



## **“A platform not a program”:** An evaluation of the Multicultural Disability Advocacy Association’s Community Voices program

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# 1. Introduction

The Multicultural Disability Advocacy Association (MDAA) “is the peak body for all people in NSW [New South Wales] with disability and their families and carers, with a particular focus on those from a culturally and linguistically diverse (CALD)/non-English Speaking (NES) background with disability” (MDAA, 2019). MDAA has been providing individual and systemic advocacy services for people with disability in NSW and their families and carers from CALD/NES backgrounds since 1995 (MDAA, 2019). MDAA “aims to promote, protect and secure the rights and interests of people from CALD/NES background with disability, their families and carers in NSW” (MDAA, n.d.). MDAA designs and runs programs to empower and build the capacity of its consumers. It also runs programs to change community attitudes and behaviours towards people with disability from CALD backgrounds.

The Community Voices (CV) program is one such initiative. The CV program has been a project of MDAA for over 10 years and is conducted at the MDAA Head Office in Granville, NSW.<sup>1</sup> The program’s aims are twofold:

- It seeks to empower people with disability, their families, and carers by building their knowledge and skills, giving them confidence to speak in public.
- It aims to train people with disability, their families, and carers to use their voices and stories to advocate for diversity and inform the community about disability thus working to change community attitudes and behaviours.

The program runs annually and is designed as a series of training sessions over six weeks that build the skills necessary for participants to write speeches and present to an audience. This prepares them for the presentations that they give to organisations and the community

as a “Community Voice” graduate building awareness and advocating for change.

Interventions like CV that seek to inform broader Australian society and work towards attitude change are still required (Randle & Reis, 2019), despite an improvement in community attitudes towards people with disability (Australian Government, 2021). The Australian Human Rights Commission overwhelmingly receives complaints related to disability discrimination in contrast to discrimination related to other social categories of identity (e.g. age, race, sex, etc) (Australian Human Rights Commission, 2020; Gauntlett, 2019). Community attitudes and misconceptions can act as barriers to the social and economic participation and inclusion of people with disability and impede their human rights (Australian Government, 2021; Randle & Reis, 2019).

Additionally, there is an international and domestic responsibility to challenge the discrimination experienced by people with disability and to change community attitudes. Australia has obligations under the United Nations Convention on the Rights of Persons with Disabilities (UNCPRD) to:

- protect people with disability from discrimination
- support an environment where people with disability are able to fully and actively participate in everyday life
- “raise awareness throughout society”
- “foster respect for the rights and dignity of persons with disabilities”
- “combat stereotypes, prejudices and harmful practices relating to persons with disabilities”
- “promote awareness of the capabilities and contributions of persons with disabilities”
- “promot[e] awareness-training programmes regarding persons with disabilities and the rights of persons with disabilities” (UNCPRD, 2006).

Domestically, the Australian Disability Strategy (ADS), has a Targeted Action Plan

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<sup>1</sup> However, during the COVID-19 pandemic the program was run online via Zoom.

around community attitudes “that sets out key actions to improve community attitudes towards people with disability to influence behaviour” (Australian Government, 2021, p. 1).

Furthermore, for people with disability from CALD backgrounds culture shapes attitudes towards disability. Disability can be perceived as a consequence of sin, punishment or the will of God, an outcome of past family wrongdoing, the consequence of fate or karma, a ‘gift’, something to be fixed, or the result of disease or illness. Perceptions can lead to stigma, isolation of the person and their family, different treatment, exclusion, violence, abuse, and exploitation. People with disability from CALD backgrounds often experience intersectional discrimination, that is, discrimination at the intersection of their disability, culture, and race (Royal Commission into the Violence Abuse, Neglect and Exploitation of People with Disability, 2021).

CV is an example of an ongoing intervention designed and led by people with disability to build skills and self-confidence, and change community attitudes and perceptions through providing information, education, and contact. MDAA wants to improve the CV program and therefore, sought an evaluation of the program to do this. While evaluations of programs and interventions with similar objectives have been undertaken (Idle, et al, 2022), this is the first time the CV program has been evaluated. Through this evaluation MDAA wanted to understand how the program can be improved and whether the training provided is adequate. They also wanted to know where graduates of the program were presenting and whether more awareness about the program and what it offers was required to be provided to organisations. Therefore, this evaluation sought to answer the following questions:

- What are the strengths of the CV program for consumers and what areas of the program could be improved?
- In what ways does the CV program inform the community about disability?
- Where are CV graduates presenting?

- Is more awareness of the CV program required so that graduates are invited to speak to organisations and the community?

In summary, the research found that CV graduates had presented in a variety of settings. Graduates significantly benefitted from the program, saw great value in it for themselves and the broader community, and that audiences generally positively regarded presentations by CV graduates. Graduates did indicate some challenges of the program model and made some recommendations. These and other recommendations are made in the recommendations and conclusion section, and recommendations are provided at three levels:

- Recommendations to incorporate into the existing CV program.
- Recommendations to expand the reach of MDAA and the CV program.
- Recommendations beyond MDAA.

This evaluation begins with a review of existing literature. This is followed by an explanation of the research design then the findings and finally, the recommendations.

## 2. Literature Review

The CV program has two aims: to build the skills, knowledge, and capacity of people with disability, their families, and carers, and to contribute to changing the attitudes of the broader public. These aims have informed the existing literature that has been examined for this review. As such, the first section of the review looks at existing literature on community attitudes towards people with disability and interventions designed to change community attitudes. While it is evident that further research is needed to evaluate the effectiveness of programs designed to change community attitudes (Fisher & Purcal, 2017; Idle et al., 2022), some key strategies are consistently identified in existing scholarship that are important to the effectiveness of any initiative designed to change community attitudes. The second section of the review presents existing literature on programs designed to build skills and the capacity of people with disability. It explores the skills developed by programs for individuals with disability, followed by support workers, carers, and families and at the organisational level. It also emphasises the importance of skill development and capacity building at these levels.

### 2.1 Attitudes

#### 2.1.1 Community attitudes towards people with disability

Society often has low expectations of people with disability, people with disability have their capabilities doubted and there are assumptions about their capacity to contribute to society (Green et al., 2022; Randle & Reis, 2019). The severity and type of impairment can shape the extent to which people with disability experience stigma. For example, able-bodied people were found to be anxious and uncomfortable with more severe disabilities and those with psychiatric impairments which resulted in negative attitudes (Fisher & Purcal, 2017; Randle & Reis, 2019). People with intellectual disabilities are often perceived to be less capable than they are (Randle & Reis, 2019) and women with disability are more likely than men with disability to experience the

impact of negative attitudes (Fisher & Purcal, 2017).

Negative attitudes and stigma can act as significant barriers to the equality, rights, social inclusion, and social and economic participation of people with disability (Anderson & Bigby, 2017; Fisher & Purcal, 2017). “The effects of negative attitudes in society may be observed in areas as diverse as political agendas that present people with disabilities as a burden on the welfare system, social agendas that question the fitness of people with disabilities to be parents and subsequently argue for their sterilization, and medical agendas that promote the termination of human life where atypical fetal development is identified” (Yazbeck et al., 2004, p. 98). Negative attitudes can also impact the health and well-being of people with disability and can lead to disability-based discrimination (Bollier, et al., 2021; Children and Young People with Disability Australia, 2020; Fisher & Purcal, 2017; Green et al., 2022; Randle & Reis, 2019).

There are several suggestions about what influences negative attitudes towards people with disability. Negative attitudes can be influenced by the lack of interaction between people with and people without disability (Australian Government, 2021; Bollier et al., 2021). According to the Australian Government, “more than 3 in 4 Australians (78 per cent) are unsure how to act towards people with disability. This is the most common experience of negative attitudes people with disability experience, with most (84 per cent) advising they experienced negative attitudes in the last year based on people’s lack of knowledge and understanding about disability” (Australian Government, 2021, p. 2). Attitudes are also often informed by a medical framing of disability. This narrow framing often represents the individual and their impairment as the problem that silences structural and systemic problems within society (Green et al., 2022).

Despite negative attitudes, there are indications of positive community perceptions toward people with disability (Bollier, et al., 2021; Randle & Reis, 2019), and research indicates that some groups such as younger people and people with more education are

likely to have positive attitudes towards people with disability (Fisher & Purcal, 2017; Yazbeck et al., 2004). However, Randle and Reis (2019) found that although the community supported the inclusion of people with disability, their attitudes tended to be paternalistic. This disjuncture could result from differences in the perception of what is a positive sentiment for someone with and without a disability (Fisher & Purcal, 2017; Yazbeck et al., 2004). For example, someone without a disability may perceive a sentiment or action as ‘nice’ or ‘helpful’, whereas someone with a disability may perceive the sentiment or action as dehumanising (Fisher & Purcal, 2017). Bollier et al suggest that positive attitudes do not necessarily result in “inclusive behaviours, practices or policies” (2021, p. 6).

