Ensuring Occupations are Responsive to People with Disability

Change is always difficult, but there is a pathway. Through this project, we have identified what is needed to help sectors and occupations realise a responsive approach towards people with disability.

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Australia's Disability Strategy 2021–2031

Creating an inclusive community together

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Contents

Key terms

Ableism	Known or unknown discrimination and social prejudice against people with disability, or who are perceived to be disabled.
Bias	An unfair outlook or perception towards someone or something, based on personal opinion or experience.
Capability	The ability to do something.
Competence	The ability to do something well or efficiently.
Curriculum	The subjects comprising a course of study.
Discriminatory	Showing unfair or prejudicial distinction between different categories of people or things, especially on the grounds of characteristics such as race, age, or sex.
Education, training and professional development	The action of learning something with the goal of acquiring new or enhanced skills or behaviours. This can result in a formal qualification under the Australian Qualifications Framework (AQF), like from a school, vocational education and training (VET) provider or university, or informal qualification, like some work-based training or workshop from a professional association.
Inclusive	Not excluding any people or societal groups.
Mandated	A formal order requesting compulsory action.
Methodology	A system of methods or actions used to complete a goal.
Occupation	A profession or job.
Person-centred	A practice which puts an individual at the centre of all actions and decisions.
Prevalence	The number of people affected by a particular issue.
Principle	A truth or morale rule of good behaviour.

Summary

People with disability represent a significant percentage of Australia's population. While they have the right to be active and equal members of society and local communities, many people with disability describe a range of negative experiences when engaging with people in service roles and society at large. These negative experiences are amplified by layers such as gender, cultural identity, language, sexuality, location and income which can compound marginalisation and disadvantage.

These experiences have resulted in poor access to services, or in some instances exclusion, which can lead to poorer health and wellbeing. Notably, people with disability report the education, healthcare, justice and social service sectors to be most impactful and problematic in their responsiveness towards people with disability. This has enduring social, cultural and economic costs for people with disability, and for Australia more broadly.

Training and professional development of occupations, along with improvements to legislation, regulation, workplace structures, policies and culture, will play a crucial role in developing occupational and workplace responsiveness towards people with disability. The quality and quantity of training in occupations related to disability responsiveness have been sporadic. Domestic and international research shows that the quality of training is influenced by course design, content and delivery. The final section of this report (Part D – Good Practice Guide and Action Plan) provides a guide on course content to improve disability responsiveness and suggests actions for system-level changes. Disability responsiveness, in the context of an occupation, is broadly defined as the state of a worker's attitudes and behaviours towards people with disability.

A range of sectors and occupations are committed to making improvements. There are also sound courses and resources developed by disability organisations. However, there are challenges to improving occupation-specific training, including resourcing, content development and prioritisation. There are clear areas for growth and greater focus.

The academic evidence and reports of experiences highlight that improvements in the training that occupations receive needs to be multi-faceted and target all levels of the system, from course content through to monitoring and evaluation. While every occupation and course has different requirements, there are six key principles for guiding good practice for education and training.

1 'Nothing about us without us'

2 Capability areas: development across skills, knowledge and attitudes

3 Experiential learning

4 Addressing bias

5 Fit for purpose training

6 Quantum/dosage of training

There are actions training providers, professional bodies, employers and governments should consider for improving disability responsiveness across occupations, as follows:

Change is always difficult, but there is a pathway. Through this project, we have identified what is needed to help sectors and occupations better respond to people with disability.

1 Active participation

- More people with disability employed, especially in leadership positions
- Organisations implement mechanisms to promote, respect and realise the rights of people with disability
- Standards and expectations are explicit for disability inclusion

2 Sector planning and actions

- Professional bodies and employers engage with people with disability to co-develop minimum knowledge expectations to guide and support training
- A broad range of sector-specific resources about disability and inclusion are co-designed with people with disability
- Monitoring mechanisms are created to understand progress towards improved disability responsiveness

3 Training packages

- All education and disability responsiveness training are regularly reviewed against the Good Practice Guide
- All training provider staff to undertake disability responsiveness training
- Key occupations undertake regular refresher training

4 Knowledge collection

- Collect regular data on training and disability responsiveness outcomes
- Survey graduates on their confidence in working with people with disability

5 Government leadership

- Enhance cross-government commitments to improve disability responsiveness
- Improved evaluation and self-assurance of quality training outcomes

Voices of people with disability

In testing and refining the Good Practice Guide and Action Plan, people with disability were asked their views about the broad areas for action – a selection are below. The entire summary is available as an input paper on the ACOLA website.

Active participation

> **"** Nothing says disability confidence in an organisation more than seeing people with disability actually employed in leadership positions. So that messaging is really important.

Male interview participant with a psychosocial and sensory disability, metropolitan QLD.

> **"** Yes, having voices heard is important, but disabled people should also be on the leadership end to make sure they don't make mistakes or brush things off.

Female youth focus group participant with intellectual, cognitive or neurological disability, regional QLD.

Sector planning

> **"** If they are working with someone with disability, how will they know to support them if they don't know about disabilities? They should learn how to understand the different ways that people communicate. Some people can't talk, but they can still communicate. Listen to us; take the time. Don't pretend to understand when you don't.

Focus group participant with an intellectual disability, SA.

> **"** Get people with disability into workplaces to talk to employees about the challenges and barriers.

Female interview participant with psychosocial disability, regional QLD.

> **"** Police, doctors and allied health and teachers need to have the training so they have the knowledge to support people with disability to have better outcomes in life.

Male interview participant with a physical disability, identifies as LGBTIQA+, metropolitan VIC.

Training

> " If it was designed by people with disability, I would trust it more.

Focus group participant with an intellectual disability, SA.

> " Show professionals how to fit into a community as well. It's hard to be sent out to remote communities straight from Uni. They have no life experience, let alone experience of the unique issues of people with disability in rural and remote communities.

Aboriginal woman who is a carer for a grandchild with a disability, remote QLD.

Knowledge collection

> " Training designed by people with disability, signed off by disability advocacy organisations, where members have had an opportunity to review and endorse it.

Female interview participant with a sensory disability, metropolitan WA.

> " We need to make people feel comfortable to ask questions of people with disability. People with disability need to encourage this so that people aren't hesitant to engage with them. Sometimes being 'politically correct' can create more problems.

Male interview participant with a physical disability from a CALD background, regional VIC.

> " Very, very important. Without government push and support, there's very little compelling a company to apply these practices and training. The government also has the best ability to inform those with disabilities what companies properly include these inclusive and specialised training.

Male youth focus group participant with a physical, sensory, intellectual and psychosocial disability, regional QLD.

> " [The training] should be legislated. Any face-to-face job must have disability-led and designed training'. And have policies to support this, otherwise the Disability Strategy isn't worth the paper it is written on.

Female interview participant with a sensory disability, metropolitan WA.

Project aim, context and methodology

ACOLA has been engaged to review and advise on the adequacy of training about disability in Australia, with a focus on occupations within education, healthcare, justice and social service sectors (the 'focal sectors'). An analysis of formal training and ongoing professional accreditation and development of several case study occupations within these sectors will be provided as case studies on gaps and opportunities for improvements. The National Disability Insurance Scheme (NDIS) and support workers are out-of-scope for this project.

The analysis will also explore consideration of intersectionality as they relate to disability responsiveness, and the nature, quality, quantum and regularity of training. The outputs from this project will guide training providers1, professional bodies, employers and governments on good practice and actions that can be taken to improve the design and delivery of training2.

ACOLA's engagement in this project reflects its unique strengths and capabilities – to provide robust, independent, interdisciplinary and peer-reviewed research-based advice through convening knowledge, sector and occupational experts across Australia, including the Fellows of the five learned academies. ACOLA and the Academies also hope that through their leadership across a broad range of sectors that they can help support implementation of the findings and the action plan from this project.

Centring the voices of people with disability

In line with disability rights-based frameworks which underpin this project, the voices of people with disability are prioritised in the evidence considered. People with lived experience of disability are also part of the project steering committee and project team and played a pivotal role in contributing to consultation activities.

A range of criteria for the effectiveness of education and training interventions was explored in domestic and international literature and elsewhere. Primarily the effectiveness is assessed based on people with disability's positive and negative perceptions of and experience of occupations; and the experience of workers, and their perceptions on how training and resources have supported them. Where possible, the report will explore these experiences within the focal sectors.

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1 Training providers include universities, TAFE, and professional colleges, associations and bodies

2 We are aware that some organisations and people with disability prefer identity-first language (for example, 'disabled people') but as this is not universal we use person first language (people with disability) throughout the document to be consistent with current Australian practice.

Methodology

This project had several stages, the first of which involved reviewing literature and exploring the training and professional development pathways for various occupations. This scoping review comprised five phases:

1. identifying research questions

2. identifying relevant documents

3. selecting documents

4. charting data

5. summarising and reporting data.

Following the development and synthesis of this evidence base, the project undertook a desktop assessment of several occupations in key sectors. The project chose the sectors based on those indicated by people with disability from previous external, public consultation processes, to provide insights into the state of training and development that supports and underpins disability responsiveness.

This work involved exploring the breadth and adequacy of training through: identifying critical interactions between case study occupations and people with disability; mapping the training these occupations receive; contrasting training structure, delivery and content against identified good practice; and considering the adequacy of training for these occupations. Findings were used to develop a Training Assessment Tool and Action Plan for training and professional development. The Action Plan details good practice in responding to people with disability and the actions required to improve the training system. Consultation with people with disability, family members and carers, representative organisations and sector knowledge experts occurred via focus groups and interviews. The consultation findings strongly aligned with those identified in the Good Practice Guide and Taking Words-To-Action table.
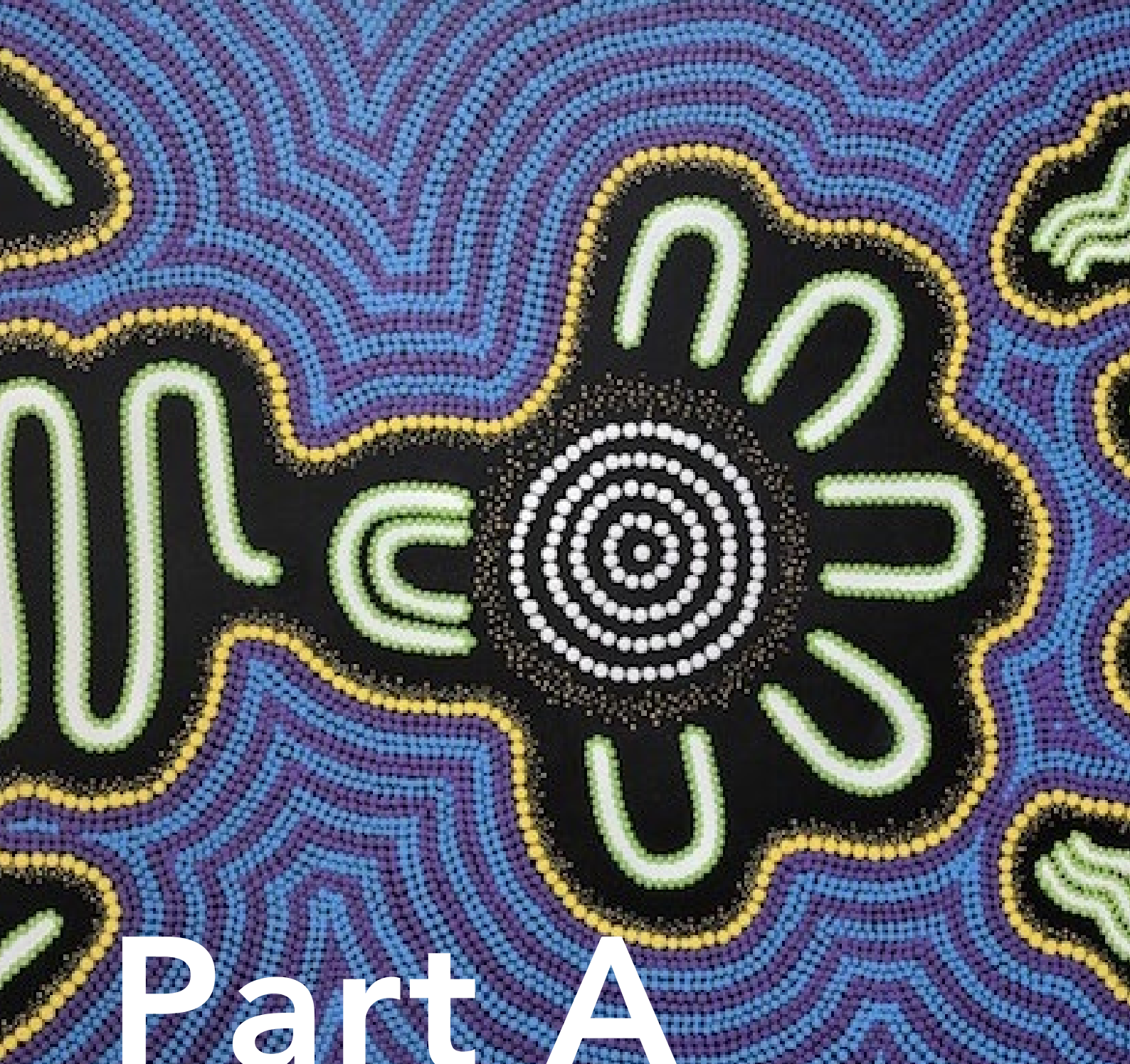
Part A

