and governmental leadership that values the diverse contribution of people with disability; a holistic approach to policy and interventions that targets multiple levels of change; long-term and adequately resourced initiatives to achieve structural and sustained change; and commitment to measuring and monitoring change interventions, to inform decisions and maintain accountability.

Introduction

Positive community attitudes and behaviours are essential to improving inclusion for people with disability (the preferred term in Australia). Extensive research on the impact of negative attitudes and discrimination demonstrates the need for policy intervention (Wang *et al*., 2021). In contrast, less research has focused on policy approaches to change these attitudes.[1] Our scoping review of effective interventions (Idle *et al*., 2022) indicates that for approaches to achieve systemwide change, they need to address multiple levels of policy action, from personal to government; use multiple types of inventions, varying from legislation to persuasion; and consider targeting policy priority areas for change.

We used these frameworks to analyse qualitative interviews with sixty-one expert stakeholders in Australia, examining how policy actors at all levels can effect positive attitude change to improve the inclusion of people with disability. The resulting findings were categorised into five factors to change attitudes presented in this article. The findings show that each of the five factors contributes to the effectiveness of approaches, and using the factors in combination enhances effectiveness even more.

The article contributes to literature and policy on effective attitude change. It contributes a framework that can be applied and developed in similar policy, research, and evidence for policy actors to design successful interventions.

Background

Research evidence indicates that people with disability are socially and economically worse off than people without disability in most life domains. They are more likely to experience loneliness, social isolation and exclusion, violence, abuse, neglect, and exploitation (Krnjacki *et al.*, 2016; Emerson *et al.*, 2021). In Australia, the recent Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (2019–2023) has acknowledged what disability advocacy groups have expressed over many years: that one explanation for the disparity is community attitudes and behaviours impairing the lives of people with disability (Royal Commission, 2020). This article draws on our research commissioned by the Royal Commission to find out how to improve attitudes so that inequalities can be addressed.

In general, attitudes can be explicit or implicit, but both affect behaviour towards another person, thereby impacting that person's experience (Perloff, 2017; Friedman, 2019; Østerud and Vedeler, 2022). At the same time, behaviour affects attitudes, particularly when there is personal contact between people with and without disability (Festinger, 1957; Chae *et al.*, 2019).

Types of policy interventions available to change attitudes and/or behaviours are categorised in the Behaviour Change Wheel, which was developed by Michie *et al.*, (2021) following a systematic literature review of effective interventions. The Wheel firstly presents seven policy categories: Regulation, Service provision, Legislation, Communication/Marketing, Environmental/Social planning, Guidelines, and Fiscal measures. Secondly, within these categories, nine intervention types are possible: Restrictions, Education, Persuasion, Incentivisation, Coercion, Training, Enablement, Modelling, and Environmental restructuring.

In the context of this article, interventions aim to remove inequalities experienced by people with disabilities due to community attitudes and behaviour. These Australian policy goals are summarised in the national government commitment to its obligations under the United Nations Convention on the Rights of Persons with Disabilities. The commitment is set down as Australia's Disability Strategy 2021–31 (DSS, 2021), with six policy areas that cover the life domains of: Employment and Financial Security; Inclusive Homes and Communities; Safety, Rights and Justice; Personal and Community Support; Education and Learning; and Health and Wellbeing.

A new addition compared to the previous Disability Strategy is the overarching policy area Community Attitudes. Its stated outcome is that 'Community attitudes support equality, inclusion and participation in society for people with disability' (DSS, 2021: 30). The priorities within the attitudes area are employment, workforce, leadership, and impact on the other six policy areas.

Policy works at different levels of society. Heijnders and Van Der Meij's (2006) ecological framework about stigma reduction strategies describes multiple levels of intervention that are connected and affect one another, similar to other ecological models (e.g. Cook *et al.*, 2014). According to the framework, approaches to interventions might be aimed at the personal level (intra- or interpersonal), to encourage people to change their views or behaviours toward people with disability. Alternatively, interventions may be intended for people within organisations or institutions, including businesses, to adapt and change their structure to include more people with disability. Community-level interventions, for example by advocacy groups, may try to increase disability knowledge among specific groups or develop support networks so people can access their community better. Other types of interventions are more structural and have direct implications for policies and legislation at a government level.