It is however difficult to measure people’s attitudes, particularly when using self-report scales. Researchers acknowledge the difficulty in capturing implicit attitudes that may be unconsciously held by people and the possible impact of social desirability bias on capturing an accurate record of community perceptions of people with disability because responses can be shaped by a desire to be liked and seen as socially desirable (Wilson & Scior, 2014). While research instruments have been created to account for the possible impact of social desirability bias, such as the Implicit Association Test and “by measuring the distance between implicit and explicit attitudes” (Randle & Reis, 2019, p. 13), researchers acknowledge that it is still possible for social desirability bias to impact upon data. In response to this, Yazbeck et al (2004) got participants in their study to also complete the Marlowe-Crowne Social Desirability Scale. Another approach as advocated by Scior (2011) could be to “gaug[...e] real life responses to people with disabilities [which] would add credibility to research on the topic, because attitudes often do not translate to real-world scenarios and behaviour” (as cited in Randle & Reis, 2019, p. 13).

### **2.1.2 Attitudes, disability, culture, and race**

Attitudes towards people with disability can be shaped by race and culture. Race and culture can also shape how disability is understood

and defined (Dew et al, 2020; Lilley et al., 2020). The interaction between culture, race, and disability not only shapes how a particular racial or cultural community may view a person with disability and consequently affect their treatment but, also, shapes the attitudes and perceptions of practitioners or services who engage with people with disability from CALD backgrounds (Lilley, et al., 2020; Westbrook et al., 1993) and the attitudes of broader Australian society. This section of the review draws upon research about cultural groups in Australia, including Aboriginal and Torres Strait Islander peoples with disability.

Culture shapes perceptions of impairment (Westbrook et al, 1993) as does how the impairment was acquired, time of onset, and the type of impairment (Dew et al, 2020). Attitudes are also shaped by the intersection of other factors such as gender, class, location (rural/urban), language, religious beliefs, education level, life experience, exposure to media, and ethnicity. Social, cultural, and historical contexts, within and between cultures or communities, additionally shape attitudes (Dew et al, 2020; Hollinsworth, 2013; Munyi, 2012; Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, 2021; Yazbeck et al., 2004). As a result of this, it is difficult and problematic to make generalisations about cultural groups. Nonetheless, research that has been conducted does document perceptions or attitudes that have been attributed to cultural groups and communities. Worth noting, however, is that these findings reflect the studies that have been conducted and published and that there are areas that require further investigation.

Research shows a broad range of attitudes towards people with disability. Many of these attitudes reflect the attitudes towards people with disability discussed under the subheading ‘Community attitudes towards people with disability’. Some cultural groups assume that people with disability are incapable, a failure, and deficient (Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, 2021). Dew et al found through interviews with community leaders, service practitioners, and the families of refugees with disability from Syria and Iran in Australia, that in Syria and Iran, someone with

a disability is “wholly defined by their disability and viewed as objects of pity to be kept out of the public eye” (2020, p. 2859). They also found that people with mental illness were assumed to be insane, “dangerous, incompetent and of low intelligence and contact with them is avoided” (Dew et al, 2020, p. 2854).

Attitudes can be dependent on how an impairment was acquired and the type of impairment (Dew et al., 2020; Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, 2021). According to Dew et al (2020), persons who acquired their impairment at birth versus those who acquired their impairment through war or conflict were viewed differently. Likewise, “[p]hysical and sensory impairments as a result of injuries incurred during exposure to war were viewed by some participants as less stigmatizing than lifelong intellectual or ‘mental’ impairments” (Dew et al, 2020, p. 2864). In refugee communities, physical disabilities are perceived more favourably than behavioural, cognitive, or language concerns (Dew et al, 2020), with community leaders noting that physical impairments, which can be more visible, garnered more sympathy than those impairments that are less visible. MDAA notes that “‘physical disability such as a missing limb’ is better understood, while Autism, intellectual disability or psychosocial disability frequently go ‘unidentified’ or ‘not acknowledged’” (cited in Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, 2021). Type of impairment and how it was acquired thus shape community attitudes.

Negative attitudes towards people with disability have an impact on the person with disability and sometimes their family, often leading to differential treatment, social isolation, shunning, social exclusion, and stigma (Dew et al., 2020; Puskza et al., 2022; Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, 2021). It has also resulted in family breakdown (Dew et al., 2020). The shame and stigma associated with the community or society’s response to impairment shape the conduct of the individual and their families (Ariotti, 1999). Broader cultural and community attitudes can impact upon the

actions of individuals who hide themselves away or families and/or carers who may hide the person with disability away to avoid judgement, sympathy, pity, and stigma (Dew et al., 2020; Lilley et al., 2020; Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, 2021; Westbrook et al, 1993). The interaction of shame, social exclusion, isolation, and blame can put people with disability at a heightened risk of violence, exploitation, abuse, and neglect (Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, 2021). People may be less likely or unable to seek help outside their family, become dependent on their family, not engage with formal services and supports, and not understand their rights and entitlements as a person with disability. These circumstances also limit their independence and autonomy.

Due to negative attitudes and shame, some people choose not to identify as a person with disability to avoid stigma (Lilley et al., 2020; Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, 2021) and disability is not openly discussed (Lilley et al., 2020). People with disability may also not report experiences of violence, abuse, neglect, and exploitation due to stigma (Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, 2021). Cultural and community attitudes towards people with disability from CALD backgrounds can shape how people with disability experience care and support, access services, receive a diagnosis, and participate in everyday life (Lilley et al., 2020; Westbrook et al, 1993).

Several factors shape and influence community attitudes and are used to justify or explain disability. For example, assumptions about illness and mental illness are linked to family functioning (Dew et al., 2020), disability is attributed to a past wrongdoing by a family member or results from superstition, fate, karma, or sorcery (Puskza, et al., 2022; Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability). Religious beliefs also effect perceptions of disability, with traditional beliefs about evil spirits, sin, punishment, and God shaping attitudes (Royal Commission into Violence, Abuse, Neglect and Exploitation of

People with Disability, 2021). For instance, disability is understood as a test from God, as God's punishment for the individual, mother, or family (Dew et al., 2020), a 'gift' or God's will (Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, 2021). For First Nations peoples, there is "a broader range of attitudes amongst First Nations people towards neurological and psychosocial conditions emerging from First Nations constructs of health and illness" (Puskza et al., 2022, p. 6).

Negative attitudes and stigma can result from "a lack of information about disability in languages other than English, a lack of community discussion about disability, underdiagnosed, or late diagnoses, poor visibility and awareness of disability services [and] a lack of literacy in languages spoken" (Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, 2021, p. 4).

However, despite the presence of negative social attitudes toward people with disability, evidence also suggests that some cultures and communities have positive and inclusive attitudes toward people with disability (Lilley et al, 2020). Lilley et al (2020) note in the context of their research on Aboriginal and Torres Strait Islander experiences of autism, as described by women supporting their autistic children and grandchildren, that positive and negative cultural attitudes are not mutually exclusive, rather they co-exist simultaneously and reflect the complexity of attitudes. Regarding inclusive attitudes, Lilley et al (2020) describe how inclusivity is seen in familial and peer groups. Lilley et al (2020) also found that participants expressed how in the community everyone had a place and was accepted. As such, neurodiversity was embraced or aspects of autism as it presented in individuals were seen as 'gifts' (Lilley, et al., 2020). Ariotti similarly notes that Pitjantjatjara "language indicates that people with impairments were generally accepted as part of the normal composition of the community, 'normal in the sense that they are part of the *accepted diversity of humanity*, involving the acknowledgment and acceptance of difference'" (1999, p. 218). This is consistent with the findings of the systematic review conducted by Puskza et al (2022) who

found that what is defined as disability in Western constructs is something that is understood and accepted as part of human diversity in First Nations communities in Australia. "Several studies describe an emphasis on strengths and abilities in First Nations cultures" (Puskza et al., 2022, p. 6). These attitudes based on acceptance and inclusion and "values of kinship, relationships, responsibility, caring and sharing" means that some First Nations people with disability participate in family and community life (Puskza et al., 2022, p. 7).