Landscape and context

Australian context

This project adopts a broad definition of disability. Like *Australia's Disability Strategy 2021–2031* (Australian Government, 2020a) and the Royal Commission into Violence, Abuse, Neglect, and Exploitation of People with Disability (Disability Royal Commission), disability is understood as encompassing any kind of impairment, whether existing at birth or acquired through illness, accident or the ageing process, including physical, cognitive, sensory and psychosocial disability (United Nations, 2022). Attitudes, practices and structures in the social environment can be disabling and act as barriers preventing people with disability from leading fulfilling lives and exercising their rights as equal members of their communities (Australian Institute of Health and Welfare, 2022).

> This report adopts a human rights perspective to defining disability and is informed by the United Nations Convention on the Rights of Persons with Disabilities.
>
> - Around 18 per cent of all Australians have a disability. Approximately 77 per cent of people with disability have a physical disability, with others having cognitive, sensory or psychosocial disability.
>
> - There are gaps in data collected about the experiences of people with disability, including on intersectionality.

People with disability can experience varying degrees of impairment, activity limitation and participation restriction (Australian Institute of Health and Welfare, 2022). Tailored, person-centred approaches are therefore required to understand and appropriately support the range of experiences and preferences of people with disability.

In 2022, the Australian Institute of Health and Welfare reported that 18 per cent of Australians (about 4 million people) have a disability. Nearly 1 in 3 (32 per cent) of people with disability, representing about 1.4 million or 5.7 per cent of the Australian population, have a severe or profound disability (Australian Institute of Health and Welfare, 2022).

> With around one in five Australians who are of working age experiencing some type of disability, it is important that organisations, businesses and local community groups are disability confident.
>
> Disability Confidence Canberra, 2015

77 per cent of people with disability have a physical disability. 23 per cent of people have a cognitive, sensory or psychosocial disability (Australian Institute of Health and Welfare, 2022).

The number of people with disability is significantly increasing (World Health Organisation, 2021). This is due to demographic trends and increases in chronic health conditions, among other causes. Almost everyone is likely to experience some form of disability, either temporary or permanent, at some point in life.

The prevalence of disability generally increases with age. Further, disability rates are higher in rural and remote areas of Australia, with approximately 23 per cent of people reporting some form of disability compared to approximately 16 per cent in major cities (Australian Institute of Health and Welfare, 2022).

Whatever the type or impact of a disability, everyone has the right to be an active member of their community and to have a say in the decisions that affect their lives (Australian Human Rights Commission, 2022). Sometimes this right is realised, but for many people with disability, it is not. Support or adjustments to mainstream services can help prevent or mitigate people with disability from becoming marginalised, isolated and excluded from society, including services that other members of society can take for granted. For example, the Australian Institute of Health and Welfare (2022) reported that:

- 60 per cent of Australians with disability needed assistance with at least one activity of daily life. The most common form of assistance needed was healthcare (30 per cent).

- People with disability may also face restrictions in education3 that make it difficult to participate in schooling or employment.

  - 80 per cent of people with disability aged 5–18 who attend school have restrictions related to their schooling (e.g. difficulty fitting in socially, learning difficulties and communication difficulties).

  - 21 per cent of school students with disability need more support than they receive.

- 53 per cent of working-aged people with disability are in the labour force, compared to 84 per cent of people without disability.

  - 59 per cent of people with disability not in the labour force are permanently unable to work.

  - 27 per cent of people with severe or profound disability are in the labour force compared with 62 per cent with other disability.

Understanding disability

This project has been undertaken to address planned action under *Australia's Disability Strategy 2021-2031* (Australian Government, 2020a*)*. In line with the Disability Strategy, this project:

- adopts a **human rights** perspective and is informed by the United Nations Convention on the Rights of Persons with Disabilities (CRPD)

- understands disability as a **social** phenomenon, in line with the social model of disability outlined in the CRPD

- emphasises the importance of an **intersectional** perspective, recognising that disability is experienced in different ways according to individual identity and that the needs, priorities and perspectives of people with disability are diverse.

The project adopts the 'people first' terminology used in Australia's Disability Strategy and other policy frameworks. While medical assessments, task and procedures are important aspects of many occupations, the move away from the term 'medical model' as a social construct for understanding disability is important.

Appendix 1 provides more information on the conceptual models of disability.

The societal attitudes that people with disability encounter are often related to certain places. Place-based approaches to improving attitudes allow for specific occupational responsiveness. Consequently, this project has adopted a place-based approach to particular occupations. A place-based approach targets change strategies for these environments and those working in them. This is discussed in further detail under 'Adopting a place-based approach'.

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3 An education restriction means a person needs some support or supervision to go to school or to study.

Ablemism, intersectionality and disability

People with disability face increased barriers to their full participation and inclusion in Australian society. Approximately one in ten people with disability over the age of fifteen have experienced ableism (i.e., disability discrimination) (Australian Institute of Health and Welfare, 2022). In addition, systems of inequality based on race, gender, ethnicity, sexual orientation, disability and class often intersect, and magnify the discrimination and marginalisation people with disability experience. For example, people with disability from culturally and linguistically diverse (CALD) backgrounds are likely to face discrimination and marginalisation about both disability and their background or culture.

The barriers resulting from the intersection of racism and ableism place people with disability from CALD backgrounds at increased risk of social and economic disadvantage and of experiencing violence and abuse (People With Disability Australia, 2022). These barriers are commonly referred to as intersectionality, along with other attributes such as race, gender, ethnicity, language4 and sexual orientation, which may also increase a person's risk of discrimination, stigmatisation, marginalisation and oppression. For example, people with disability who identify as members of the lesbian, gay, bisexual, transgender and intersex (LGBTI) community face higher rates of discrimination and reduced service access compared with LGBTI people without disability (Leonard & Mann, 2018). They also face greater restrictions on freedom of sexual expression (particularly for LGBTI people with intellectual disability); and reduced social support and connection from both LGBTI and disability communities (Leonard & Mann, 2018).

Different occupations are likely to focus on different parts of a person's identity, which means a person might experience discrimination for one or several aspects of their identity simultaneously, or in isolation. Yet, people with disability are often perceived as one homogenous group who share the same views and experiences, regardless of age, gender, cultural background, sexual orientation, socio-economic status, religion, and other categories of difference (Goethals et al., 2015). As a result, primacy is given to 'disability' over other key characteristics, resulting in an intersection of other aspects of a person's identity going unrecognised. Consequently, the attributes of a person's identity known to be associated with increased stigmatisation, oppression and discrimination are often overlooked, leaving them more susceptible to negative experiences.

However, by considering the intersection of more than one social or cultural category, a person's experiences can be better identified and understood (Hancock, 2007). The result is that intersectional characteristics can be identified and changes to practice and policy implemented with the aim of better meeting the whole of a person's identity. Therefore, it is important when working with people with disability or shaping policy that may affect them, that potential intersections are acknowledged and understood, in order to appropriately address all potential sources of discrimination, mistreatment, oppression and marginalisation.

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4 Language refers to methods of human communication, typically consisting of words used in a structured and conventional way and conveyed by speech, writing or gesture.

Responding to the needs of people with disability through an intersectional approach

Australia's Disability Strategy 2021-2031 (Australian Government, 2020a) noted that intersectionality, alongside diversity and inclusion, would guide its implementation. Acknowledging and naming intersectionality as a guiding principle, sets the groundwork for the next generation of policy and service system enhancement to increasingly reach and respond to the needs of marginalised groups within the disability community.

But, intersectionality does not in itself provide the answers to complex policy and system issues affecting people with disability with other intersecting characteristics. Instead, intersectionality provides a mindset through which new methods of problem-solving can be created, refined and applied.

Implementation of responsive disability strategy starts with understanding the nature of the problem that intersectionality presents. One of the key challenges confronting policy makers in understanding and responding to social inequalities experienced by intersectional groups with disability is accessing data relating to a group. Data relating to intersectional groups may be dispersed across different datasets, rather than existing within a single dataset. Thus, analysis requires synthesising various datasets to obtain the best available picture on the profile and needs of that intersectional group.

In this respect, intersectional data analysis requires more than merely disaggregating data by disability and other attributes within a single dataset. Also, any one single dataset is unlikely to accurately capture data which represents all the needs of all people who are affected by it. This means that established data systems can only provide the best *available* data and should not be considered to represent a full and comprehensive view of intersectional issues impacting people with disability. A failure to acknowledge the limitations of datasets as they pertain to intersectionality and people with disability may inadvertently perpetuate the social inequalities experienced by an intersectional group. This failure can also constrain investment in strategies and programs addressing that aspect of their inequality.

Notwithstanding the challenges and limitations of working across different datasets and knowledge dimensions, intersectional data analysis can expose a profile of intersectionality. In essence, valuable data is available, however one must take an informed approach to knowing where and how to look for it and use it in the confines of its known limitations as evidenced by the following example.

I'll know [the actions to improve disability responsiveness are] working when I can walk into a room, and I can see that the level of awareness has significantly risen.

Male Aboriginal interview participant with psychosocial disability and carer for his brother with a disability, regional QLD.

Policy example: Intersectionality in the data – young people with disability in juvenile detention

These statistics present a profile of young people in juvenile detention in New South Wales. It is an extract of selected health and wellbeing measures from the *2015 Young People in Custody Health Survey* (Justice Health & Forensic Mental Health Network and Juvenile Justice NSW, 2017).

- 54.2 per cent of young people in juvenile detention are Aboriginal or Torres Strait Islander, representing 24 times the likelihood of being in detention compared to young people who are not Aboriginal

- 23.8 per cent scored extremely low and 39.6 per cent were borderline on the tests used to assess intellectual ability

- 87 per cent met the threshold criteria for at least one psychological disorder and 69 per cent met the criteria for two or more

- 29.8 per cent had a past head injury resulting in loss of consciousness. Females are also more than twice as likely than males to have sustained a head injury, with 52.6 per cent of young women compared to 22.5 per cent of young men

- 66 per cent reported experiencing at least one form of childhood abuse or neglect, with 26 per cent experiencing some form of severe abuse or neglect.