Generally, policies and interventions are designed at one specific level, but they influence all other levels. For example, regulations about inclusive education are created at the government/ structural level, they are applied by organisations and institutions like schools, and they make change at the personal level, where children with disability gain access to mainstream schools, which in turn stimulates personal change in other children's and teacher's behaviours and attitudes.

These frameworks and theoretical concepts structured the findings of the first step of our research: a worldwide scoping review of recent national and international academic literature around attitude and behaviour change and disability. Detailed findings from the scoping review are reported elsewhere (Idle *et al.*, 2022). Briefly, the review found that most interventions were designed for the organisational, community, and intrapersonal levels. The review found very little evidence of interventions at the governmental and interpersonal levels. Most interventions consisted of education, training, or modelling and referred to service provision, legislation, and guidelines as the main types of policy to implement attitude change. Legislation and guidelines generally operate by changing behaviour so that attitude change follows. Other interventions, such as contact and information, target attitude change and expect resulting behaviour change. Overall, the evidence about how to change attitudes and behaviours regarding disability points to the need for a combination of complementary intervention types and policy types, across multiple levels of intervention.

Method

The scoping review was followed by gathering empirical evidence about the experience of changing attitudes in Australia, which is the focus of this article. The aim was to contribute knowledge about successful attitude change in the Australian context, both to add to the international evidence base; and to generate evidence about successful approaches that can be emulated by Australian change makers at all levels. We conducted semi-structured interviews with people with lived experience, knowledge, or expertise about effective disability attitude change.

Participants and participant recruitment

Participants (*n* = sixty-one) were recruited through purposive sampling to gather comprehensive empirical evidence with a limited research budget. The groups in the sample were defined through co-design with a research advisory body of stakeholders including the funders, people with disability, and representatives from disability organisations and governments. Participants were recruited for interviews and identified in this article through their roles:

- academia (three) – university academics
- advocacy (twenty-one participants) – representatives of advocacy and peer groups
- community (twenty-three) – people who participated in the interview based on their disability expertise, such as living with disability, and not representing their advocacy, policy, or service provider organisation.
- business (two) – business leaders
- government (twelve) – representatives of government departments or agencies

Participation in the study was in nine focus group discussions and nine individual interviews. Prior to interviews, participants were sent a summary of evidence from the scoping review about behaviour and attitude change, and types and levels of interventions for change (including in plain English). Focus groups were an opportunity for participants to co-construct meanings and contribute ideas and experiences (Wilkinson, 1998). We grouped people with shared interests, but participants could also select from the available interview times; therefore, some groups were mixed. A maximum of eight participants were in each group. Individual interviews were conducted if participants preferred not to be part of a group, if they were not available at the group interview times, or to fill gaps in the types of participants in the groups.

The interviews were conducted online, in person, or by phone, lasting one to one-and-a-half hours, in September and October 2021. Participants were not asked to identify their disability status, although some discussed it during the interview, and others were active in self-advocacy organisations. Two of the sixty-one participants contributed via written responses because they

preferred this method. They answered the same questions as the other participants. There was no followup with any of the participants. Participants who did not do the interviews as part of their paid role received a fifty-dollar shopping voucher for their time.

The interviews sought to add practical Australian experience to the international literature findings; to see what approaches worked in the Australian context, why they worked and how. The interview questions asked whether the participant knew of, or had been part of, any successful approaches for improving attitudes to people with disability; what the type of intervention was and how it addressed diverse needs; how it was measured; and what strategies they thought would improve community attitudes to people with disability.

The researchers led the interview discussions, and at least one researcher kept comprehensive research notes. All but one interview were recorded and transcribed with participant consent. The study received ethics approval from the universities involved and the Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS) so that First Nations people could participate.

Data analysis

Analysis of the interview data, transcripts and researcher notes was conducted in NVivo (a qualitative analysis software). The coding framework was developed from the scoping review (Idle *et al.*, 2022) and common themes were identified from questions about the types of policy and interventions had been used to change attitudes; the level or focus of the intervention around people's personal perceptions, their interactions with other people, their roles in organisations or the structures in their community and government; and the measurement and monitoring of outcomes of the change intervention based on the six Australian Disability Strategy (ADS) policy areas outlined earlier. It also looked at diversity and other strategies for changing attitudes.