The attitudes and perceptions of practitioners and services who engage with people with disability from CALD backgrounds can also shape their lives (Lilley, et al., 2020; Puskza et al., 2022; Westbrook et al., 1993), so too can the attitudes and perceptions of the broader Australian community. Race or culturally based assumptions can impact upon diagnosis, treatment and engagement with practitioners and services (Puskza et al., 2022; Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, 2021). The dominance of frameworks to understand disability disregard alternative perspectives. Submissions to the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (2021) noted that the social model of disability – a model that informs the UNCRPD and the ADS – is not always understood by people from CALD backgrounds with disability. Similarly, the hegemonic Western medical understanding and conceptualisation of disability means that alternative understandings or conceptualisations of disability are silenced, and alternative ways of understanding, engaging, and presenting are not seen (Lilley et al., 2020). For example, Lilley et al (2020) note how diagnostic categories of disability and/or impairment are not commonplace in Aboriginal and Torres Strait Islander cultures. Similarly, research suggests that in some cultures disability as a concept does not exist (Ariotti, 1999), with Puskza et al. stating that an "equivalent term or concept associated with human capability does not typically exist in the more than 250 First Nations languages in Australia" (2022, p. 2).

Additionally, there is a historical context connected to definitions and

conceptualisations of disability which cannot be ignored (Ariotti, 1999). This includes the imposition of Western understandings of disability onto Aboriginal and Torres Strait Islander peoples (Puskza et al., 2022) and the disabling impact of colonisation, dispossession, segregation and racism on First Nations people in Australia which produce conditions of marginalisation, deprivation, dispossession and poverty (Hollinsworth, 2013). There are also different understandings of disability and how to manage disability between individualist and collectivist communities and cultures (Dew et al, 2020; Westbrook et al., 1993). For example, collectivist communities and cultures may see the care and support of people with disability as the responsibility of family. It is problematic then to assume one definition of disability that is understood by all and applied (Dew et al, 2020). As such, pluralistic, dynamic, and cross-cultural understandings of disability are important (Dew et al, 2020; Lilley et al., 2020) and existing definitions and disability services need to be decolonised (Puskza et al., 2022). These cross-cultural, dynamic, and pluralistic understandings of disability, however, need to recognise that culture shifts, adapts, and changes too, and that cultural understandings of disability are not stagnant or static. A failure to accept or acknowledge this could produce and perpetuate ethnocentrism and stereotypes (Dew et al, 2020).

Lilley et al also note how “[p]articipants’ starkest accounts of stigmatising interactions occurred with non-Aboriginal people and across numerous contexts, including diagnostic assessments, therapy sessions, shopping centres, schools and hospitals” (2020, p. 1867). One participant’s account for example, reflects racist assumptions by a doctor in a public hospital who asked a mother if she threw her son against a wall causing a bleed in her son’s brain (Lilley, et al., 2020). Avery “recounts the experiences of a First Nations man with a condition that impacted his balance and gait, who was frequently presumed intoxicated by other members of the public when visiting public venues” (2018 as cited in Puskza, 2022, p. 7). In this sense, it is the intersection of race and disability-based discrimination and assumptions that produce negative and significantly problematic

attitudes. This experience is supported by Puskza et al who note how “ableism and racism in broader society combine to exclude many First Nations peoples with disabilities from public spaces and from labour markets” (2022, p. 1). It also results in problematic practices such as forced sterilisation (Puskza et al., 2022). Such conditions historically and contemporarily disable Indigenous peoples and result in a justified reluctance to engage with services and broader society (Hollinsworth, 2013).

### 2.1.3 Interventions to change attitudes

Research identifies many different interventions designed to raise awareness and change community attitudes towards people with disability. These interventions vary in terms of who they target (e.g., a specific group or the whole community), at what level they seek to make a change (e.g., individual, organisational, and/or government), their length and duration, whether they address intersectional experiences and what they look like (Idle et al., 2022). Nonetheless, researchers suggest that further research is required to evaluate the effectiveness of these interventions in changing community attitudes and raising awareness (Fisher & Purcal, 2017; Idle et al., 2022). Despite this, there is consensus on the types of strategies that are most effective when designing interventions to change or reduce negative attitudes. As such, literature suggests that interventions should be multi-level, be supported, adequately resourced and funded, and be designed by and include people with disability. Interventions are also more likely to be effective when there is contact between people with disability and people without disability and when the intervention uses central route approaches. Furthermore, providing information is seen as crucial based on the lack of information or misinformation about people with disability. Finally, any intervention needs to be monitored and evaluated for its effectiveness.

Multi-level interventions that support and reinforce each other are recommended to be effective, successful, and strong in changing community attitudes and behaviours (Bollier et al., 2021; Idle et al., 2022; Randle & Reis, 2019; Thompson et al., 2012). Multi-level interventions simultaneously target multiple

levels of society to address problematic attitudes and behaviours. For example, targeting attitudes and behaviours through an intervention or multiple interventions at the personal (individual), organisational, governmental and/or structural levels (Bollier et al., 2021; Thompson et al., 2012). This approach is effective because it recognises how problematic attitudes and behaviours permeate society, operating at multiple levels. It also recognises how such attitudes may be embedded within structures, organisations, and systems, provides a consistent message at all levels of intervention, and distributes responsibility for addressing such problematic attitudes and behaviours to all levels of society. A multi-level approach is also more able to reflect the diversity of people with disability (Idle et al., 2022) and address what works in CALD communities. For example, community leaders have an important role in informing and changing community attitudes in some CALD communities (Westbrook et al., 1993). A multi-level approach can encompass this important role in the approach taken to attitude change. Despite the emphasis placed on the value of multi-level or multi-faceted approaches to challenging community attitudes and behaviours, Thompson et al (2012) found that more research needs to focus on programs that employ multi-level strategies and influence community attitudes.

Interventions should also be supported, adequately resourced, and funded so that they can deliver long-term, sustained change (Bollier et al., 2021; Idle et al., 2022). Indifference or a lack of support, dedication, and commitment to changing community attitudes and behaviour and supporting organisations and programs that do, can hinder the growth of said organisations, programs, and initiatives, impacting their success (Henderson & Bigby, 2016). Support could occur through introducing policy. Introducing policy demonstrates a structural commitment to broadly changing community attitudes and structures (Idle et al., 2022). “[I]nvesting in strategies to improve community attitudes towards people with disability is ... critical for realising the aspirations of the new National Disability Strategy” (Bollier et al., 2021) and Australia’s human rights obligations.

Including a diverse group of people with disability in the design and implementation of any intervention is important for changing attitudes (Bollier et al., 2021; Idle et al., 2022; Thompson et al., 2012). Thompson et al (2012) emphasise the necessity of including people with disability in the design and implementation of multi-level strategies. Similarly, Randle and Reis (2019) recommend that any social media marketing campaign to change and reduce negative attitudes towards people with disability should include people with disability as co-creators and seek their input. Ensuring the inclusion and contribution of people with disability to interventions is important to valuing and utilising their lived experience and expertise and challenging negative assumptions about the capabilities and capacities of people with disability.

Interventions should also facilitate contact between people with and without disability to be effective at changing community attitudes (Idle et al., 2022; Randle & Reis, 2019). Contact as an intervention emphasises the importance of contact in attempting to reduce intergroup prejudices (Idle et al., 2022). Idle et al (2022) found that contact with people with disability and personal stories are a good strategy for attitude change. “People’s experiences, or stories, show the effects of negative and positive attitudes and help other people understand why attitudes make a difference” (Idle et al., 2022, p. 66). However, contact must be positive, of quality, not fleeting or cursory but consistent, structured, and organised (Randle & Reis, 2019; Yazbeck et al., 2004). Additionally, contact is likely to be successful when four conditions are met, that is, “equal status between the groups in the situation; common goals; intergroup cooperation; and the support of authorities, law, or custom” (Idle et al., 2022, p. 10). It is also more effective when “the person with a disability is perceived by the audience as credible and relatable” (Randle & Reis, 2019, p. 6).

Literature also emphasises the importance of positive participation of people with disability across everyday life so that contact, and exposure begins to break down the barriers between people with and without disability (Fisher & Purcal, 2017; Idle et al., 2022). Fisher and Purcal (2017) extend the emphasis

on positive participation to include the positive portrayal of people with disabilities in mass communication and within personal-level policy approaches to changing attitudes. This approach employs the understanding that the media and arts have integral roles in shaping attitudes (Fisher & Purcal, 2017). In their recommendations for future campaigns Randle and Reis note the importance of including normalised portrayals of people with disabilities, focusing on ability rather than disability, the use of personal stories of success, challenging people to identify stigmatising beliefs in themselves and/or others, and being specific about what individuals can do to challenge stigma and/or promote inclusion” (2019, p. 8). They also suggest that campaigns depict interactions between people with and without disability to break down assumptions of difference. Despite this, Randle and Reis (2019) acknowledge that the most effective way to facilitate this contact requires further research, particularly relative to social marketing campaigns but that considering who to target for an intervention, what message is being promoted and what is sought to be changed is important.