However, combining the data provides a fuller picture of intersectionality. Intersecting the first line of data on the likelihood of young Aboriginal people to be in detention with data on the incidence of intellectual disability (using the best available data) shows that an Aboriginal person with an intellectual disability is over 200 times more likely to be in detention than a young person who is neither Aboriginal nor has a disability. There is also a profile of poly-victimisation, co-occurring disability and gender-driven intersectionality evident in the data on prior head injury.

Each line of data presents a disturbing picture of who is detained in NSW prisons. However, the process of intersecting that data exposes a fuller account of the marginalisation of young people with disability and its social consequences.

Defining responsiveness and inclusion

There are numerous terms used to understand and describe the skill capacity and capabilities of people, including workers, engaging with and supporting people with disability. Each term has distinct, but often overlapping implied and explicit meanings. In some cases, terminology varies by industry sector, occupation and country.

- Terminology to describe the skill capacity and capabilities of workers engaging and supporting people with disability can vary by profession.

- The terminology used in disability education and training also varies, and sometimes marks differences in the substantive aims of education and training initiatives.

- This report focuses on disability responsiveness because this term captures the behavioural, practice-based and systemic aspects of including people with disability appropriately, as well as worker attitudes.

The most common terms are awareness, confidence, inclusiveness, equality, competence and responsiveness. These terms represent various stages in a spectrum, from general knowledge about disability, to discipline-specific disability knowledge through to training underpinned by the social model of disability that involves people with disability in its development and delivery. While 'competency' appears in the literature, one could replace it with proficiency or capability instead, aligned to a skill and knowledge-based development path.

This project's original brief used the term 'disability confidence' to describe the kind of education, training and personal development interventions being reviewed. ACOLA considers 'disability responsiveness' and 'inclusion' as the terms best placed to address the needs and preferences of people with disability. The focus of 'disability confidence' is the worker's internal mental state, whereas the focus of disability responsiveness and disability inclusion is responding to the person with disability through strategies of adaptive and inclusive practice.

The term 'disability awareness' is generally used in relation to programs that seek to promote increased knowledge about disability and attitudinal change. 'Disability confidence' moves beyond knowledge and attitudes to also focus on the learner's behaviours. For example, the disability confidence training offered by Accessible Arts NSW (Accessible Arts, 2022) covers the following:

- Key disability legislation and government bodies, including the Disability Discrimination Act and the Disability Inclusion Act

- Creative solutions to delivering inclusive and accessible arts and culture programs

- Identifying and mitigating access barriers

- Best practice for customer service, language and etiquette

- Inclusive communication skills and policies.

'Disability responsiveness' and 'disability inclusion' appear to be even broader terms that, in addition to capturing workers' attitudinal and behavioural changes, encompass broader organisational capacities and systems change. The term disability responsiveness is primarily used in New Zealand (see for example, New Zealand Office for Disability Issues, 2022), whereas disability inclusion is more common in Australia (see PDCN 2022 and Purple Orange).

The United Nations Women Training Centre outlines five broad categories of gender equality training, that are useful for illustrating the variety of aims encompassed by this type training (Figure 1) (Leghari & Wretblad, 2016). Together these are seen to transform the organisations and institutions they work within, with various frameworks and tools for changing culture and practice.
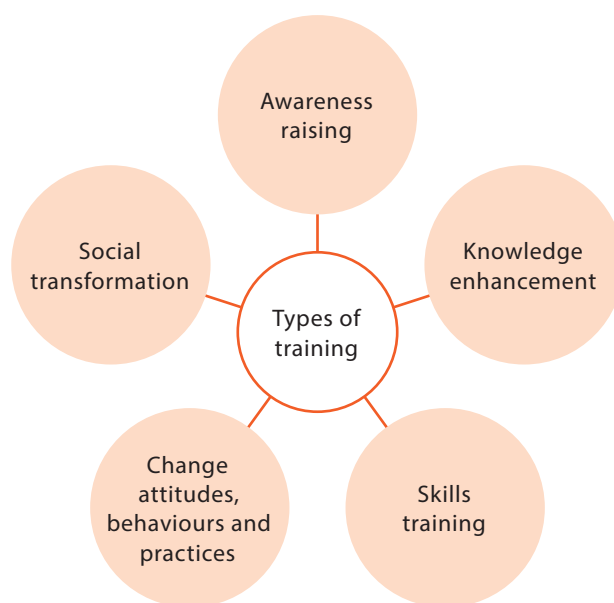
Figure 1: Five broad types of training for gender equality (adapted from Leghari & Wretblad, 2016)

Definitions such as 'cultural competence' used by the National Health and Medical Research Council (NHMRC), can be useful as they capture the nexus of individual attitudes and behaviours and organisational policies and practices. However, some sectors such as the vocational education and training, (VET) sector view 'competence' as an assessable task.

While this project focuses on addressing the disability-related education and training needs of workers and occupations, it does explore the wider organisational and institutional context that affects the experience of people with disability who interact with these workers.

> Cultural competence is a set of congruent behaviours, attitudes, and policies that come together in a system, agency or among professionals and enable that system, agency or those professions to work effectively in cross-cultural situations.
>
> Cross et al. 1989 cited in Eisenbruch 2004a.

Adopting a systems approach

Disability responsiveness and inclusion in education and training have an important role to play in increasing knowledge, challenging negative attitudes and improving inclusive practice within the workforces this project focuses on. However, there are limits to the change that can be achieved through education and training alone. The project's Action Plan describes the broader context of training and professional development and identifies other system changes training organisations, employers and governments can make that can change attitudes and promote inclusive practice. Identifying other levers for attitudinal change, such as changing hiring practices to encourage more employees with disability, is also an opportunity to link to the other policy frameworks and action plans, such as the *Disability Employment Strategy 2022*.

In the context of this project, adopting a systems approach means focusing on how disability responsiveness education and training can influence change and be effectively integrated on multiple levels:

1. the individual and interpersonal level – directed at changing the knowledge, awareness, attitudes and behaviours of individual workers

2. the organisational level – considers factors such as workplace culture, policy, management practices and rules that shape the experiences of people with disability within a service setting and shape the interactions they have with individual workers

3. occupational – informing and revising discipline and occupation-specific curricula and practice standards and incorporating disability inclusion principles within specialist training

4. systemic – viewing disability inclusion as part of a sector or service system's core business and resourcing necessary accommodations and staff capacity building across the system.

Figure 2: Draft model of a person-centred, place-based and systems approach

A systems approach also includes focusing on effective implementation of education and training initiatives. Various general and sector-specific training resources exist, and the project provides guidance on how to integrate existing training resources, so they are disseminated and used more effectively.

Figure 2 presents a model for a person-centred, place-based and systems approach. At the centre is the experience of the person with disability. The second inner oval represents the interpersonal sphere and interactions with various workers. The third oval represents the organisational context, which shapes both the personal experience of the person with disability and the type of interpersonal interactions they have with staff. The outer oval represents the whole of sector approach to disability inclusion. These levels interact and reinforce each other.

The case for change: community expectations and the policy landscape

In 2018, the Australian Government started work on developing the new National Disability Strategy for beyond 2020. *Australia's Disability Strategy 2021-2031* (Australian Government, 2020a) was launched by all governments on 3 December 2021. State and territory disability inclusion plans include or will include commitments under the Strategy.

> The US National Council on Disability states that gaps in disability competency training for healthcare professionals persist as a major barrier to people with disability receiving quality healthcare.
>
> Fray Adds & Raney, 2017.

Targeted Action Plans are developed under the Strategy to achieve outcomes in specific areas of the Strategy, initially focusing on employment, community attitudes, early childhood emergency management and safety. Notably, the *Community Attitudes Targeted Action Plan* sets out actions that governments will take to improve community attitudes towards people with disability to influence behaviour. This project is an action under Policy Priority 2: Key professional workforces are able to confidently and positively respond to people with disability.

In 2019, the Disability Royal Commission was established in response to community concern about widespread reports of harm against people with disability. The Disability Royal Commission is investigating and reporting on experiences in numerous settings including schools, hospitals, jails and detention centres. The final report, due in September 2023, will recommend how to improve laws, policies, structures and practices to ensure a more inclusive and just society.

This ACOLA project exists in a broader policy landscape of other initiatives and reviews. These include the:

- Australian Government Department of Education, Skills, and Employment's 2020 Review of the Disability Standards for Education

- National Disability Insurance Scheme's Workforce Capability Framework

- Department of Health's National Roadmap for Improving the Health of People with people with Intellectual Disability (one of the priority actions under this roadmap is to improve tertiary education curricula for health workers)

- the Disability Employment Strategy 2022, 'Employ My Ability', and its associated action plan.

The Disability Employment Strategy is a particularly important initiative because increasing the presence of people with disability across all workplaces and across all sectors is a key way to change attitudes. This strategy encourages employers to 'build their disability confidence and create inclusive workplaces'.

The NDIS Workforce Capability Framework is also a crucial initiative, with its description of desirable worker and workforce capabilities 'from the viewpoint of the person with disability' and articulation of 'a shared language' of 'what good looks like' for participants when they receive NDIS services and support' (NDIS Quality and Safeguards Commission, 2022). This framework identifies core worker and organisational capabilities. While some of these are specific to direct support provision roles, others such as 'communicate effectively' and 'work collaboratively' and 'support me to speak up' are crucial capabilities across the range of sectors and occupations that engage with people with disability.

The Commonwealth Department of Health is leading work which seeks to improve pre-registration education for students in health disciplines as an action under the *National Roadmap for Improving the Health of People with Intellectual Disability*, launched in August 2021. The development of an Intellectual Disability Health Capability Framework as part of this work will provide clear capabilities, learning outcomes and implementation guidelines to help universities integrate intellectual disability health care principles into their curricula, preparing graduates to be better equipped with the knowledge and skills needed to provide high quality care to people with intellectual disability. The project is due to be completed in 2024.

Consultation over the years

Over the past 15 years, consultation with people with disability has consistently identified poor community attitudes, and particularly the poor attitudes of key occupations, as a major area of concern that results in discrimination and diminished access to, and participation with, services, resources and opportunities. In 2009, the *Shut Out* report that informed the first National Disability Strategy, stated that 'people with disabilities believe little progress has been made in challenging prevailing attitudes towards disability…there are still widespread misconceptions and stereotypes informing the attitudes and behaviour of service providers, businesses, community groups, governments and individuals' (National People with Disabilities and Carers Council, 2009).

The Disability Royal Commission has also heard and documented the views and experiences of people who have suffered the consequences of negative attitudes. Various submissions received by the Royal Commission highlighted certain settings such as education, health, law and justice, as places where negative stereotypes and attitudes have devastating impacts for individuals with disability, particularly in underestimating or denying people's capacity.

Research contracted by the Disability Royal Commission found that people with disability experience a much higher rate of negative interactions than others in the community with workers in sectors such as healthcare and criminal justice. For example, people with disability are often unable to obtain health services information in accessible formats, are less likely to participate in preventative health programs and often encounter discriminatory practices within healthcare settings (Kavanagh et al., 2021). People with disability are more likely than others to be hurt by the police, and experience much higher rates of detention than the general population (Dowse et al., 2013). People with disability are also more likely to be victims or witnesses of crime, but the testimony of people with disability is sometimes discounted by justice system professionals because they are perceived as less credible than others in the community (Dowse et al., 2013).

In order to achieve better access, experiences and outcomes for people with disability, *Australia's Disability Strategy 2021-2031* (Australian Government, 2020a) focuses on the improvement of community attitudes and behaviours as a part of its seven outcome areas. The Strategy report states:

> *People with disability report the greatest barriers they face are not communication or physical, rather they are created through stigma, unconscious bias and lack of understanding of disability. This can include ableism, where people with disability can be seen as being less worthy of respect and consideration, less able to contribute, and not valued as much as people without disability* (Australian Government, 2020a p.30).