The research team ($n =$ eleven) drew on their diverse lived experience and academic knowledge to analyse issues of disability, cultural, and gender diversity in framing the fieldnotes template, Interview findings were discussed in the weekly team meetings as the fieldwork progressed, with reflective practice central to understanding the data. Participant experiences were analysed to answer questions of how interventions addressed complexity and diversity among people with disability, behaviour and attitude change, and targeting levels of intervention and about effective types of policies. The findings from this initial analysis were the five factors discussed in this article.

Building on that analysis, this article focuses on the higher-level question: How can policy actors (individuals, community groups [advocacy], organisations, businesses and government agencies) make positive attitude change to improve the inclusion of people with disability? Both the preliminary analysis and the higher-level question were critically discussed in iterative cycles among the eleven researchers, who included people with disability, gender diverse (LGBTQI+), First Nations, and culturally and linguistically diverse researchers. With their diverse expertise, the researchers identified from the initial, comprehensive interview analysis five factors that can facilitate effective attitude change. The five factors are presented below with examples from the interviews.

Limitations

The main limitation of the interviews was the low response rate of participants from the business sector. This was despite strong and repeated efforts from the research team and advisory group to engage business leaders. As a result, most contributions were from the advocacy, community and government groups. These numbers were larger than anticipated because invitations were widely distributed, and we included everyone who responded. Overall, the sample was varied enough to capture a range of activities and success factors. People with visible or declared disability were well represented in the sample.

The interviews yielded neither much evaluation data about the efficacy of interventions nor references to published evaluations. Instead, interview participants gave their observations and impressions about how well approaches were received and whether they made change. This evidence forms the basis for the five success factors presented in this article. Credence comes from their expert status and the high level of agreement among them. The many experts on our team also agreed with the findings. There was no voiced disagreement during the interviews or afterwards. While it is possible that participants did not speak up during the interview, it seems unlikely given their roles as representatives of their organisations.

Because of the purposive sample and the high level of agreement among them, we talk in the description of the findings mostly about 'participants' without mentioning their participant group or how many agreed. Each quote, though, provides some context by designating the participant group of the speaker (advocacy, community, business, government and academia).

Online interviews were the predominant mode of participation due to COVID restrictions, apart from South Australia and Western Australia, where a small number of face-to-face interviews were possible. Face-to-face recruitment prioritised self-advocates where COVID restrictions allowed.

Findings

The analysis generated interview findings about five factors that supported effective attitude change. The order of presenting the factors here is, roughly, moving outwards from the personal to the structural. The findings are illustrated by examples from the interviews. Examples under each factor were arranged into themes organically, according to the examples available. Many examples could illustrate several factors. To limit repetition, each example is described under only one or two factors. The five factors that can facilitate community attitude change about disability are:

- Active presence of a diversity of people with disability across all life domains, including inclusive schooling, employment and communities
- Leadership positions held by people with and without disability committed to attitude change
- Targeting multiple levels and multiple types of policy and intervention in a holistic approach to system change
- Long duration of initiatives with adequate resourcing to achieve structural, sustained change
- Measuring and monitoring change to inform decisions about interventions and ensure accountability across organisations

Active presence

The first factor deduced from the findings is that the active presence of people with disability in neighbourhoods, schools, workplaces and government can effect change in the broader community's attitudes and behaviours and improve inclusion. While most participants used the term 'visibility', we have adopted the wider term 'active presence' to encompass the concepts of participation and recognition along with visibility, and to denote stepping beyond a presumed passivity and lack of agency. People in the interviews gave examples of active presence approaches in workplaces, community campaigns, mass media and through arranging one-on-one contact; and they pointed to the cumulative impact of active presence in multiple spheres over time.

Workplaces

Several participants saw the value of active presence of people with disability in the workplace that reflects the community and awareness within organisations to ensure inclusion of diversity (business, government).

Many participants emphasised that the active presence of people with disability embedded 'disability confidence' across an organisation. One person described how people with disability were present across different levels within their workplace, including employment across the organisation, an active disability advisory group (in an oversight and governance role) and through an active disability action plan to support and promote inclusion. The participant said their organisation had changed as a result of this active presence, through sharing stories and increasing knowledge of disability:

> . . . also, it broadens their understanding that not all disabilities are visible, I think, telling their stories and seeing people like you. And in a work context, it's sort of, almost, giving people the confidence to say, "hey, I've got a disability as well". (business 2)

Another organisation worked with multiple levels of government and other businesses, indicating how active presence can fan out across sectors and levels of intervention:

> 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 4)

Community campaigns

Participants emphasised that active presence in community campaigns about change was critical. A participant from the domestic and family violence sector said that women with disability who experienced violence wanted to see themselves reflected in campaigns for change, where they had previously lacked visibility.