A central route approach that seeks to change attitudes using the content of the message to persuade the receiver is also more likely to lead to lasting attitude change, rather than a peripheral route approach to attitude change (Idle et al., 2022). A central route approach tends to target the message to audiences who are analytical, motivated, and logical and who will evaluate the information in the message, deeply process it, and use it to inform their perceptions. This approach is more likely to lead to lasting attitude change. Alternatively, peripheral route approaches to attitude change use other cues outside of the message to influence the receiver’s perceptions. This approach is unlikely to lead to lasting attitude change because the receiver has only engaged superficially with the message. Idle et al (2022) thus conclude that an approach that makes consistent and ongoing change is most relevant for advancing the inclusion, participation, and rights of people with disability.

Given the assumptions and misinformation circulating about people with disability, providing information and knowledge to

people without disability about people with disability was identified as important (Randle & Reis, 2019). Idle et al found that the key to attitudinal and behavioural change were “interventions based on information and education” (2022, p. 3). This is a cognitive based intervention that uses knowledge to inform and challenge misinformation and attitudes.

Finally, any intervention or interventions require ongoing monitoring and evaluation (Bollier, et al., 2021; Idle et al, 2022). Idle et al (2022) contend that any intervention needs to be monitored and evaluated for change. Similarly, Bollier et al (2021) suggest that interventions need to be informed by the most recent and relevant research and should be monitored so that they can be improved. This is also important given that “statistical data indicating significant attitude change in the community [in relation to people with disability broadly] is scarce” (Randle & Reis, 2019, p. 7) and longitudinal research measuring the long-term impact of the intervention on future attitudes is also lacking (Randle & Reis, 2019).

Despite the need for further research, any intervention to change community attitudes towards people with disability should be multi-level, include people with disability, be adequately supported and resourced for the long-term, include contact with people with disability and be monitored and evaluated.

## 2.2 Capacity building and skills

Existing literature emphasises the value of people with disability being self-advocates and having the support of self-advocacy organisations (Tilley et al., 2020). Based on a systematic review of existing literature on the impacts of self-advocacy organisations and the well-being of people with intellectual disability, Tilley et al (2020) found that self-advocates build support networks and friendships, gain new knowledge and skills, understand their rights, are able to achieve changes in their external worlds (e.g., housing, income support, etc), develop a new sense of self and build confidence. Literature focusing on various disability organisations and programs provides insight into how individual

skills and competencies are cultivated and enhanced in individuals with disabilities, their families, and support providers through personal (familial), community and organisational, and institutional (National Disability Insurance Scheme (NDIS), educational institutions) level approaches.

### 2.2.1 Individual skills and capacity building

The cultivation and improvement of social skills in programs and organisations for people with disabilities, particularly people with intellectual disabilities, is prevalent within the literature, notably surrounding young people with disabilities (Bennett & Hay, 2007; Rilotta et al., 2020; Walton & Ingersoll, 2013). Descriptions of social skills include social competence (Thomson et al., 2021), community involvement and participation (Bigby et al., 2018; Lord & Patterson, 2008; Rilotta et al., 2020; Thomson et al., 2021), the development of friendships and relationships (Bigby et al., 2018; Lord & Patterson, 2008; Rilotta et al., 2020), and engagement in positive social interactions (Kingsnorth et al., 2007; Thomson et al., 2021). The development of friendships was a particularly poignant theme; post (high) school options for students with intellectual disabilities are often geared towards vocational outcomes, despite (young) people with intellectual disabilities indicating a need for social skills, such as creating new friendships, communication, and problem-solving (Moni et al., 2011; Rilotta et al., 2020). Programs such as inclusive post-school education were examined as a means of developing social skills and competencies (Moni et al., 2011; Rilotta et al., 2020). Walton and Ingersoll (2013) examined interventions that allowed adolescents and adults with autism spectrum disorder (ASD) to build a repertoire of non-verbal and verbal cues and communication skills to develop and cultivate meaningful relationships with peers and mentors, and to enhance their social responsiveness. Thomson et al (2021) acknowledged the connection between meaningful community participation and involvement, and the development of individual social skills through physical activity. This sentiment was echoed by Lord and Patterson (2008) who recognised the impact that inclusive community-based

services for people with disability can have on the development of social networks through physically active leisure.

The focus on individual skills in educational contexts and with school-aged students, particularly adolescents, has meant that there is a large body of work examining initiatives dedicated to cultivating life skills for people with disabilities to achieve changes in the external world. Firth et al articulate the importance of “...building the coping resources and sense of personal control that are known to be crucial to achieving school and life success for those who have learning difficulties” (2008, pg. 151). This sentiment is felt throughout the literature, ranging from support for “making changes on external conditions (...) such as housing” (Tilley et al., 2020, p. 1159) and with employment (Gray et al., 2014), to more internal changes such as goal setting (Firth et al., 2008; Kingsnorth et al., 2007), strategies for dealing with stress (Firth et al., 2008; Kingsnorth et al., 2007), decision making (Bigby et al., 2017; Firth et al., 2008; Kingsnorth et al., 2007; Tilley et al., 2020) and communication skills (Kingsnorth et al., 2007). The applicability of new knowledge and skills was seen in programs focusing on enhancing literacy skills in post-school contexts for people with intellectual disabilities, through the understanding that new knowledge and skills, such as literacy, can significantly contribute to the lives of people with intellectual disabilities both academically and emotionally (Moni et al., 2011; Young et al., 2004). These literacy skills, while undoubtedly applicable in a very real sense, additionally contribute to the development of problem-solving, decision-making, and communication skills, and subsequently aid in community participation (Moni et al., 2011). Rilotta et al (2020) noted that the development of other skills that were not specifically academic, aided in social development. Kingsnorth et al (2007) echoed this sentiment, articulating that the cultivation of life skills in young people allowed for the development of decision-making and problem-solving skills, the ability to set goals for oneself, and to develop social skills and personal relationships.

Certain programs that sought to build social skills saw an increase in confidence building

and developing a sense of self (Bigby et al., 2018; Rilotta et al., 2020; Tilley et al., 2019; Walton & Ingersoll, 2013). Lord and Patterson (2008) express how the cultivation of friendships enables people with disabilities to find a sense of belonging, build confidence, and become more social and outgoing. Conversely, where support is offered to people with intellectual disabilities to make and develop social relationships, it can open avenues for community participation and involvement (Bigby et al., 2018).

Often, the development of one skill, such as supported decision-making, was acknowledged in addition to an abundance of other skills and competencies. For example, Davies and Beamish (2009) address the transition into adulthood from an educational context to a post-schooling context, primarily focusing on the perspectives of the parents of young people with intellectual disabilities. While the research mainly details the skills needed for life changes in a non-educational setting, it was often in tandem with community participation and the development of social skills. Similarly, Kingsnorth et al (2007) focused on programs that sought to provide life skills in preparation for adulthood to young people with physical disabilities. These programs aimed to achieve changes in life skills in a transitional context, while simultaneously developing confidence and self-determination for the young people involved in the programs. Thomson et al (2021) articulated that alongside the improvement of social skills, confidence, self-esteem, and self-determination were encouraged. The literature evidences that despite focused and targeted approaches of community programs to build particular skills for people with disabilities and their support networks, a multitude of skills can be cultivated and enhanced simultaneously.

### **2.2.2 Support workers, carers, family members and their skills**

The support and social networks of people with disabilities are mainly comprised of paid staff and family members (Thomson et al., 2021), and thus the cultivation and enhancement of skills and competencies in carers, support providers and family members are important (Bennett & Hay, 2007). With the

primary focus of the literature examining programs and initiatives that aimed to enhance skills and knowledges in people with disabilities, there was less of a focus on the skillsets of family members (Bennett & Hay, 2007) or support workers (Moskos & Isherwood, 2019), despite the integral role they have in supporting people with disabilities (Bigby et al., 2017; Fang et al., 2021). Due to the prevalence in the literature on evaluating programs with children and adolescents with disabilities, it meant that the role of family is considered (Bennett & Hay, 2007; Gray et al., 2014). Bennett and Hay (2007) speak to the importance of the family unit in developing social competence in children with disabilities, and how family relationships, parental involvement and attitudes influence social skills in children with physical disabilities. Gray et al (2014) describe the primary role parents have in caretaking regarding integrated community living and support and the potential implications this has for young adults and adults with intellectual disabilities in cultivating life skills, during this transitional period.