The submissions and consultations that informed the new iteration of *Australia's Disability Strategy* indicated that community attitudes and awareness of disability had improved to some extent in recent years, especially regarding media representation and portrayal of disability. However, a lack of social and professional acceptance of disability and limited disability literacy remains an issue (Australian Government, 2020a p.30).

The public consultation report that informed the Strategy found that many people without disability were 'unsure how to act around people with disability', (The Social Deck, 2019 p. 21) and that there needs to be greater community awareness of disability, and particularly non-visible and cognitive disability. The report also states that submissions and consultations identified certain occupations as requiring greater 'disability literacy' to improve attitudes and the experiences of service users, including frontline National Disability Insurance Scheme and Centrelink staff, the police and justice workforce, and areas of the education and health workforces (The Social Deck, 2019, p.28). These workforces are instrumental to the service experience and general quality of life of people with disability.

Adopting a place-based approach

People with disability are affected by negative attitudes differently in different settings. For example, an Australian study found that the places in which people with disability most frequently encounter negative attitudes were shops, pubs and restaurants, followed by health settings and on public transport (Tan et al., 2019). The value of a place-based approach is in identifying what is going wrong in these different settings and targeting change strategies to these environments and not just to the people working within them.

In the context of this project, incorporating a place-based approach means:

- considering how people with disability experience services in a place, in specific locations that often involve a) multiple workers from multiple sectors and b) have specific rules, cultures and modes of interacting that are specific to those locations

- considering how workers gain and apply knowledge in place, i.e., in specific locations and workplaces, and how these influence the way they learn and how they put their learnings into practice

- emphasising the importance of learning about disability inclusion 'on and in the context of the job' wherever possible, underpinned by disability-relevant theory.

Theories of attitudinal formation and change

There is a consensus within the literature that negative attitudes to people with disability are common and have far ranging impacts (Bollier et al., 2018). Negative attitudes contribute to experiences of stigma and exclusion and present barriers to full participation (Lindsay et al., 2019; Wallace, 2004; Deal, 2007). Lack of understanding about disability and lack of familiarity with people with disability can lead to exclusion and discrimination because stereotyped images and assumptions fill the vacuum (Thompson et al., 2011).

People without disability may avoid situations where they might encounter people with disability because their lack of knowledge and confidence about how to interact can lead to feelings of awkwardness or discomfort (Tan et al., 2019).

Attitudes are held by individuals but are subject to processes of socialisation – they are shaped, reinforced or challenged by an individual's wider social contacts, including professional communities (Woodcock, 2013). They can also be influenced by interventions (programs that aim to change attitudes). Appendix 2 provides an overview of further literature on community attitudes.

Facilitating change is not a new concept. But it requires those being called upon to change to:

- recognise and accept the 'problem'

- experience sufficient discomfort

- identify a way forward to achieve the desired change, and

- have the proper support to do so.

Context of education and learning in Australia

A desktop analysis based on Open Universities Australia5 examined the inclusion of disability in higher education and training. The analysis found that there are a number of higher education courses focused on disability, across various focal points and levels. Open Universities Australia provides 34 courses that include components of disability education and training in the coursework, covering certificates, diploma, undergraduate and postgraduate qualifications (see Appendix 3). It is likely that most people entering the workforce and who engage with people with disability will not have completed these, or similar, courses.

Most people would receive training and learning through an occupation-focused qualification. Some people may also receive in-house or other training on disability responsiveness, but most of this training will not likely be Australian Qualifications Framework (AQF) accredited.

However, the plans and guidance explored within this report present an opportunity to address these issues and work together to achieve better responsiveness towards people with disability. In doing so, it is possible that all Australians irrespective of their abilities, will benefit from some of the underpinning principles of disability responsiveness, not least of which include respect, inclusion and equity.

Summary

This section emphasises the need for better responsiveness towards people with disability, as well as identifying the many factors that should be considered in pursuit of it. Understanding the attitudes, behaviours and practices of occupations towards people with disability is as important as understanding the characteristics of disability itself. Further, the intersectional characteristics that contribute to a person's identity must also be understood, in order to ensure that the whole of a person's needs are responded to, not just those that pertain to their disability. Finally, this section highlights the rich body of information that exists about good practice in relation to understanding disability, which can be built upon to improve disability responsiveness across Australia's education, healthcare, justice and social service sectors. The way in which this information is conceptualised and enacted across these contexts will be pivotal in achieving success.

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5 https://www.open.edu.au/

Part B

Evidence-base for good practice approaches in education and training

Insights from research

The following sections outline the broad and specific barriers and enablers identified across workforces. They include an overview of interventions of occupations and organisations, and information on assistive technologies. The material informs and underpins this project's Action Plan.

The information presented draws on scholarly and grey literature as well as outputs from the Disability Royal Commission. The Commission and previous Senate inquiries point to the connection between people with disability experiencing adverse life outcomes and a lack of understanding about disability in the education, healthcare, justice and social service sectors. Contributing to this lack of understanding are inadequacies in training, including that it is often minimalistic, ad hoc and focused on awareness rather than responsiveness.

Broad barriers to, and enablers for, disability responsiveness in occupations

This project assessed around 100 documents on building the responsiveness of occupations to work with and/or support people with disability. These documents included scholarly articles, reports, policy papers, guides, action plans and news articles. Analysis revealed various themes, summarised in Table 1.

- Training can play a critical role in building disability responsiveness, but this is influenced by the structure, content and delivery of course and units.

- Involving people with disability in the design and delivery of education, training and courses is a key enabler of impactful education and training.

- Ad hoc and disability awareness focused training appears to have limited impact on disability responsiveness, compared to training that embeds or integrates disability content.

- Structural aspects of higher education providers including the resourcing of education and training and the leadership of providers can be barriers to quality training.

- Providers and sectors need to prioritise disability training.

- Generic information is useful initially. Better outcomes and engagement from professionals and learners are gained where the training is industry and place specific.

Table 1: Barriers to, and enablers for, disability responsiveness

Barriers	Enablers
• Ableism (disability discrimination) and stigma relating to disability • Competing priorities for inclusion in curriculum • Policy and program deficiencies • Lack of disability inclusion or consultation • Funding deficiencies for teaching staff • Knowledge gaps about disability • Ideology (e.g. dominance of the medical model of disability)	• Contact with people with disability • Appropriate organisational policy and processes in sectors and training providers, including those pertaining to leadership, accountability and financial support • Tailored programs and initiatives for professions • Collaborating, communicating and networking with disability stakeholders • Considered education and training content, including ideology (e.g. strength-based, person-centred) and a focus on diversity and inclusion • Disability education and training • Technology

Programs and initiatives on building disability responsiveness are available. Several Australian disability advocacy organisations provide valuable and impactful training programs. Some programs and tools provide insight into activities that could build the responsiveness of occupations, including:

1. the Disability Advocacy Resource Unit (DARU) in Victoria provides material that supports disability advocates and organisations in their work (http://www.daru.org.au/resources)

2. the Disability Confidence Canberra program includes material on increasing awareness about disability through its tools and information for organisations, groups, businesses and employers (The Canberra Times, 2015; The Canberra Times, 2014)

3. the Australian Network on Disability training program teaches organisations to be disability confident

4. the High Growth Jobs, Talented Candidates demand-led initiative helps employers build disability confidence via expert training (Social Ventures Australia, 2018)

5. the Australian Government's (Department of Health) Workplace Adjustment Passport encourages conversations between management and staff about disability accommodations (Australian Government, 2020b).

6. the Ernst and Young Disability Confidence Workplace Maturity Assessment tool, consisting of surveys and interviews, assesses the readiness of organisations to employ and retain people with disability.

Yet, there is little evaluation of disability responsiveness in education and training courses and content, especially across the four professional domains: education, healthcare, justice and social services. Appendix 4 provides an overview of disability responsiveness training evaluations in the academic and grey literature.

Murphy & Mujina (2014) stated that the UK Disability Confident campaign's flagship Work Programme is leaving some people with more severe disability behind. Signing up to be 'disability responsive' does not automatically translate to occupations or organisations being more responsive or inclusive towards people with disability (Lindsay et al., 2019). For example, (Paton, 2020a) stated that the UK's Disability Confident Program lacked 'teeth' because it was deficient in mandatory disability employment reporting and benchmarking. Lindsay et al. (2019) noted the need to examine whether there is a link between employers who claim to be disability responsive and the actual level of workplace inclusion of people with disability.

Based on this evidence, contact with people with disability can play a significant role in advancing disability responsiveness among occupations and across organisations. This can include the hiring of more people with disability to help to reduce bias (Lindsay et al., 2019) and working, volunteering, and training with people with disability (Lindsay & Cancelliere, 2018). Nonetheless, there are gaps in knowledge on the levels of contact with people with disability during training and education.

Direct contact with people with disability (in educator roles) increases disability responsiveness. Havercamp et al. (2021) stated that contact with lecturers from the disability community is critical to the progression of disability competency. While some higher education institutions have taken a holistic approach, funding shortfalls are a major barrier to engaging people with disability as educators (Williams et al., 2019). Woodard et al. (2012) also recognised the importance of leadership, in the form of faculty champions with lived experience, or who are allies with family experience of disability, as well as networking with disability authorities, physicians and other faculty.

Leadership and accountability can play a key role in progressing disability responsiveness throughout the workforce (Vu & Moser, 2020). The Australian Employers Network on Disability offers leadership in helping its members to be disability responsive (Waterhouse et al., 2010). Internationally, the Canadian Disability Confidence Framework supports leadership and modelling change (Lindsay et al., 2019). Data is limited on Australians with disability in leadership roles across occupations and their willingness to disclose their disability.

Networking and communication can be effective in improving workplace responsiveness (Murfitt et al., 2018; Paton, 2020b). Work Solutions in Gippsland, Victoria, has developed peer support networks in efforts to build more inclusive and disability responsive employers (Murfitt et al., 2018). According to the UK Minister for Disabled People, the Disability Confident Program is enabling improved communications with people with disability (Paton, 2020b).

Barriers and enablers – education workforce

There is widespread support for inclusive education among people with disability, their families and occupations within the education sector. However, there appear to be wide disparities between the quality of the education students with disabilities receive, with some believing their experience to be positive and fully inclusive of their needs, and others feeling excluded and mistreated. These disparities appear to be linked to many variables, including how much training, resources and support educators receive to equip them to meet the needs of students with disability. Smith (2006) reported that disability responsive-orientated education supports teachers to perceive students as whole persons with abilities, that is, teaching to a student's strengths. However, inadequate classroom supports can exacerbate the stress both for the student with disability and the teacher, and have a detrimental effect on both.

Evidence presented at public hearings 2 and 7 (Barriers experienced by students) of the Disability Royal Commission identified other common barriers to inclusive education for students with disability, including those pertaining to training and workforce capacity.

For example, educators with a nuanced understanding of disability and knowledge of how to support students with disability are critical to inclusive education. However, the Commission heard that initial teacher education and continuing professional development programs are generally not equipping educators with the skills and knowledge to facilitate the inclusion of students with disability. For example, statements heard at public hearing 7 suggested that most training provided to pre- and in-service teachers did not adequately prepare them to support students with disability. The Disability Royal Commission also heard that in many cases, principals and teachers fundamentally misunderstood the nature of students' disability and the adjustments needed to ensure their inclusion.