Another participant described success in changing attitudes towards people with disability from culturally diverse backgrounds in the community. After noticing negative views in their community about some of their members – who were recently arrived migrants and refugees – the organisation arranged meetings where community and organisation members could come together:

> The change in attitude after those interactions was so dramatic that some of those people who previously had been quite racist . . . had actually turned around so far that they were raising money for refugee support groups, that they were actively doing things. (community 2)

Mass media

Participants celebrated that media coverage during the Paralympics heightened awareness and knowledge of disability and disability rights. They mentioned the launch of the 'We the 15' campaign that promoted 'visibility, accessibility and inclusion' at the Tokyo 2020 Paralympics (September 2021).[2]

In the context of sport, several participants cautioned that presence without reasonable accommodation could sometimes exacerbate disabling attitudes. They criticised that mainstream media often applied a 'hero overcoming adversity' narrative to athletes with disability. Participants felt inclusion would be better served if mainstream media focused on the athletes' sport achievements rather than their disability.

One-to-one contact

Several examples included making purposeful contact between people with and without disability. One participant worked with educators to improve inclusion in schools. Their project directly connected educators with young people living with disability:

> That seems to have generated some success in terms of [educators] shifting their perspective on not only whether inclusive education is possible but how far away it is for them in terms of the progress they can make. (community 9)

The project Road to Employment supported relationships between employers and young people in school to enhance expectations about people with disability. Project workers observed the benefits of direct relationships in changing attitudes.

Cumulative impact over time

Participants found that continued active presence of people with disability changed perceptions over time. One advocate said that over their career, participation by people with disability had been instrumental in changing attitudes and behaviours, particularly if it was accompanied by policies and interventions to educate the community and support people with disability. For example:

> One of the things which I think [has] really changed the perception of people about the contribution of people with disability and making them more visible is seeing them in political life. (academic 2)

Leadership

The second factor to change attitudes is leadership. This refers first to leadership positions held by people with disability. Interview participants agreed about the importance of such personal leadership for effecting change. Second, leadership refers to having the values of people with disability at the centre of change interventions. Third, leadership refers to leaders in the wider society who demonstrate their commitment to attitude change by supporting and implementing interventions to improve inclusion.

Personal leadership

Participants across community, government, business and advocacy agreed that having people with disability as organisational leaders was an important factor for change, along with incentives and other leveraging approaches to support people with disability at various levels in the organisation:

> One that came through really clearly to us was the importance of people with disability in leadership roles and how that shapes attitudes and develops cultures in organisations. (government 10)

An advocate argued leadership by people with disability improved the success of intervention programs, particularly in developing organisational disability confidence.

Many advocacy organisations, such as the Diversity and Disability Alliance, Our Voice or Council for Intellectual Disability, focused on peer leadership, where people with disability educated their peers about their rights and gave them confidence to speak up. Peer leaders also facilitated workshops with families and community members about disability knowledge and rights. Participants said these activities had broader influence, as the peer leaders modelled their confidence in the community and changed disability workers' attitudes and behaviour towards them.

Value leadership

Many participants said foregrounding people's lived experiences and their priorities helped to drive actual change. Participants from advocacy organisations consistently argued that the priorities of people with disability and their lived experience must be at the centre of any change campaign. One advocate described a co-designed Inclusion Awareness program:

> [It is] delivered by leaders who live with disability … aimed at non-disabled people working in government, community agencies … [and] in the material there are moments … where the person facilitating might draw on their own experiences as a person with a disability. (advocacy 6)

External leaders

Leadership by people with disability and their values appeared more effective when external leaders supported the campaign. They could be organisational or community leaders, depending on the issue, and they could live with disabilities or not. Having their support seemed to give efforts to change attitudes more and wider traction.

Participants from the business, community and government sectors gave examples where people with disability led the action for change within an organisation, which was then supported by the broader organisational leadership. They highlighted the role of leadership by people with disability and also the visibility of organisational leadership, through DIAP (Disability Inclusion Action Plan). They also emphasised the commitment needed by leadership in organisations, through disability-led actions and embedded in disability programs, such as mentorships in organisations.