While the role of support networks in developing skills in people with disabilities is acknowledged, Moskos and Isherwood (2019) provide a unique and less represented insight into evaluations of disability support programs by highlighting the cultivation of support workers' skills and competencies, as opposed to the skills and competencies of people with disabilities. How programs and interventions run differ depending on the context and environment that these programs exist in, meaning the way that support and care is delivered differs, having impacts on the required skills for support workers (Moskos & Isherwood, 2019). Inadequate support staff training in some programs can act as a barrier to effective community participation for people with disabilities (Bigby et al., 2018; Fang et al., 2021), meaning it is equally vital to cultivate adequate and appropriate skills and competencies in the support workers, carers, and families of people with disabilities. Fang et al (2021) provides a necessary intersectional approach by articulating the necessity of cultural skills for disability social service providers in delivering programs that have effective cultural responsiveness.

### 2.2.3 Institutional, community and organisational, and personal level approaches

Multi-level approaches to enhancing and improving individual skills for people with disabilities are integral for community participation (Bigby et al., 2017; Kingsnorth et al., 2007; Rilotta et al., 2020; Walton & Ingersoll, 2013). As this review predominately focuses on community and organisational level or personal level approaches to the cultivation of individual skills, there is not a large selection of literature solely discussing the role of institutional-level approaches. However, Moskos and Isherwood (2019) provide an important perspective on the role that institutions, such as the NDIS, have on community programs when considering institutional-level approaches toward individual skills within support programs. Through an evaluation of programs that offer support for decision-making for people with cognitive disabilities, Bigby et al (2017) examine the barriers that arise when support for decision-making is not recognised at an institutional level, such as within the NDIS. Furthermore, programs and approaches for cultivating skills in people with disabilities range depending on the context and environment of these programs. Rilotta et al (2020) highlight how educational institutions can contribute to community inclusion for students with intellectual disabilities in tertiary education, and the simultaneous cultivation of individual skills within educational environments.

The emphasis of organisations and programs seeking to improve individual skills for people with disabilities within educational settings in the literature saw community participation and inclusion as a subtle but recurring theme (Davies & Beamish, 2009; Firth et al., 2008; Rilotta et al., 2020). This additionally provided insight into the intersection of age and disability in community programs and initiatives, notably surrounding life skills and competencies as discussed earlier, which was not widely considered across the literature. Little attention was explicitly given to the ways in which race, class, gender, and ethnicity intersect with disability and how these intersections can shape how people with disability cultivate and improve individual

skills. Fang et al (2021) examines the way an Australian disability service organisation operates a program to improve cultural responsiveness in care and support provided to people with disabilities from CALD backgrounds, specifically looking at coproduction as a means of developing cultural responsiveness in programs.

Bennett and Hay (2007) speak to more personal level approaches, such as the position of the family unit in cultivating individual skills and the subsequent contribution this has in the community, whereby increased parental involvement at school allowed for an increased development of social skills in young people with disabilities. The establishment of social networks and relationships is undoubtedly vital for community participation, a sentiment widely echoed across this body of literature (Bigby et al., 2018; Bigby et al., 2017; Bourke & Burgman, 2010; Kingsnorth et al., 2007; Rilotta et al., 2020; Thomson et al., 2021; Walton & Ingersoll, 2013). Bourke and Burgman (2010) example the importance of peer support in educational settings for students with disabilities who are experiencing bullying, after friendship support was acknowledged as one of the main coping strategies for bullying.

The emphasis across the literature on the development of skills, whether that be at institutional, organisational and community, or personal level approaches to programs and initiatives, implicitly includes discussions and perspectives on the impact on community. This is seen in the recurrence of discussion surrounding support networks and friends, achieving changes in the external world, developing a sense of self and building confidence, as the development and improvement of these skills directly or indirectly impact the ways in which people with disabilities participate in the community and are included in the(ir) community (Davies & Beamish, 2009; Firth et al., 2008; Mackenzie et al., 2016; Rilotta et al., 2020; Walton & Ingersoll, 2013). Enhancing and cultivating skills through the development of relationships with others and growing social and support networks, leads to opportunities for community participation and involvement (Bigby et al., 2018).

It is clear from an examination of existing literature that there are many assumptions made about people with disability and their capacity, negative attitudes are embedded in society, attitudes are shaped and influenced by a variety of factors, and that such attitudes impact upon the lives of people with disability, and at times, their families. Additionally, it is evident that there are some key strategies that would be useful to incorporate into programs designed to change community attitudes towards people with disability. It is also apparent that there are skills that programs build and that these programs often lead to the development of an expanded array of skill sets in individuals with disability, their families, carers, and support workers, and at the organisational level. This examination of existing literature is relevant to an evaluation of the CV program run by MDAA because the literature shows the ongoing prevalence of negative community attitudes towards people with disability, hence the value of an initiative to change community attitudes. The review draws on scholarship to show the types of interventions that exist and what works or should be incorporated into initiatives designed to change community attitudes and behaviour. It also summarises the types of skills developed in existing programs for people with disability, parents, carers, and support workers. This is relevant to an evaluation of the CV program because the CV program seeks to build the skills and capacities of people with disability, their families, and carers.

### 3. Research Method

This evaluation of the CV program commenced in January 2021 following ethics approval by The University of Notre Dame Australia's Human Research Ethics Committee on December 9, 2020.

The evaluation included 14 semi-structured, voice-recorded, in-depth interviews with CV graduates, consumers who were completing the CV program at the time, and leaders of the CV program. It also included one written response to the interview questions. Hence there were 15 participants in total. Most of the interview participants were people with disability, while a couple of the participants were family members and carers of a person with disability who had participated in the CV program.

Interview participants were sought out initially through MDAA, then were contacted by UNDA research assistants to allocate a time for and means of the interview; in person at the MDAA office in Granville, via Zoom, through a phone call, or through written response, considering COVID-19 restrictions imposing potential safety implications for participants and researchers. All interviews via phone call, Zoom, or in person were conducted with 1-2 researchers and were recorded either using an iPhone, a recording device, or the audio recording function on Zoom. When interviews were conducted in person all relevant COVID-19 safety protocols were adhered to in order to protect the interviewee and the researchers.

The interviews sought to understand the participants' experiences and perceptions of the CV program, what the participants had learned during and from the program and how these skills were applied in their lives, what had changed since their completion of the program (if applicable), and any improvements they would suggest for the program in the future. Interviewees were also asked about where they had presented as a CV. The interviews ranged from approximately 15 minutes to over an hour.

All interview transcripts were initially transcribed through otter.ai. Researchers then

edited and corrected these transcripts for inconsistencies, and to ensure any identifying information was removed. The transcripts were coded using Nvivo 12, and finally analysed using a thematic analysis technique to illuminate prominent themes across the interviews.

## 4. Findings

Graduates of the CV program described various functions of the program. Interviewee 19a described the program as *“to help disabled people learn their rights ... and what they can do within the community”*. Graduates explained that the CV program teaches people with disability, their families, and carers as well as the broader community about human rights, the capabilities and abilities of people with disability, how to advocate for people with disability, and raise awareness. The program also teaches about accessing services. Interviewee 14 described the program as promoting *“people with disability, their stories and to break [down] the various ... discriminations ... [experienced by people with disability from] ethnic backgrounds”*. It provides an opportunity for people with disability from CALD backgrounds, their families, and carers to have a voice in the community. Interviewee 14 explains: *“[people with disability] want to have a voice in the community ... [W]e are people first, and with disability, we can do anything ... And we need to say to the community that we are people first and we have wants and we have goals ... like everybody else we have needs and to treat us with respect. That's the name of community voice.”*

Furthermore, because some people in the community are unlikely to have engaged with someone with a disability before, graduates are encouraged to inform the audience about what their disability is and then to tell their story.

Alongside working on stalls at exhibitions, the graduates noted that they have presented to many organisations including, at schools, community organisations, and universities, and to decision-makers, police, and health professionals. Their presentations have attracted interest in MDAA and its advocacy services for people with disability from CALD backgrounds.