Responses to the Commission's first Education and Learning Issues Paper reported a lack of resources, support and training for educators. However, a common barrier reported by students with disability when accessing education was a lack of adjustments made to accommodate their needs and personalised support. The report found that schools often reported a lack funds or capacity to implement reasonable adjustments as barriers to implementing accommodations for students with disability. In some instances, there was disagreement between schools and parents or allied health practitioners about reasonable adjustments required for students. Several responses expressed frustration at some schools lack of collaboration and the failure to recognise parents' understanding of their child's needs.

The Disability Royal Commission process identified inadequate oversight and regulation of laws and policies that aim to govern the enrolment of students with disability. It also identified a lack of reasonable adjustments and the use of exclusionary discipline and school restraint practices, which can contribute to students with disability having negative experiences in schools. Consequently, there is a need for the routine collection and reporting of data that could assist in better understanding and addressing the issues that impede students with disability from positive fully inclusive education.

Barriers and enablers – healthcare workforce

As with other sectors, contact and engagement with disability communities is crucial to attaining disability responsiveness. This involves actions and commitment from medical researchers, medical oversight committees and health professionals (Sabatello, 2019). Obstacles to increasing capacity include widespread unconscious bias in which healthcare providers hold stigmatising views of disability, leading to discriminatory behaviours (e.g. poor service or exclusion). This risk is higher for people with mental and intellectual disability (Sabatello, 2019). Unlike other cultural competencies, disability competence or 'responsiveness' is not a core medical accreditation requirement.

Disability competencies in medical education curricula remain optional in many countries (Singh et al., 2020). The US National Council on Disability states that gaps in disability competency training for healthcare professionals persist as a major barrier to people with disability receiving quality healthcare (Fray, Adds & Raney, 2017). In Australia, disability competency training is often integrated into wider training. While this can be positive, it can make it difficult to identify specific courses and to understand the quality and quantity of the training. That said, work by Roadhouse et al. (2018) confirmed the importance of incorporating disability competence into genetic counselling curriculum, by helping counsellors to understand their personal biases.

Disability competence or responsiveness training of medical students can encourage an awareness of human rights and individual patient needs (e.g. recognising personal sign language preferences) (Dambal et al., 2021; Singh et al., 2022). In a US study, various teaching approaches involving contact with people with disability in the community and classrooms increased medical students' knowledge of the needs of people with sensory, physical and intellectual disability (Woodard et al., 2012).

In Australia, of 14 medical schools participating in a 2014 audit, the median time teaching compulsory content about disability across the five- to six-year programs was 2.5 hours. The majority offered less than 6 hours of compulsory teaching on content about intellectual disability. The extent to which people with intellectual disability were involved in designing and teaching content was also inconsistent (Trollor et al., 2020). Training in disability equality and etiquette can increase disability responsiveness among healthcare professionals and doctors (BMA, 2007).

Health profession educators must pragmatically support the mantra 'nothing about us without us' by including people with disability in the design and delivery of disability responsive curriculum (Singh et al., 2020). Health professionals and their educators can also be people with disability, and employers in the health sector should acknowledge and welcome this. Inclusion in leadership roles can help institutions embrace disability in a meaningful way in health training and practice to support diversity and address ableism (Akakpo et al., 2020).

The literature presents warnings about structural or systemic barriers to the education of a disability-competent workforce (Heydarian et al., 2022; Theoret et al., 2021). For example, US medical schools struggle to allocate time and space to fit disability competence into their curricula.

Reflecting strength-based ideological underpinnings, the US Resources for Integrated Care Disability-Competent Care – DCC model and Disability Competencies initiatives support person-centred healthcare (Bowen et al., 2020). Nevertheless, the challenge remains to agreeing on common disability competencies considering the many different types of disability (Bowen et al., 2020). Bowen et al. (2020) has also called for more research to evaluate the impact of disability education and training on providing disability-competent healthcare services. The literature acknowledges ideological resistance to disability-competent health workforce. Surpin (2007) has cautioned that many clinical agencies and practitioners have constructed ideas of disability confidence that are based on frameworks that do not meet the needs of people with disability (Rodríguez et al., 2021).

Despite the important role that health and community care staff have in responding to people with disability, evidence from the Disability Royal Commission suggests that professionals within this sector demonstrate similar beliefs and misconceptions about disability to those of the wider community (Thompson et al., 2011, p. 17). The Disability Royal Commission has highlighted several responses which indicate that a lack of workforce training in disability and health sectors remains an ongoing issue which contributes to, and underpins, the experience of people with disability.

Public Hearing 4 was the first hearing of the Disability Royal Commission to inquire into and examine health care and services for people with cognitive disability. While the Convention on the Rights of Persons with Disabilities (CRPD) states that 'people with disability have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability', the hearing found that the standards were often not met. This was attributed to systemic problems in the provision of health care and services to people with cognitive disability. Witnesses also expressed concerns regarding the problematic attitudes and assumptions (i.e. ableism) demonstrated by doctors and other health professionals, and the way in which this informs decisions about how to treat people with intellectual disability. For example, some respondents noted that some health professionals find it difficult to understand that a person with a profound intellectual or physical disability can have a good quality of life.

The Hearing also described the positive experiences that people with cognitive disability and their families have experienced in the healthcare system. Crucially, the evidence suggests that many health professionals are aware of the challenges that must be met to provide high quality health care to people with cognitive disability, and importantly, are prepared to take the steps necessary to address such challenges.

This finding is significant as it indicates that the systemic issues are not a result of neglect or failure of health professionals to respond to the complex requirements of people with intellectual disability. Rather, it highlights that it is not enough for health professionals and institutions to merely *understand* the barriers to providing high quality care for people with intellectual disability. Rather, health professionals and institutions must also commit to adapting their training, procedures and practices to overcome these barriers.

Providing quality health care for people with intellectual disability requires a person-centred approach, recognising that an individual's needs and preferences should form the foundation of their treatment.

Commission Public hearing 6 – Psychotropic medication, behaviour support and behaviours of concern

- Several witnesses suggested that health professionals should be trained to treat people who display behaviours of concern in ways other than through the use of psychotropic medication

- Some proposed that medical practitioners and allied health professionals, including psychologists, should be required to undertake training in forms of behavioural intervention that are alternatives or complementary to the use of psychotropic medication as responses to behaviours of concern

- Professor McVilly, Professorial Fellow in Disability & Inclusion at the University of Melbourne, suggested that professional development should explain the nature and benefits of positive behaviour support, and associated interventions; how such interventions might be sourced; and how medical practitioners can collaborate in and contribute to these interventions.

Barriers and enablers – justice workforce

The literature on disability responsiveness training of justice professionals is limited. Legal professionals need to be aware that the introduction of laws to protect the rights of people with disability can be ignored by many (Cooper & Kennady, 2021). Jaffe (2009) described the extent of ignorance about accommodating disability as 'alarming' despite the long-term existence of civil rights laws. The consequences of this ignorance on what is legally required (in the workplace and elsewhere) can be significant. For example, instead of making reasonable accommodations for people with disability, employers tend to break the law and, in many instances, continue to push autistic and other neurodivergent persons out of the workplace (Cooper & Kennady, 2021).

While the academic literature is limited, responses to the Disability Royal Commission's Criminal Justice Issues paper noted several barriers to improving disability responsiveness in the justice sector. The consultation process found that people with disability are overrepresented in the criminal justice system as victims, accused persons, defendants and witnesses (Royal Commission into Violence, Abuse, neglect and Exploitation of People with Disability, 2020). The Disability Royal Commission reported a high prevalence of disability among young offenders in the court system, as well as First Nations adults and youth with disability in the criminal justice system.

The need for increased disability awareness training in all areas of criminal justice was a recurring theme of the Disability Royal Commission. The Law Council of Australia notes that stigma and misconceptions surrounding people with disability can become entrenched due to inadequate disability training. Low disability awareness and misconceptions were identified across a range of occupations in the criminal justice system including lawyers, judges, police officers and corrections staff (Law Council of Australia, 2020).

The Australian Lawyers Association explained that is it not uncommon for people with mental illness, intellectual disability or acquired brain injury to plead guilty through their legal aid representation. This is especially the case if the lawyer, due to a lack of training, is unable to identify the client's disability. While the Disability Royal Commission heard about training programs designed to help lawyers screen for mental health issues and intellectual disability, it was found that these programs are largely limited and underfunded. This is just one example of how the systemic failure of occupations within the criminal justice system to respond to disability-related needs in an appropriate way can result in an increased risk of a miscarriage of justice.

Responses to the Commission also scrutinised the role of police in responding to people with disability. As the Australian Lawyers Alliance highlights, initial contact with police is often the catalyst for further involvement with the criminal justice system. Equally, many respondents stated that the lack of disability awareness and systematic, reliable identification of disability remains a critical barrier to promoting diversionary options for people with disability away from the criminal justice system. Crucially, a research report to the Commission found that police responses to people with disability are 'on the whole, inadequate, are frequently damaging to the wellbeing of people with disability and can significantly negatively impact on their rights to justice'. This is further evidenced by an extensive review of police policy and practice which shows that, on a systemic basis, police do not effectively cater for the safety, wellbeing and protection of people with disability who are victims, witnesses and alleged offenders (Dowse et al., 2021).

Interviews by the Commission highlight two co-occurring factors that contribute to the inadequacy of responses by police to people with disability. The first factor relates to the increasing expansion of policing and the related use of policing as the default institutional response to social, cultural and economic forms of disadvantage that propel people with disability into contact with police.

The second factor concerns the reduction of funding for social and human services that would be a better response to matters concerning people with disability. There is significant variability across jurisdictions resulting in a lack of consistency on approaches to policing and disability. Moreover, very few of these 'strategic approaches' for disability justice have been evaluated.

The research report to the Commission on *Police responses to people with disability*, highlighted how police responses to people with disability could be improved; trauma-informed, culturally safe and community-based responses are needed (Dowse et al., 2021).

Barriers and enablers – social and community service professionals

Despite some good practice and greater on the job training, the literature indicates that gaps exist in disability competency training across the social services sector, especially to better consider and respond to various intersectionalities and the range of disability types. The training that does occur appears insufficient and does not fully challenge bias, assumptions and poor community attitudes. For example, staff of community service organisations that provide training accepted the goals of inclusion, choice and participation for people with intellectual disability, but did not believe these goals were achievable for people with higher support needs (Bigby et al., 2009, cited in Thompson et al., 2011).

It is broadly acknowledged that there is a lack of established disability competency assessment tools in social services (Goulden, 2020). Finalised in 2018 in the USA, The Social Worker's Attitudes Towards Disability scale is the current preferred option, which notably applies the social model of disability. In contrast, the Disability Attitudes in Health Care scale includes physical disability but excludes sensory and cognitive disability from its definition.

Similar to medical training, while 'disability simulations' through the use of wheelchairs or blindfolds are frequently used as a tool to advance self-awareness of counsellors and social service workers, the approach is subject to criticism (Deroche et al., 2020) . Authentic, contact-based strategies are preferable, involving people with disability as trainers, educators and guest speakers.

Some studies suggest that counsellors and social workers tend to reflect high levels of disability responsiveness, which is attributed to their exposure and experiences with people with disability (Deroche et al., 2020; Goulden, 2020). Goulden (2020) reported field education as an opportunity to redress the bias that professional might have previously held or limitations in course work. In Australia, many professions, including social work, have practical units of study. However, these tend to be sector focused rather than ensuring exposure to certain types of clients, such as people with disability.

Responses to the Disability Royal Commission Rights and Attitudes Issues Paper found that disability services are rarely culturally safe or appropriate for Aboriginal and Torres Strait Islander people. The National Aboriginal Community Controlled Health Organisation (NACCHO) expressed concerns that few service providers seem to grasp the complexity of issues that Aboriginal and Torres Strait Islander people with disability face. NACCHO noted the ways that disability intersects with Aboriginal and Torres Strait Islander culture and its holistic view of health. Potential stigmatising of the person and the community meant that some people may be unwilling to identify as having a 'disability'. This is a significant issue given the number of Aboriginal and Torres Strait Islander people with a disability, and may affect the support they choose to access.