Organisational actions could include, according to the participants, supportive structures and processes such as newsletters, working groups, employee networks, a steering committee and public events.

One participant from an advocacy organisation explained that they always worked with leaders from the target community:

> If you're trying to get change happening, who is best going to be able to give that message? We always go for local leaders … They can be people with disability but we want to make sure that they are embedded and respected within their community wherever possible as a leader to start with, … and if we're trying to focus on particular cultural backgrounds, then we would make sure that we fully … work with that group. (community 1)

Holistic approach

The third factor is targeting multiple levels (e.g. personal, community, structural) and multiple types of intervention (e.g. legislation, workplace action plans and individual training) in a holistic approach to system change. The participants viewed such an approach as the foundation for long-term behavioural and attitudinal change across the community. Many interventions they described used such an approach, be they led by government or by the business and community sectors.

Government-led interventions

Participants gave several examples where government policies or regulations required behaviour change at other levels. The examples involved government contracts, workplace adjustment and inclusive education.

One participant mentioned state government requirements that any business wanting to tender for a government contract had to conduct disability awareness training. All employees of the business had to participate regardless of their work role, and the training was led and delivered by

people with disability. While initiated by government, the intervention meant that businesses had to organise the training, and individual employees had to attend.

Similarly, disability adjustments in the workplace required a combination of levels and approaches – legislative, organisational and employees with disability advocating for change. One participant observed that government regulation by itself may remain abstract until it is applied to a particular case:

> . . . when we're working with team leaders and with management, often, they've had the universal kind of training around attitude, support, etc so there can be a degree of dismissiveness which is, "We know this stuff." . . . and yet . . . we continue to see practices that may not be consistent with an inclusive attitude. (government 1)

This was illustrated with the case of bullying of a school student with disability. School management were aware of inclusive government policies, but it was case-based coaching in the school that effected behaviour change.

Business and community-led interventions

A multi-pronged approach using different types and levels of intervention was common in the examples led by advocacy organisations and by the two represented businesses:

> . . . 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 [that] unless we [changed] community attitudes. (advocacy community 1)

One example reaching across intervention levels was the Building Better Homes community campaign that resulted in a National Construction Code of mandatory minimum accessibility standards.[3] People with disability were at the centre of the campaign, which enlisted legislators, unions and advocacy groups to improve accessibility in new building construction. So far, governments in six of the eight Australian states and territories have signed on to the minimum standards.

An advocate explained how their organisation approached attitude change through 'multiple reinforcing strategies'. They employed disability ambassadors and co-design to develop new programs; had active media campaigns that modelled changed behaviours for specific attitudes; and produced education resources targeted across age groups.

Generally, approaches that supported people with disability to participate in employment included leadership, organisational culture, structures, resources and education and training about disability and discrimination for all employees (government, business, organisations, academic, advocacy). Often these approaches were used in conjunction, and financial and staff resources were necessary to implement them.

For example, one national company had moved into its third disability inclusion action 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.

Long duration with adequate resourcing

The fourth factor is interventions of long duration and with adequate resourcing to achieve structural, sustained change. While participants acknowledged that resources were limited, they felt that strategic use of limited resources could effect change. Two examples of long-term initiatives were around violence against women and inclusive schooling.

First, the current joint federal and state government campaign 'Stop it at the start' was designed to change attitudes and behaviour regarding violence against women. While this is a society-wide issue, women with disability and other diverse lived experience are particularly vulnerable and a focus of the campaign. Currently in its fourth phase, the campaign was launched in April 2016 with tens of millions of dollars of funding per year. It includes a suite of television and online advertisements as well as social media campaigns with examples of positive behaviour towards women. In addition, the campaign offers resources for organisations and employers aimed at increasing knowledge in the community and improved workplace responses to domestic violence. A 2021 unpublished evaluation found the campaign was having impact.[4]

Second, many participants felt strongly that inclusive schooling was a cornerstone of positive community attitudes, with benefits across the life course for the entire society (government, advocacy, community). They cautioned that exclusion of children with disability was a deep-seated societal bias, and changing attitudes and behaviours took time. One group discussion agreed that as every child goes through an inclusive school experience, the experience of everybody else changes and translates forward. They said it is not the kind of thing that's measured in a quick-turnaround evaluation; it is a very slow-changing thing.