### 4.1 “A platform not a program”: The gains from the CV program



The graduates felt that they had gained significantly from the CV program. They felt that the program assisted them in getting to know themselves better, learn from others, gain confidence, networks, skills, knowledge, and information. The confidence, skills, information, and knowledge gained from the program were applied by graduates in their CV presentations, but also in their everyday lives and to help others. Graduates felt that the program provided them with an opportunity that is not available to all but should be. Many were grateful for this opportunity. This opportunity included speaking to influential members of society. For example, Interviewee 7 said, *“So this project, due to community voices, now I am being able to speak in front of the Premier, lobbying the ministers ... I wouldn't have got this training or confidence [if] I was not involved”*. The CV program was described by one graduate as a *“platform not a program”* (Interviewee 12).

All participants commented on how the program gave them confidence, following experiences of ongoing and structural discrimination and racism that impacted their confidence and self-esteem. Interviewee 19b alludes to this when stating: *“... remember disabled is always ... the feeling that you have shame, shame that maybe you are wrong, maybe they are not listening to you because you are disabled ... that's what my feeling, but when I go by the Community Voice there is the*

*feeling ... I need to talk, I need to tell somebody."*

Graduates realised that they have a voice, could be assertive, and that it was important that their voice was heard. The confidence that grew within the participants through the training and the realisation that they had a voice and that their voice matters can be seen in the following quotes:

*"Slowly, slowly and I was becoming confident ... And when I got training, that ohhh I can speak, you know?" ... "So where I feel comfortable or where I get the chance to speak I was going to speak". "And it gave me a lot of confidence, you know?" (Interviewee 7)*

*"I was a shy person and I opened up, so that was really good for me." (Interviewee 4)*

*"I was really shy, really like, isolated myself and stuff. But since being with MDAA I've been able to open up and say y'know hey I've got a voice now, and so I'm going to use it. That's exactly how it works. And that's how MDAA's been so much, you know, for me has been so much help and just really made me come out, made me open, made me aware, made me learn, y'know there's a whole lot of things that's involved." (Interviewee 19b)*

*"Well, you learn lots of things. I had lack of confidence. Like I never used to speak up to people. Because I used to think, like, like, I didn't know I had, rights, like everyone else, well everyone has rights, but I didn't know that because you know, I was thinking you know, don't talk up." (Interviewee 4)*

Many participants applied this confidence to other areas of life. Many graduates felt that they were able to advocate for themselves and their needs. This is clearly expressed by Interviewee 7 and 19a.

*"You know, main thing, this Community Voices project trains you to do the self-advocacy, which is the main supportive factor of the life of people with disability. You know, if they have a confidence, if they have- they have a guts to speak, they shouldn't be scared, you know. So, whatever facilities, whatever laws, whatever policy is there, they should know and they should fight for their rights. You know,*

*they have the right to live happy." (Interviewee 7)*

*"I'll let you know that we do have a voice. Why I just used to, I had to say yes to everything but now so I can say no sorry this is how this is, how I want it done, before I just forget about it and never had a voice but now that I have got a voice, y'know I shout out in a lot of situations." (Interviewee 19a)*

Two participants referred to specific situations before the training where they experienced discrimination at work and in the community and they suggested that they wished that they had done the training and had the confidence to speak up, challenge the discrimination, and advocate for themselves. For example, Interviewee 7 explains an instance of discrimination while waiting in line at a store. She states: *"If I would have courage to talk back, it would be fine. You understand?"*, but at that time she did not. The effects of the training in this way can also be seen when Interviewee 11 stated: *"Because I feel like I'm speaking up, in what I believe in, and not wanting to be silent anymore. Yeah. I think, and especially when I was silent, I'm talking about in the previous workplaces, where I used to work and it was a corporate environment, and a person with disability, woman of colour, those sorts of things, really went- well against me. So yeah."*

Graduates also felt that the CV training sessions created a supportive network for them in which they could build their confidence. One graduate described how her group became *"like a little family"* (Interviewee 4). In small training groups, graduates also felt like they could learn from each other, and this was encouraged by the facilitator. For example, Interviewee 5 stated: *"To learn from other people each other's experience to learn from their heart, what they've been doing in their lifetime? What is their lived experience? What background they from what kind of ethnicity they are, what kind of interesting they have"*. Sharing common experiences, specifically of discrimination also made graduates feel less alone, experiencing a sense of solidarity and connection with those also attending the training session. For example, Interviewee 19b stated: *"it's being with other disabled people*

*that had exactly the same problem. And working it out together is so great”.*

The work as a CV in the community, either presenting at an organisation or working on a stall at an exhibition also generated networks for some of the CV graduates. Some graduates valued the opportunity to meet new people, while others enjoyed *“building rapport with the community”* (Interviewee 8).



Graduates appreciated the knowledge and information that they gained through participating in the CV training. Graduates particularly mentioned learning about their rights and showed the value of this. Interviewee 4, for example states: *“You’ve got rights. Like I said, I didn’t know I had any. And, I’m glad I went to Community Voices at Granville. Because people just ignore you, they just put you to the side and think, ‘oh she doesn’t know anything about this.”* For many, this knowledge and information contributed to the confidence that they gained. Many were empowered by this information and knowledge and used it to inform and advocate for others and in other areas of their life outside of their CV role.

The graduates also gained many skills. These included skills in public speaking, how to respond to questions, how to disclose information about oneself, and what information to disclose as well as listening skills. Graduates apply these skills in their workplaces, when meeting new people, to lobby and advocate in political forums, as well as with friends, family, and other disabled people’s organisations. They also applied them in submissions to the Disability Royal Commission. It is thus clear that the graduates

of the CV program feel that they have gained significantly from their participation in the program.

## 4.2 “It’s a comprehensive thing”: Value of the CV program

While the gains by graduates from the program no doubt demonstrate the value of the program, there are other aspects of the program that the graduates identified as valuable for themselves and the community.

Graduates described the context and support provided in the training sessions and when presenting as important to growth and confidence. The small group setting of the CV training sessions created a sense of community and safety. This enabled some of the graduates to develop a sense of trust and confidence. The facilitator, who emphasised that the program is about a commitment to her and the others in the group, made sure participants understood that the information shared in the sessions was confidential and explained the importance of consent, created a nurturing environment for graduates. One graduate explained how the facilitator encouraged her to speak in these small group settings, praising her *“good ideas”*. This relieved her self-doubt, improved her self-esteem, and nurtured and supported her confidence.

Furthermore, graduates also felt supported when presenting as a CV because a staff member from MDAA would attend with them. Many found this support reassuring. The staff at MDAA also encouraged them. When they expressed feelings of self-doubt the staff supported them encouraging them to present. For example, Interviewee 10 explains that she felt *“shy to talk”* to decision makers then the staff said *“[n]o you can do that, you can do that! You can talk”*.

The integration of personal stories into the presentations was described as another valuable feature of the program. Graduates found that telling personal stories meant that they did not have any content to learn, rather could reflect on their lived experience. This lived experience is valued as knowledge. Additionally, personal stories were understood to be valuable for audiences. They provided an

anchor point that people can relate to and empathise with. “... [T]he personal stories actually stick. The reason why community voices used to work, because the personal stories leave an example or a mark on the audience. The personal stories are what attract people to community voices and make you remember the project. Those stories of mine, of my personal life, which people still talk about today after 10 years. Why? Because I did a Community Voices presentation with their organisation.” (Interviewee 16)



Additionally, the personal stories enable people to connect with their cultural community in their language with stories that they can relate to. “That’s why it clicks because it is a personal example from your own culture” (Interviewee 16). Thus, the grounding in lived experience through personal stories is a valuable component of the program. This is recognised in the existing literature about interventions to change attitudes.

The presentations work to break down barriers, demonstrate pride in being a person with disability, and educate about the capacities and capabilities of people with disability by drawing attention to the “ability in disability” (Interviewee 1). For example, Interviewee 7 states: “And we are giving some presentations ... [and they see we are] part of the society”. Furthermore, Interviewee 19b emphasises how for some even seeing a person with disability speak breaks down barriers. Thus, the program “has a positive impact on the community” (Interviewee 1) by educating and informing them about the lived experience of people with disability from CALD

backgrounds and the barriers that they may face. In this way, it can really work to change community attitudes and clearly employs some of the strategies identified as effective for changing community attitudes identified in existing literature.

The program also helps graduates with their mental health because it gives people the opportunity to discuss their lived experiences in a supportive environment through the classes and then publicly by raising awareness about experiences of discrimination and living with a disability. When followed up on a statement about mental and emotional health and the CV program and its value in this regard, Interviewee 5 stated “Yes. Because people they talk about it.” Similarly, Interviewee 13 stated: “...having a community voices programme is giving opportunity to be confident, to talk to people, and other issues and stuff like that openly. So you can do that kind of thing. And another thing on community voices, is ...[t]hey start to be ... confident to talk about the situation and ... freely to talk to people and to your family and friends. You know, what your ... thinking and what your thoughts. Yeah, it helps a lot.” The space it creates for people to “relay their inner feelings” (Interviewee 1) was valued by the graduates, particularly when they felt that they had no other space in which to do this.