Interventions to change worker attitudes

The program logic in Figure 3 illustrates the theory of change that commonly underpins disability inclusion education and training programs. Commencing with a lack of knowledge about disability and negative attitudes towards people with disability (box one), this then progresses to disability awareness training to increased knowledge and changed attitudes among staff (second and third boxes). These links are reasonably well supported in the literature (Lindsay et al., 2019; Lindsay and Edwards, 2013).

The final box in Figure 3 links knowledge and attitudinal change to individual behavioural change as well as to changes in the broader organisational environment. These links are less well-established in the literature. A person's attitudes can influence behaviour, but do not necessarily do so – attitudes and behaviours are related but are not the same thing (Fisher & Purcal, 2017).

More problematically, the 'success' of disability awareness initiatives are generally assessed by whether they increased knowledge and changed attitudes among training participants, not by whether they changed ableist behaviours or improved the experiences of people with disability.

In this sense, disability awareness initiatives only tackle one part of the problem. For example a variety of factors lead to poor experiences for people with disability in education settings: not just poor attitudes among individual teachers and students, but also inaccessible physical environments, inflexible pedagogical norms and a lack of available funding for needed accommodations (Hsien et al., 2009; Burge et al., 2008; Woodcock, 2013).

These issues suggest that education and training should include multi-level interventions that target organisational factors (e.g. workplace culture, policy and practice) and structural factors (e.g. sector policies and standards), to achieve greater and longer lasting impact. As Fisher and Purcal observe, 'multi-level interventions are more likely to be effective because they can address the diversity of disability experience, reinforce positive attitudes and replace negative attitudes through repeated information, emotional engagement and mandated change.' (2017, p. 170–171).

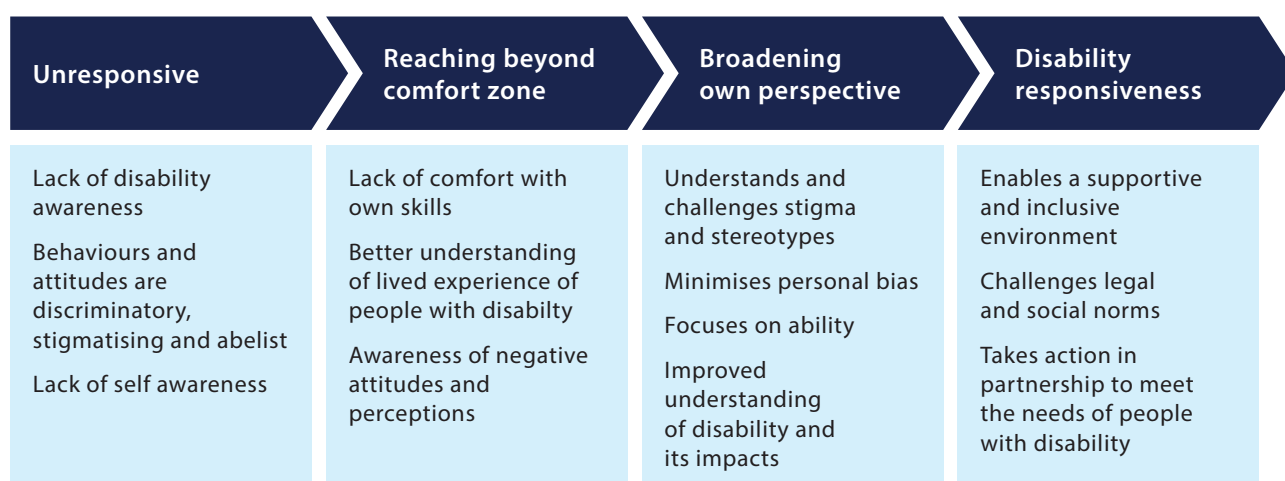| Unresponsive	Reaching beyond comfort zone	Broadening own perspective	Disability responsiveness
Lack of disability awareness Behaviours and attitudes are discriminatory, stigmatising and abelist Lack of self awareness	Lack of comfort with own skills Better understanding of lived experience of people with disabilty Awareness of negative attitudes and perceptions	Understands and challenges stigma and stereotypes Minimises personal bias Focuses on ability Improved understanding of disability and its impacts	Enables a supportive and inclusive environment Challenges legal and social norms Takes action in partnership to meet the needs of people with disability

Figure 3: Individual changes towards disability responsiveness

Figure 4, drawn from Cook et al., (2014), helps to illustrate the relationship between these different systems and how change in one level can influence change in another. For this project, the central or 'intrapersonal' circle could represent the attitudes of individual workers. The second 'interpersonal' circle represents the behaviours and interactions that workers have with people with disability – change in attitudes affects the nature and quality of these interactions. The third or 'structural' circle includes factors such as organisational policies, procedures and practices. These levels interact and reinforce each other: different initiatives to create change can be introduced simultaneously for maximum impact.
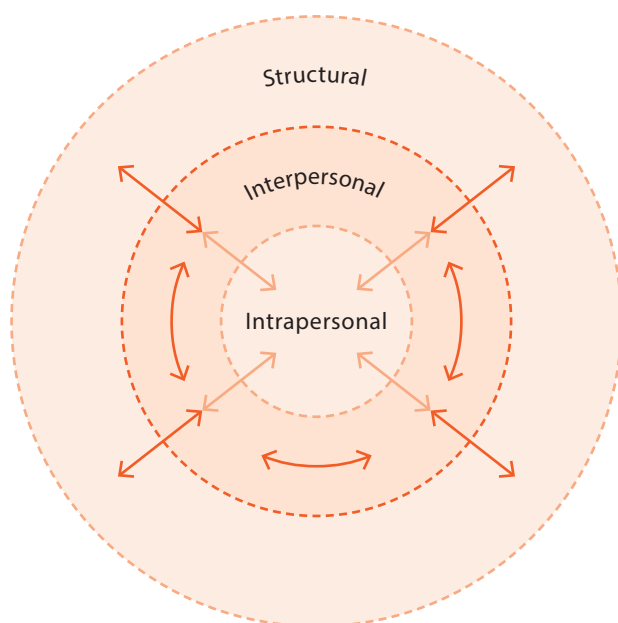
Figure 4: Multi-level interventions for attitudinal change

Role of technology to facilitate disability responsiveness

Technology continues to play a significant role in training and education, as it does in the work of occupations, the lives of people with disability, and their social interactions. There is significant scope for innovative and creative uses of technology to support responsiveness towards people with disability. Examples of relevant technology are translation software, including captions, magnification of text and text to speech tools.

Technology also plays an important part in how people with disability and the wider public discuss, provide feedback, and gain knowledge about what constitutes respectful treatment and appropriate and adequate provision of service. Inclusive and accessible technology also plays a vital role in how people with disability access services, participate in society and in turn, achieve social inclusion (Australian Human Rights Commission, 2018).

- Technology is crucial for some people with disability to access services, participate in society and achieve social inclusion.

- There are real possibilities for innovative leveraging of technology in improving disability responsiveness and training – but only if core inclusiveness and design of technology can be addressed.

- Regulation, standards and designers having disability-specific training can ensure products are fit for purpose.

- Technology can support occupations engaging with people with disability if designed and supported appropriately.

When well designed, understood and supported, technologies can improve the confidence of professionals to respond better and more quickly to the needs and choices of people with disability. However, this is an area where specific practice improvements and initiatives in an Australian context are not obvious – but where future investments and efforts should be encouraged.

When technologies are not inclusively designed, understood and supported, there are missed opportunities for communication, shared meaning and a deeper understanding of the accommodations and practices occupations can make to ensure inclusion and responsivity towards people with disability. These missed opportunities can exacerbate barriers people with disability face, further excluding them from wider society (Manzoor & Vimarlund, 2018).

Poorly designed or considered technologies for people with disability can widen social inequalities, threaten human rights, facilitate state authoritarian practices, and allow appropriation and commercialisation of private data or systems that take human autonomy out of decision making (Fukuda-Parr & Gibbons, 2021). However, there are a range of approaches to addressing these issues across social and technology policy, corporate guidelines, good practice, and design standards. For example, in information and communication technology, there has been a long history of developing and applying local and international standards for accessibility and inclusive design for people with disability. For instance, in relation to computer operating systems and software, web accessibility (e.g. W3C Web Accessibility Initiative guidelines), mobile phones, and emerging technologies including digital platforms. Attention is also increasingly being focused on combining accessible information and communication technology with inclusive design standards and practices in other areas such as architecture (e.g. smart home technology). This work provides insight into how inclusive design can be achieved for people with disability in other areas, such as within manufactured products and software systems for use by people with disability and the occupations that support them.

What are the technologies?

Broadly, technologies have typically been defined within two categories, and both require due attention:

Accessible technologies are any that can be used by people with disability without modifications or accommodations. These include speech recognition and speech-to-text technologies, such as those in mobile phones. Accessible technology is considered an enabling right, similar to the right to education, as accessible technology helps to build skills, capacity and confidence to help people achieve other rights (Australian Human Rights Commission, 2021). For example, the right to make and voice decisions and choices.

Assistive technologies are those designed to support people with a particular disability to perform a task. An example of assistive technology is a screen reader, which can assist a person who is blind, or who has a vision impairment, to read the content of a website (Australian Human Rights Commission, 2021, p. 145; Bridge et al., 2021; Abdi et al., 2021).

However, there is increasing focus on combining accessible and assistive technology so that it is universally inclusive to all people. For example, Zoom meeting software has a range of functions to support people who are deaf or hard of hearing, including captioning and transcription options. In addition to the practicalities of using the platform, Zoom also enables greater workplace flexibility of people with disability (Mellifont, 2022).

There are many well publicised examples and emerging areas where technology is believed to hold promise for improving outcomes and opportunities for people with disability. For example:

- **Improved health outcomes**: ambient assistive living technologies, telehealth, artificial intelligence, and wearable biometric sensors allow people to manage their health at home. Importantly, these technologies allow people to have an enhanced understanding of their own health, and thus they may be empowered in their own self-care (Chambers & Schmid, 2018).

- **Better care and support**: professionals in the disability and aged care sector see great potential for using technology to improve the care and support people receive – even more so following the COVID-19 pandemic (Sorrentino et al., 2022). For example, smart home technologies provide increased opportunity for independent living. By allowing appliances and devices to be controlled remotely from anywhere with an internet connection using a mobile or other network device. Other examples include in camera technology which can be used to monitor people at risk of falls or other behaviour which has the potential to cause harm.

- **Equitable justice***: technology can make court procedures and practices more accessible, which can better accommodate the needs of people with disability (Australian Law Court, 2020). For example, via video conferencing and live transcription software.

Many positive and envisaged uses of technology are limited by a lack of adequate participation and consultation with people with disability. This is an area where more work can be done to improve the responsiveness of occupations towards people with disability.

Barriers to inclusive technology

The more reliant society becomes on technology to undertake fundamental aspects of living, the more important it is that people with disability are actively considered and engaged in its design and accessibility (Manzoor & Vimarlund, 2018). Many technology issues are outside of the scope of this project and require further exploration to ensure people with disability realise their full benefit. These issues and considerations include:

Availability and cost: Inclusive, accessible technology can be hard to find and expensive, especially for people with disability who are often on low incomes. Globally, it is estimated that only 10 per cent of people requiring assistive technologies can access them (Abdi et al., 2021). Research, policy, and advocacy by a range of Australian disability, consumer, and service organisations and researchers over the past 20 years has highlighted the essential shortfall in resources, funding, availability and access to technology.