Measuring and monitoring

Many participants emphasised the importance of measuring and monitoring whether interventions produced change. Measuring change is about both behaviour and attitude change. Monitoring is about accountability – setting outcome targets, regularly checking whether targets have been met and adjusting the intervention. In the interview discussions, measuring and monitoring were often combined. Participants pointed out that a major limitation to measuring and monitoring change was program funding constraints, which seldom allowed long-term evaluation.

Participants knew few examples of successful measuring and monitoring of attitude change, but they made suggestions for how to incorporate it into policy and project design. The examples are grouped according to the government and organisational levels, and the community level.

Government and organisational levels

Participants gave existing examples of approaches where change could be successfully measured and monitored at government and organisational levels, for example national standards such as public transport standards; and the new National Construction Code mentioned above. They felt it might generally be easier to measure behaviour change at the organisational or government level than at an individual level:

> We're working with a number of employers and … we can go back to those employers [and ask them] … Are they actually employing people living with disability in authentic, waged mainstream employment? [But] a lot of attitude change is ultimately about how people behave as citizens, and that's harder to reach into. (community 9)

One participant noted that failure to set up monitoring structures meant that discrimination continued:

It cannot be just a once off. ... when we had each of the government departments ... implement the disability action plans ... it was important for senior people to be involved in the implementation and monitoring of that work ... If the spotlight comes off ... then the discrimination still relies on the victims to go to the law and lodge the complaints. (government 3)

Participants suggested methods for measuring and monitoring change at the government and organisational levels including:

- monitoring standards and guidelines
- short and long-term surveys (self-reporting)
- questions in national surveys, such as the five-yearly National Census and the annual Australian Survey of Social Attitudes
- determine the extent of active presence of people with disability in the education, employment, health and other sectors

Community level

The interviews yielded many examples of perceived attitude change at the community level. The evidence came less from objective measures than from anecdotal evidence, observation and proxy measures. Examples of attitude change related to disability and other issues:

- increased and more respectful media representations of disability
- wider community acceptance of LGBTQI+ rights and marriage equality in Australia
- increased presence of Auslan interpreters in official news conferences (notable during the COVID-19 pandemic)

The participants' opinions varied regarding the usefulness of self-reporting questionnaires before and after training sessions. A community participant said they used such questionnaires in their workshop program about the rights of people with disability. They said the questionnaire answers showed that the participants' knowledge about disability rights had improved, making it more possible for them to intervene when people's rights were violated. However, an advocate considered possible limitations of workshop questionnaires, such as positive self-evaluation and their short-term nature:

... in that moment when they are filling out that questionnaire ... they want to show ... how far they've moved. ... [But] how do we create that longer-term impact for more than that day, that week, that month? (advocacy 5)

Others argued for using proxy measures based on observation and experience, for example:

You would get a pretty good idea if the neighbours of the group home were complaining a lot, you know, that that wasn't the positive attitude. You could have some examples of people who became very connected with people in their street ... None of that's a measure of attitudes. It's an observation. (community 19)

Discussion

Improving community attitudes is fundamental to improving the inclusion of people with disability in society, and it is an important goal of Australian disability policy. There is limited

evidence on how policy actors at all levels of society (individuals, communities, organisations and governments) can achieve positive attitude change. To answer this question, we identified five factors that can facilitate effective disability attitude change.

The findings are illustrated with examples from interviews with sixty-one expert stakeholders across Australia. The examples show that often more than one factor occurs in the same intervention. It seems the combination of factors can enhance the success of the intervention, compared to using only one factor.

Conversely, the examples show that success will likely be hampered if one or more factors are missing. Most approaches do not include the factors 'Long duration with adequate resourcing' and 'Measuring and monitoring'. Rather, interventions were mostly short-term, small in scope and not evaluated. The main reason was lack of funding. It appears that all five factors need to be present if an intervention is to improve community-wide attitudes towards disability.

Relating the findings to the theories and frameworks described in the background section of the article shows that, in practice, little distinction is made between attitude and behaviour change. This contrasts with the theoretical literature, where they are separate concepts (Perloff, 2017; Friedman, 2019; Østerud and Vedeler, 2022; Festinger, 1957; Chae *et al.*, 2019), and with real life, where attitudes are internal, and behaviour is observable. In the interviews, both were usually conflated under the term 'attitude change', which is consistent with most public and policy discussions and is used in this article. It was still obvious in many interview examples that attitudes affected behaviours (e.g. inclusiveness training for educators) and behaviours affected attitudes (e.g. disability inclusion action plans).