The opportunity to present at a variety of organisations was also seen as another point of value for the program. Interviewee 5 suggested that the program offered the opportunity to educate and inform the community in a variety of places. Yet, there were some places that the graduates identified where this was most poignant – early childhood settings and hospitals. They suggested that early childhood settings offer the opportunity to educate and inform parents from a young age about how to treat their children in ways that are free from discrimination and attitudinal barriers. Interviewee 5 states: “So let the parent know how to treat the child you know how to grow them up from when they are zero.” Similarly, one interviewee felt that children are far more accepting, and another felt that the program should be part of the educational curriculum, seeking to change attitudes from a young age. Additionally, hospitals were emphasised as an important space where graduates could present

because health settings and people's engagement with hospitals is often not by choice. Interviewee 5 went to a university class of training medical professionals so that the class could learn how to treat and engage with people with intellectual disability. She stated: *“So ... all professors ... use my experience, how should we communicate with a person with an intellectual disability when they in the world. When they arrive, they need help to the hospital because I have a bad experience so I will bring my experience for them, how they can treat better ... and you know [people with intellectual disability] will feel more welcome in the world.”*

The program thus has significant value for graduates and the broader community.

### **4.3 “Thank you ... the students benefitted”: Audience engagement and growth**

The CV presenters suggested that audiences regularly reacted positively to their presentations, with some graduates asked to present again or work in other forums, alongside the organisation. Although one interviewee felt that it sometimes takes time for audiences to understand the difficulties faced by people with disability from CALD backgrounds, they learn and it has a positive impact on them. This positive reception to the presentation and presenter by audiences in turn builds confidence in the CV graduate. For example, Interviewee 5, when asked about the audience's reaction to her presentation said that people sometimes came up after the presentation to speak to her, saying: *“You do a lovely job.”* She stated: *“You know you feel good when people say [that]”* (Interviewee 5). Interviewee 16 described how the approach builds self-efficacy. Graduates *“gain confidence by seeing other people celebrate their lives”* (Interviewee 16).

Graduates believed that the presentations worked to change community attitudes and develop and broaden public understanding. For example, Interviewee 5 emphasised how people asked questions to clarify their understanding and Interviewee 7 noted how following a presentation they gave at the Department of Education, the Department of

Education *“said [... they] will change [...their] skills. ... policies will change.”* While the graduate acknowledged that it may not change radically or completely at first, they felt that presentations often impact audiences. Nonetheless, Interviewee 14 suggested that there is still work to be done to break down attitudes and barriers.

### **4.4 “The issue was booking”: Challenges**

Graduates indicated some challenges of the program and made some recommendations for its improvement. Some of these will be discussed further in the recommendations section. However, in summary, two graduates spoke about the difficulties and challenges with sourcing, securing, and booking presentations at organisations. They suggested that it would be worth having an administration person for the program to network and build connections and partnerships with community to enhance community awareness of the program and the ability of CV graduates to present.

As well as broadening awareness of the program to organisations that may host a CV graduate, some indicated the need for more awareness and uptake of the program by people with disability, family members, and carers. Interview participants also recommended expanding the program to regional areas, providing one-on-one mentoring, offering online options (beyond COVID), offering channels and pathways for people to expand upon the skills they gained from the original program, offering a recap of content, providing training booklets and providing interpreters because a language other than English was identified as a barrier to participating in the program. Despite this, all graduates valued and supported the CV program.

## 5. Recommendations and Conclusion

Overall, the CV program is valued by those who complete it. Graduates felt that the program is an important way to impart knowledge and inform the public about diversity and disability, raising awareness. It generates skills, such as public speaking, builds self-confidence, and leads to the acquisition of knowledge. It is also a way to make friends. Graduates explained that they consistently employ the skills and confidence gained through the program to advocate for themselves, to have a voice and to confidently express themselves in their private and public lives. CV is thus an essential program for skill development, confidence boosting, and as an information and contact intervention to work towards changing community attitudes and behaviours. Nonetheless, further research should be conducted to assess the value of CV presentations for those who watch them and the extent to which the presentation informs and changes attitudes. There are however some necessary adjustments to the program's delivery and structure that would elevate the value and experience for the consumers, MDAA, and the greater community. These adjustments are informed by recommendations put forth by participants who have had firsthand experience with the CV program and existing literature.

The recommendations are structured by firstly, presenting the recommendations that MDAA can directly respond to relating to the existing CV program. Secondly, recommendations are made about ways to expand and sustain the program. Finally, recommendations are generally made for programs that seek to build skills and change community attitudes, and future research.

### 5.1 Recommendations to incorporate into the existing CV program

***1. MDAA is encouraged to run optional 'refresher' or re-training sessions for graduates of the program and advanced CV training.***

Several participants noted that having a 'refresher' or re-training of the skills they acquired during the CV program would be of significant value. For some CV participants, it has been a few years since they graduated from the CV program, meaning that some of the skills they learnt and the confidence they have gained has been lost. With more recent CV graduates, the on-and-off restrictions and lockdowns because of the COVID-19 pandemic in the Greater Sydney area meant that engaging in the community as a CV has been difficult and limited. Many of the recent graduates expressed they had yet to present as a CV, resulting in a loss of confidence that had been previously gained during the training. Participants suggested a shorter course every six months to one year after graduating from the course would be useful to regain confidence and knowledge from the program.

Additionally, some interviewees felt that they would like the opportunity to take more courses to advance the skills that they had gained from CV training. As such, MDAA should design an advanced version of the training for graduates who would like to develop and expand their skillset.

***2. CV training sessions and presentations could respond to the specific language needs of those from linguistically diverse backgrounds by providing access to interpreters and offering one-on-one mentoring.***

While MDAA and the CV program does valuable and significant work around diversity, graduates from linguistically diverse backgrounds felt that the CV training sessions could be improved by providing them with access to interpreters for the sessions. They also wanted to be able to use an interpreter while presenting in the community and communicating as a CV. Access to an interpreter for a community presentation would not only benefit the graduate, but it could assist in raising community awareness and understandings of the needs of some people from a linguistically diverse background and start an important conversation.

Additionally, participants suggested one-on-one mentoring to cater to MDAA's diverse

clientele in the CV program in terms of language, cultural background, and ability. One-on-one mentoring could be offered alongside the group CV training as an optional extra and would assist in solidifying the knowledge and skills gained. Alternatively, it may be a possible offering for future and follow up (re)training that consumers can elect to have, following their initial graduation from the CV program. This one-on-one mentoring could be assisted by previous CV graduates who feel confident in the skills that they have learnt. This would mean that CV consumers and graduates are intentionally integrated into the future of the program.

***3. MDAA should introduce training booklets as an option for consumers completing the CV program.***

By introducing training booklets as an option for consumers completing the CV program, consumers have a copy of the knowledge that they have gained from the program that they can draw upon when they need a refresher at any time. This empowers the consumer to undertake their own revision. Training booklets could also be a useful way of delivering knowledge and training in a more personalised and tailored manner, in addition to the CV training and encourages consumers to take an active role in their education/learning by taking notes during the training.

***4. MDAA should conduct a review into the format of the workshops that is co-designed and run by graduates of the CV program.***

Graduates have various perspectives on how the workshops run and their design that could inform a review of the workshops. While two participants expressed the importance of valuing the program itself as a motivator and effective means of engagement, several participants noted that the program is more effective when the consumers participating in it are more engaged. One participant suggested making the CV program more interactive and hands-on, while others emphasised the significance of consistent and meaningful engagement by consumers while training as a CV. Engagement was additionally hindered by the length of the training days and by their being conducted over Zoom during the

COVID-19 lockdowns and restrictions operating in Greater Sydney. One participant suggested that three consecutive hours in one day was too long to maintain meaningful engagement, considering the training was conducted online. Allowing the consumers to co-design, run a review of the format and design of the workshops, and make recommendations aligns with the important principle of ‘nothing about us without us’. It also aligns with the rights of people with disability to impart information on an equal basis as others, Article 21 of the UNCRPD. Giving graduates the opportunity to review and evaluate the format of the workshops with a view to making recommendations means that they have an interest in the CV program beyond their completion of it.