Policy and legislation: Currently, requirement for technologies to be available, let alone be implemented to follow inclusive design principles, even within government services like health and social services. Some tech developers have voluntarily made good progress, such as Apple in 2021 which launched a range of new accessible technologies integrated into their products and software (i.e. AssistiveTouch in their Apple watches, eye-tracking support on iPads, image voice over using AI and enabling integration of iPhones with hearing aids. However, there is

no requirement for technology to be designed inclusively, with human rights in mind. For example, while video conferencing technology has now become standard or commonplace for sectors such as health, for telehealth services, there is no requirement for individual software packages to have live captioning support integrated for people who are deaf or hard of hearing.

Privacy: Privacy is a central concern in technology, especially in the areas of data privacy and surveillance. People with disability and other groups on the 'margins' of technology policy and design have not been well considered in privacy discussions of safeguards and digital literacy. Cyber and other technological data breaches or misuse create significant risk for marginalised groups such as people with disability, who may not be as aware of their inherent risks.

Development costs: Technologies, especially assistive technologies, tailored to the needs of end users can be expensive and difficult to develop (Ramirez-Montoya et al., 2021).

A separate paper, developed to inform this project, provides further details on the barriers and opportunities, including case studies, for technologies as a tool for responsiveness towards people with disability across the education, healthcare, justice and social service sectors. This should guide future work in this space. This is available on the ACOLA website at www.acola.org.au.

Training and support for professionals

A key reason for the limited access and use of both assistive and accessible technology is the lack of occupations with understanding and training in their use, and the fragmentation of their application in service delivery (Abdi et al., 2021). Large-scale implementation of assistive technology is generally slow and narrow in scope, often caused by a lack of knowledge about solutions, lack of staff competence in its use and resistance to change.

According to the Australian Healthcare Association (2020), general practitioners and other healthcare professionals often have limited knowledge about assistive technologies, including the products, services, and programs, and how they can be accessed. This is compounded by many healthcare workers only seeing a few individuals requiring assistive technology each year, and as such they can find it challenging to keep up to date with technological developments.

A lack of organisational support and leadership in adopting new technologies within organisations can make ongoing use of technologies less successful (Zander et al., 2021). This includes an unwillingness to change workplace practices to deliver information in a range of formats, such as captioning and audio descriptions, or to use digital platforms. This means that people with disability are left to advocate for that assistance on their own, which can slow or prevent access (Bridge et al., 2021).

Training and support for technology developers

Like trained professionals, technology can include unknown inherent bias in the design and development process. These biases can reflect a lack of inclusive and co-design processes, the judgement of the humans involved and the construction of algorithms (including data collection, images and datasets that may not include people with disability and exclude or misrepresent other racial and gender minorities, affecting understandings of intersectionality) (Crawford et al. 2019, in Fukuda-Parr & Gibbons, 2021). For example, artificial intelligence (AI) and algorithms are only as good as their design, with many examples of facial recognition technologies discriminating against racial minorities (Fukuda-Parr & Gibbons, 2021).

Poor design can have a significant impact on uptake of assistive and accessible technologies (Australian Human Rights Commission, 2021). People provided with technologies that malfunction or that do not meet their needs are less likely to use assistive technologies in the future (Zander et al., 2021). Poor technology design can include the user interface (Australian Human Rights Commission, 2021) or a failure to fit technology into routines and work systems (Zander et al., 2021). Accessible digital technologies often lack important features for people with disability (World Health Organisation, 2015).

Many design problems occur because technology creators aren't necessarily aware of, or trained to, understand the needs of people with disability. In 2021, the Australian Human Rights Commission recommended creation of an expert body to lead the development and delivery of education, training, accreditation and capacity building for accessible technology for people with disability. This body could also advise government and regulatory bodies on standards for including human rights by design and inclusion of people with disability in all technology development. Standards for inclusive and universal design in established technologies are often not enforced. Web accessibility guidelines are an example. Additionally, there is a need to develop guidelines, best practice, and standards for emerging technology. For example, encouraging engineering education and courses to incorporate Human Factors Engineering will increase awareness of the importance of design.

To ensure success, a cultural change is needed in the technology sector to involve users, especially people with disability and professionals, in the creation of technologies (Desmond et al., 2018). Further work is needed to determine the education and courses in science, technology and engineering that require enhancement to ensure new services, products and apps respond to, and support, people with disability.

Development, accreditation and endorsement of tertiary education

The Australian Qualifications Framework (AQF)[6] is an integral part of the Australian education and training system. The AQF ensures that qualifications across the country are regulated, quality assured and nationally consistent. The AQF defines the essential characteristics, including the required learning outcomes, of the 14 different types of qualifications issued across the senior secondary education, vocational education and training (VET) and higher education systems. The AQF provides for multidirectional pathways between qualifications (see Figure 5). These pathways operate within and between the VET and higher education sectors.

A review of the AQF in 2019[7], found that the AQF requires updating to meet the needs of industry and changing patterns of learning. The review provided 21 recommendations to improve the clarity of the AQF, support flexible pathways between the higher education and VET sector, and better service student and employer needs.

Who accredits and endorses AQF qualifications?

AQF qualifications are managed, accredited, endorsed and delivered by a range of bodies, generally reflecting that AQF 1–6 is delivered in VET settings and AQF 7–10 in higher education. It is noted that some qualifications are increasingly being provided in both settings, especially diplomas, advanced diplomas, graduate certificates and graduate diplomas. Many universities are approved as self-accrediting providers for AQF qualifications.

In higher education, the Tertiary Education Quality Standards Agency (TEQSA) is the national accrediting body which:

- registers higher education providers, including universities
- accredits qualifications developed by non-self-accrediting providers
- authorises universities and other higher education providers to self-accredit their qualifications.

AQF levels (10–1)

Level 10	Doctoral Degree
Level 9	Masters Degree
Level 8	Bachelor Honours Degree / Graduate Diploma / Graduate Certificate
Level 7	Bachelor Degree
Level 6	Advanced Diploma / Associate Degree
Level 5	Diploma
Level 4	Certificate IV
Level 3	Certificate III
Level 2	Certificate II
Level 1	Certificate I

Higher education
- Doctoral Degree
- Masters Degree
- Graduate Diploma
- Graduate Certificate
- Bachelor Degree
- Associate Degree
- Advanced Diploma
- Diploma

Vocational education
- Graduate Diploma
- Graduate Certificate
- Advanced Diploma
- Diploma
- Certificate IV
- Certificate III
- Certificate II
- Certificate I

School
- Senior Secondary Certificate of Education

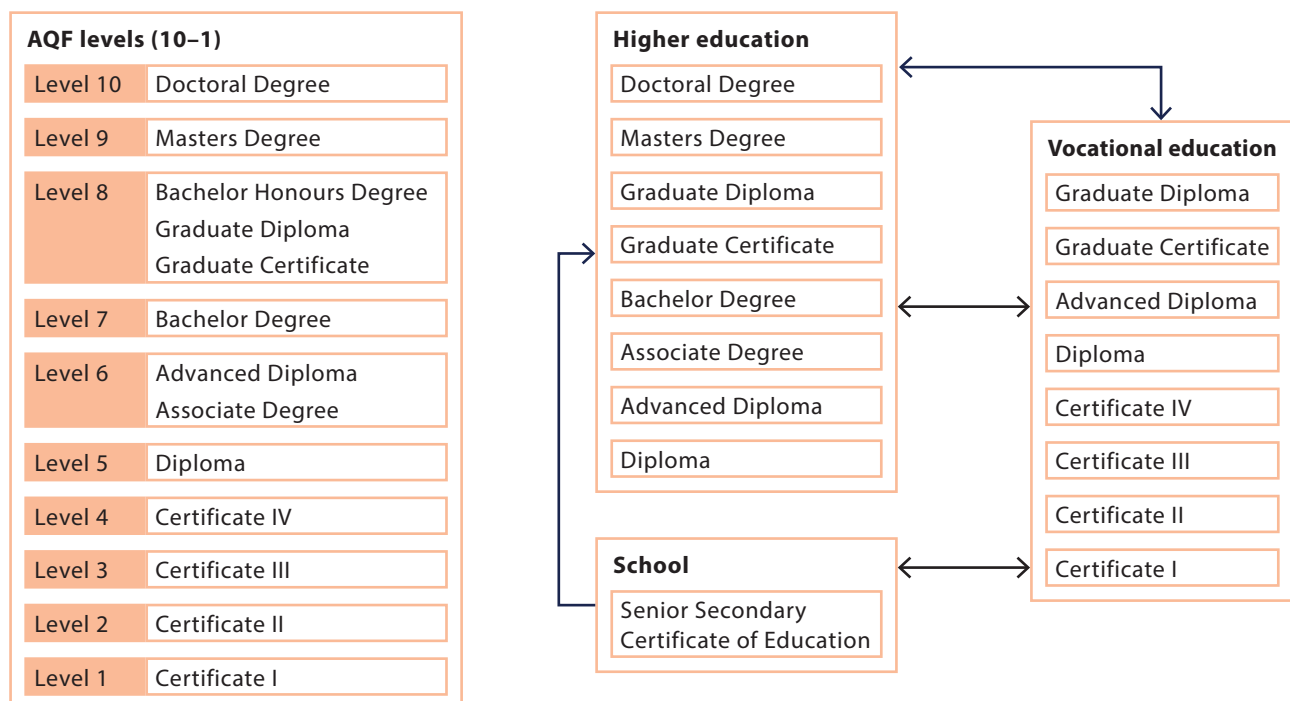**Figure 5: The Australian Qualifications Framework**

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6 Reference AQF – Review of the Australian Qualifications Framework Final Report 2019 – Department of Education, Skills and Employment, Australian Government (dese.gov.au)

7 Reference AQF – Review of the Australian Qualifications Framework Final Report 2019 – Department of Education, Skills and Employment, Australian Government (dese.gov.au)

TEQSA maintains the National Register of Higher Education Providers, which lists all providers, including authorised self-accrediting higher education providers, and the qualifications they are authorised to issue. Self-accrediting higher education providers, such as all 42 Australian universities, are authorised by TEQSA to accredit their own AQF qualifications.

In the VET sector, training packages specify the knowledge and skills required to perform in the workplace and are comprised of units of competency, qualifications, skills sets and credit arrangements. They are developed by Industry Reference Committees and Skills Service Organisations (which will be absorbed by the establishment of Industry Clusters in 2023) and endorsed by Commonwealth and State and Territory Skills Ministers.

In addition, nationally recognised training can be accredited through one of the three VET regulators. These are the:

- **Australian Skills Quality Authority (ASQA)**, which accredits courses, registers providers operating in more than one state and/or delivering to international students, and regulates these providers against the relevant legislation, including the *Standards for Registered Training Organisations (RTOs) 2015*.

- **Training Accreditation Council Western Australia (TAC)**, which accredits courses, registers providers operating solely in Western Australia issuing qualifications only to students within Western Australia, and regulates these providers against the relevant legislation.

- **Victorian Registration and Qualifications Authority (VRQA)**, which accredits courses, registers providers operating solely in Victoria issuing qualifications only to students within Victoria, and regulates these providers against the relevant legislation.

Accredited courses are developed to fill skills and knowledge gaps that are not covered in training packages. Decisions regarding the approval of accredited courses are determined by the requirements within the *Standards for Accredited Courses 2021* (applied by ASQA) or the *AQTF 2021 Standards for Accredited Courses* (applied by the VRQA and TAC). Accredited courses approved by ASQA, TAC and VRQA are accredited for up to 5 years.