Among the types of inventions in the Behaviour Change Wheel (Michie *et al.*, 2021), the interviews concentrated on:

- the policy categories of regulation, legislation, communication and guidelines; and showed less or no service provision, marketing, environmental/social planning and fiscal measures
- the relatively gentle intervention means of education, training, modelling, enablement and restructuring; rather than restrictions, persuasion, incentivisation and coercion

These foci were slightly different than in our scoping review (Idle *et al.*, 2022), although both interviews and review point to the need to combine different policy categories and means to achieve good results. For a detailed example of the way that self-advocates were combining strategies in community development approaches to attitude change, see Robinson *et al.*, 2023.

The article findings align with the scoping review about the necessity to address several levels of intervention for effective attitude change. Such a holistic approach across levels and intervention types was a feature of many examples in the interviews and was ultimately identified as one of the five success factors. Another element of overlap with the scoping review is that most interventions seemed to be grounded both in Allport's (1958) contact theory: that direct contact with people with disability can reduce prejudice and promote positive attitudes; and that experiential-based learning and teaching models are effective because they include complementary coursework and training to change attitudes. These consistencies suggest that, although interventions to promote attitude change could be informed by other theoretical frameworks, contact theory and the teaching model are among the most practical.

Only three of the five levels of Heijnders and Van Der Meij's (2006) ecological framework appeared in the interviews: organisational/institutional (including advocacy groups and businesses), community and government/structural. There were no examples of intrapersonal (treatment, counselling, self-help) or interpersonal (care and support) interventions. This may be due to the composition of the sample, which was experts in advocacy, community, business, government and academia; and due to the focus of the research on community rather than personal attitudes. Additional research is needed on whether the five factors apply to interventions at the personal level.

The findings are comprehensive, though, in addressing all policy areas and life domains of Australia's Disability Strategy 2021–31. There were examples for Employment and Financial Security (e.g. under heading Workplaces earlier); Inclusive Homes and Communities (e.g. One-to-one contact); Safety, Rights and Justice (e.g. Personal leadership); Personal and Community Support (e.g. External leaders); Education and Learning (e.g. Government-led interventions); improved Health and Wellbeing of people with disability is implicit in all examples as an outcome of any positive attitude change. Lastly, all the findings are about the seventh, new, overarching policy area Community Attitudes.

In summary, the key messages and lessons from the findings – for social policy makers, other policy actors including administrators, and further research – are:

- the presence of any of the five factors can help effectiveness of an intervention, but a combination of factors seems more beneficial
- making a distinction between attitude and behaviour change in policy, research and practice could improve intervention design and success
- effective policies combine different policy categories and intervention means from the Behaviour Change Wheel (Michie *et al.*, 2021)
- attitude change requires policies and programs to address several levels of intervention; additional research is needed on whether the five factors apply to interventions at the personal levels (intrapersonal and interpersonal)
- contact theory (Allport 1958) and experiential-based learning and teaching models are among the most practical and widely used theoretical frameworks to inform policies

Conclusion

The article adds empirical evidence useful to policy actors on how to design interventions to give them the best chance of successfully improving community attitudes and thus improving inclusion of people with disability in all life domains. The findings are based on expert interview evidence from Australia, and they correspond closely to findings from our international scoping literature review. The evidence indicates that policy actors need to consider all five factors identified in this article when designing interventions to effect community attitude change.

Identifying the five factors contributes to the literature on effective attitude change. While the factors were developed from Australian evidence in an Australian policy context, their correlation with the international literature review suggests that they may be applicable to other countries as well.

Given the factors are based on a purposive sample and a particular policy context, further research could assess to what extent they are transferable to personal-level interventions, to other countries and to attitude change in other policy areas.

Notes

1 Consistent with public discourse and policy, and for conciseness, the term 'attitudes' in this article generally includes behaviours.
2 We the 15, https://olympics.com/en/news/wethe15-campaign-disabilities-awareness-paralympics The fieldwork was conducted during the Tokyo 2020 (September 2021) Paralympics.
3 Building Better Homes https://www.buildingbetterhomes.org.au/
4 https://plan4womenssafety.dss.gov.au/initiative/stop-it-at-the-start-campaign/

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