Existing literature emphasises the importance of putting people with disability at the centre of interventions to change community attitudes (Bollier et al., 2021; Fang et al., 2021; Idle et al., 2022). By graduates investigating the format of the workshops and making recommendations, they are actively collaborating to design the program that is used to inform presentations that are designed to change community attitudes.

***5. CV graduates should understand, refer to and use human rights frameworks and language when presenting.***

Stories are an important part of what CV graduates present when presenting at an organisation. These stories and presentations should use human rights frameworks and language so that there is a connection between the words and language that is used by the community and the government. It links the personal to the political (Idle et al, 2022).

***6. CV presenters should be offered access to peer-networks and debriefing following presentations.***

CV presenters are encouraged to ‘tell their stories’ at presentations to change community attitudes and educate the broader community. Yet, this places the burden of education on people with disability, without holding able-bodied people accountable. As part of recognising the emotional and psychological impact of regularly ‘telling their stories’ and

the disproportionate burden on people with disability to share their stories, presenters should be offered access to peer-networks and debriefing following presentations.

***7. MDAA could annually evaluate the wellbeing of the consumers who participate in the program each time it runs.***

To assess the impact of the program for consumers and the effectiveness by which it develops the skills, MDAA could annually evaluate the wellbeing of their consumers. This evaluation would need to be accessible to people with disability from CALD backgrounds, their families and carers. This might involve assessing the skills and wellbeing of consumers prior to undertaking the program and then when they have completed the program. This evaluation could be built using existing instruments such as, the Social Impact Measurement ToolKit. Any findings from the evaluation could be used to support applications for funding the program or justifying its importance and significance.

## **5.2 Recommendations for MDAA to expand the reach of MDAA and the CV program**

***8. The CV program should expand and be available to people with disability from CALD backgrounds, their families and carers in other areas of Sydney and regional and rural areas of NSW.***

The program is an opportunity to build the capacity of people with disability, their families and carers from CALD backgrounds and also to educate broader society. Expanding the program to other areas of Sydney and regional and rural areas of NSW means an increase in the number of people who will have access to the knowledge and skills generated through the program. These graduates could then present to organisations in their area raising awareness. As one interview participant noted *"This program needs to be expanded to other areas, because the more people who get to know about our life individually or collectively, is better for us"* (Interviewee 1). The expansion of the CV program to rural and regional areas of NSW

would be aided with the possibility of accessing the program online. However, careful consideration would be needed about the design of the sessions given recommendation four.

***9. CV graduates and MDAA could work together to build materials based off the stories of CV graduates that could be used in schools and other organisations to educate, raise awareness and inform the community.***

To expand the reach of the CV program, to build the skills of CV graduates and to raise awareness of diversity, graduates and MDAA could work together to make learning packages for school students and other organisations that can be used and embedded into the curriculum or organisations. These materials could work to inform, educate, and change community attitudes. These materials could be videos, podcast episodes, lesson plans and activities that are available online. This could expand the reach of MDAA and CV graduates to beyond Greater Sydney, as graduates would not be restricted by the physical barriers of travelling to areas beyond Greater Sydney to present. Furthermore, these materials could be a way of raising income for MDAA if they were available for purchase. This money could be reinvested in the CV program or to employ CV graduates to make more materials.

***10. MDAA should have regular, ongoing, and meaningful contact with organisations at which CV graduates have presented and consider appointing someone to focus on building partnerships with organisations at which CV graduates can present.***

Consistent and ongoing engagement between MDAA and the organisations at which CV graduates present is important to effectively challenge community attitudes (Idle et al., 2022; Randle & Reis, 2019).

Additionally, some of the graduates suggested that more needed to be done to build partnerships between organisations and MDAA so that CV presentations at organisations were guaranteed. This could be facilitated by someone specifically assign to this networking role.

***11. The CV program should expand to increase its intake of families and carers and consider building an alternative version of the program for support workers.***

Programs that specifically address the skills and competencies necessary for caretaking and active involvement in the lives of people with disabilities are undoubtedly needed. The literature highlights the significant role that families and support workers have in developing social skills in people with disabilities (Bennett & Hay, 2007; Fang et al., 2021; Moskos & Isherwood, 2020), and thus it is important to recognise how these skills and competencies can be better developed in support workers and families.

Furthermore, Bennett and Hay (2007) and Moskos and Isherwood (2020) highlight the integral role of family members, carers, and support workers in the improvement of individual skills in people with disabilities (Bennett & Hay, 2007; Moskos & Isherwood, 2020). However, the enhancement or improvement of individual skills in support workers, carers, or family members is lacking in this discourse. Addressing this gap in the literature would provide insight into the importance of addressing the skills and competencies of support workers, carers, and family members of people with disabilities, and how these skills and competencies can in turn improve the individual skills of people with disabilities, and the caring services and support provided (Bennett & Hay, 2007; Fang et al., 2021; Moskos & Isherwood, 2020). Further examining how these skills and competencies are addressed in community programs to aid in community participation and involvement, or within policy at the institutional and structural level, such as within the NDIS.

***12. Research should measure attitude change following presentations.***

“Measuring whether attitudes have changed is important to inform decisions about how to design interventions, so they are most effective” (Idle et al., 2022, p. 50). MDAA could measure the attitudes of those who attend presentations pre- and post-presentation. While it is difficult to measure attitudes and such data would not indicate

whether the attitude change is long-lasting, this type of information would be useful to collect to determine the effectiveness of the program in changing community attitudes. This type of research could also be used to support an expansion of the program and any applications for funding.

There are several existing research instruments which could be examined to determine their relevance and adapted. These include the Implicit Attitudes Test which is widely used in disability research (Randle & Reis, 2019), and the Attitudes to Disability Scale developed by the World Health Organisation Quality of Life - Disabilities Group. However, regardless of the instrument chosen and designed “... it is important [if possible] to measure behaviour and outcomes as well as attitudes” (Idle et al., 2022, p. 50).

MDAA could issue organisations with a set of questions before a presentation, asking the organisation to get the attendees to complete the questionnaire before the presentation. Then, following a presentation MDAA can get the attendees to complete the same questionnaire, enabling a comparison between the two data sets. Doing this using an online survey platform could mean that basic data analysis is completed by the survey program.

Furthermore, having the first data set before a presentation could mean that presentations could directly address negative assumptions and attitudes.

## **5.3 Recommendations beyond MDAA**

***13. CV should be one part of a solution to changing community attitudes supported by the broader policy context and multi-layered and reinforcing strategies.***

Existing literature emphasises that to change community attitudes it is important to have a multi-layered approach and to have multi-reinforcing strategies. It is also crucial that there is government and policy support for these interventions (Bollier et al, 2021; Idle et al., 2022).

***14. There should be a holistic approach to changing community attitudes that equally distributes responsibility for education and change to white, able-bodied people and encourages white, able-bodied people to do their research.***

Programs like CV place the onus and responsibility on people with disability to educate the community. There should instead be a holistic responsibility for attitude change that recognises the obligations of the broader community, organisations, and individuals to educate themselves and do their research (Idle et al., 2022).

***15. Longitudinal data that measures attitude change is needed.***

Existing research highlights the need for longitudinal data that measures attitude change (Idle et al., 2022). This report supports this recommendation as longitudinal data can provide important information about what works effectively to change attitudes. This type of evidence would be useful to inform the CV program.

***16. More research needs to be undertaken to examine the individual skills and competencies for people with disability, support workers, and their family members.***

An intersectional approach is lacking within the literature regarding individual skills for people with disabilities, support workers, and family members in disability organisations and programs. Intersectional approaches are not excluded from the discourse around disability programs and initiatives (Fang et al., 2021; Zhou, 2015), however, they are lacking in literature dedicated to examining individual skills and competencies. An intersectional lens is necessary to include in scholarship to effectively and adequately evaluate programs that involve people from CALD backgrounds with disabilities. Fang et al (2021) stress the importance of cultural responsiveness within social services by highlighting the need for cultural skills for service providers. The lack of intersectional approaches and frameworks has meant that cultural responsiveness, skills, and competencies are underrepresented in current scholarship, which has implications for

how communication and participation barriers due to differing cultural backgrounds, languages, and power imbalances, are taken into consideration in disability programs and organisations (Fang et al., 2021).

***17. Ongoing institutional and financial support should be provided for CV at MDAA.***

Programs like CV must be given ongoing institutional and financial support and investment to maintain and expand the work that they are doing around capacity building and changing community attitudes (Bollier et al., 2021; Idle et al., 2022). As Bollier et al (2021, p. 2) suggest “investing in strategies to improve community attitudes towards people with disability is also critical for realising the aspirations of the new National Disability Strategy” (i.e., the Australian Disability Strategy).

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