The endorsement of training packages by Skills Ministers only occurs after extensive consultation with industry and government stakeholders. Training packages are developed in accordance with the Training Package Organising Framework, which includes the *Standards for Training Packages*, the *Training Package Products Policy* and the *Training Package Products Development and Endorsement Process Policy.*

Regardless of how nationally recognised training is developed, qualifications within licensed professions are required to meet occupational licensing and regulatory requirements. It should be noted that nationally, the VET sector is undergoing a period of reform, which includes strengthening the role of industry through the establishment of Industry Clusters, improving the way qualifications are designed, and supporting high quality VET delivery.

Higher education accreditation authorities, including self-accrediting higher education providers, use a range of information to reach their decisions, including information submitted by the provider with their application. When courses are accredited, they have an approval period of up to seven years.

Self-accrediting higher education providers

Higher education providers, including universities, can be approved as self-accrediting authorities. Curriculum approval and self-accreditation follow a robust process designed to meet institutional quality assurance requirements as expressed in the Higher Education Standards Framework (2015). All academic courses are accredited and reviewed in line with:

- TEQSA and Australian Quality Framework requirements

- the university's quality management activities, including, but not limited to:

  - annual course review (course performance reporting) which is used to inform annual quality and improvement activities

  - internal comprehensive review at least once every seven years of reviews course quality, 'fit' and contribution to the university.

In considering curriculum and courses, universities generally assess:

- alignment with a university's strategic intent
- opportunities and risks
- resourcing and capability
- good practice curriculum design
- learning and teaching
- evidence-informed monitoring and review.

Approvals and re-approvals are also guided by:

- legislation, rules, policies and principles relevant to design, delivery, management and quality assurance
- sustainability of course structures
- alignment of subject learning outcomes and assessment with course learning outcomes
- equity and diversity, flexibility of delivery, and entry and exit pathways
- scholarship and industry requirements
- cyclical course reviews and external benchmarking.

Where applicable, curriculum approvals are guided by standards and requirements set by professional bodies. Professional accreditation allows graduates to be eligible for professional body membership, which is often required for employment in an industry, such as nursing, social work and law. This process can be both voluntary (undertaken at the discretion of the university but not a pre-requisite for graduates to practice in a specific profession) and mandatory (accreditation that is a pre-requisite for graduates to be registered or licensed to practice in a regulated profession).

The exact procedure for obtaining and retaining professional accreditation may differ between institutions and professional bodies but can involve annual reports and action plans. Regardless, professional bodies play a crucial role in influencing the design and review of courses of study.

There are opportunities to enhance tertiary education to improve disability responsiveness through influencing the considerations of accrediting authorities in approving and reapproving the design of courses, and through working with professional bodies to raise competency capability standards and expectations.

Conclusion

This report has, for the first time, explored the collective barriers and enablers to disability responsiveness within Australia's education, justice, health and social service sectors. In doing so, conclusions about the action that needs to be taken to improve disability responsiveness across these sectors was identified, including the need for better guidance on the content and structure of courses. It has also shown that more guidance is needed for course convenors and accreditors about how the adequacy of training should be determined, to ensure it aligns with contemporary research about what constitutes better practice for working with people with disability.

Beyond training, this report has highlighted the important role that enabling environments play in realising responsive cultures towards people with disability. Such environments include those which empower people with disability with choice and control, and in doing create inclusivity from which responsive, meaningful relationships between occupations and people with disability can unfold. Resources such as assistive technology play a hand in enabling environments and contribute to environments where people are more likely to feel seen, heard and responded to. However, there is a tension between the technology that is available and the practices which need to be realised to ensure disability responsiveness and inclusivity. Technology has to 'catch up' and reflect contemporary needs of people with disability within a variety of complex environments. Occupations need to understand and respond to enabling technology in positive and meaningful ways. Despite these challenges, this report shows that much can be done to improve disability responsiveness across sectors and thus, improve the quality of life experienced by people with disability. However, for it to be realised, stakeholders must commit to the plans and principles defined within it.

Part C

Case study occupations: insights into their training and professional development

All occupations engage with people with disability. However, some do so more frequently or have a stronger impact on their quality of life. This project explored a selection of case study occupations. These occupations frequently engage with people with disability (see Table 2). They provide essential services in our schools, protect our citizens, enforce our laws and support our physical health and wellbeing.

- Work is occurring to incorporate disability responsiveness and inclusion in education, courses and training programs, particularly in the health sector.

- However, the need to improve disability responsiveness and inclusion training to ensure it is a 'whole of degree' touchstone continues.

- Standardisation of disability training could help provide consistency across education, courses and training providers.

- Training of administrative and support staff, who often learn on the job when engaging with people with disability, is needed.

Table 2: Case study occupations explored in this report

Sector	Occupation
Education	• Teachers and principals • Teacher aides • Early childhood education and care workers
Healthcare	• Nurses • Physiotherapists • General practitioners
Justice	• Police officers • Correctional officers • Solicitors
Social services	• Social workers (including child protection officers) • Community sector workers

This chapter examines the way in which workers in case study occupations are trained initially and any professional development they receive on disability. The project also explored the adequacy of training provided to case study occupations by:

- comparing the training they receive against what is defined as good practice within academic and empirical research

- assessing the degree to which information about disability is embedded throughout training

- examining the mandatory nature of the training

- studying the quantity of initial and ongoing training.

What education and training is in scope?

The project interprets training and education broadly and includes qualifications provided by VET institutes, universities, and activities described as 'professional development'. It encompasses a variety of activities that may be formal or ad hoc and a variety of delivery formats. There is a distinction between mandatory or core education and training (compulsory professional development; mandatory units within a university degree) and optional or elective education and training (including post graduate professional development courses).

Formal education and training activities vary by:

1. Qualification type (formal qualification, professional development)

2. Provider (universities, vocational education and training institutions, professional associations and bodies, governments, disability services, private businesses and consultancies)

3. Content and depth (level of assumed knowledge and expertise, degree of specificity, model of disability used)

4. Mode (face to face, online, hybrid)

5. Degree of supervision (self-paced; facilitated by a trainer or instructor)

6. Degree of interactivity and intensity (information-only websites, guides and manuals, role plays and simulations, on the job observation, internships or professional placements, reflective practice)

7. Assessment type (non-assessed, graded, 'hurdle' assessment, competency-based assessment)

Table 3 provides an overview of the typical level of education and training case study occupations receive.

Table 3: Level of education and training across case study occupations

Level of education/ training	Case study occupations
University	Solicitors, teachers and principals, social workers, general practitioners, nurses, physiotherapists
VET	Police officers, correctional officers, teacher aides, early childhood education and care workers, community sector workers, administrative staff
Organisational	Support and administrative staff

Solicitors, general practitioners, nurses, teachers, police officers, and physiotherapists require ongoing professional development training. This training is mostly self-directed. The role of professional development will be especially critical for professionals who are trained overseas or completed their initial training prior to recent disability reforms to ensure they gain current and contextual insights and skills.

In researching the education and training case study occupations receive, three areas have been particularly important to explore:

1. The degree of **integration** of the disability inclusion program/intervention. This includes the extent to which it is positioned as a core rather than periphery or elective component of the curriculum or staff development strategy, and the extent to which it is connected to other education and training opportunities focused on facilitating the inclusion of, and responsiveness to, people with disability.

2. The degree to which **people with disability are engaged** in the development of training as co-designers and co-facilitators

3. The extent to which issues of **intersectionality** are identified and addressed, including whether or not people with disability are treated as a homogenous group, or if distinct experiences and forms of marginalisation experienced by different groups within the disability community are accounted for.

Importantly, this project explored occupation- and workforce-specific education and training. It did not explore courses and education programs available broadly. Disability advocacy organisations such as People with Disability Australia, National Ethnic Disability Alliance and Scope Australia provide a range of valuable and impactful training programs. However, these are not AQF accredited.

Key findings from case study occupations

Education and training sectors widely acknowledged the importance of disability responsiveness. However, desktop research and analysis across the case study occupations shows a lack of training about disability within some VET and university education and courses. Where disability training is incorporated into, such as the health sector, it is often not standardised, which can result in inconsistency across training providers. Additionally, the training is often a short component, and is not presented or co-designed by people with disability who have lived experience within the relevant sectors. Education and courses predominantly fail to provide a distinct disability 'lens' or a 'whole of degree touchstone' around disability.

In the sectors analysed in this report, there are often administrative and support staff who engage with people with disability. There is a need to consider the support and training these staff receive to support their organisations and culture change. Administration staff are often the first point of interaction and are therefore likely to frequently engage with people with disability. However, these staff often receive no formal training about disability. Rather, they receive informal training and experience on the job through their engagement with people with disability.

The following sections present an analysis of the education and training received by case study occupations working in the education, healthcare, justice and social services sectors.

Education sector

Occupations operating in Australia's education sector play an important role in supporting children and young people with disability. Approximately 357,000 or 7.7 per cent of children aged 0 to 14 have some form of disability. These statistics suggest frequent interaction between students with disability and case study occupations operating in the education sector including early childhood education and care workers, teacher aides, teachers and principals. With the right training and support, case study occupations can provide high quality education that includes children and young people with disability and helps fulfil their full learning potential. Furthermore, when inclusive high-quality education is achieved for children and young people with disability, they develop a sense of community and belonging. The social, behavioural and physical development of children and young people who do not have a disability may also increase. However, the training case study occupations operating within the education sector receive about disability varies. Some content is rich in conceptual and practical detail, while some only broadly covers issues relating to inclusion and diversity.

Table 4 explores some of the strengths and weaknesses associated with the training about disability received by case study occupations in the education sector.

Strengths in the training case study occupations in the education sector include a focus on inclusion and diversity, which often includes information about recognising and responding to the needs of children and young people with disability. However, the extent to which disability is explored differs between education and training courses, with some offering a deep exploration of how to identify and respond to the needs of children and young people with disability, and others only covering disability in a broad way.

Weaknesses in the training received pertain to education and courses that are more general in nature, and are therefore unlikely to help identify and respond to the needs of children and young people with disability. Furthermore, some education and training do not appear to provide adequate experience of learning from people with disability who have lived experience within the education sector.

Table 4: Strengths and weaknesses in the training on disability received by the education sector

Strengths	Weaknesses
Early childhood education and care workers	
• Inclusion and diversity generally explored as a subject in early childhood education and care courses, which may include some information about being responsive to the needs of children and young people with disability. • Some courses offer placement within learning environments that may support interaction with children and young people with disability.	• Disability is often covered broadly in the context of inclusion and diversity, which may mean that more specific information about the characteristics of disability, in particular, less visible disabilities (e.g. autism, intellectual disability, psychiatric disability) are missed. • Training often not presented by, or with, people with disability with lived experience within the education sector. • Information about recognising and responding to violence, abuse, neglect and exploitation of children and young people with disability not usually explored. • Information about trauma-informed approaches for children and young people with disability is rarely covered. • Information about positive behaviour support practices for supporting children and young people with disability is often not explored.
Teacher aides	
• Education and training courses often include information about working with students with disabilities, usually in the context of diversity and inclusion	• Disability is often covered broadly in the context of inclusion and diversity, which may mean that more specific information about the characteristics of disability, in particular, less visible disabilities (e.g. autism, intellectual disability, psychiatric disability) are missed. • Training often not presented by, or with, people with disability with lived experience within the education sector. • Information about recognising and responding to violence, abuse, neglect and exploitation of people with disability (specifically) is rarely explored. • Information about trauma-informed for people with disability is rarely covered. • Information about positive behaviour support practices for supporting children and young people with disability often not explored.
Teachers and Principals	
• Disability explored to varying degree within different Bachelors of Education. Some education have dedicated subjects focused on identifying and responding to the needs of students with disability, others explore disability in the context of inclusion and diversity. • Some education and courses offer placement in environments where students have opportunity to work with children and young people with disability.	• Training not always presented by, or with, people with disability with lived experience within the education sector. • Information about recognising and responding to violence, abuse, neglect and exploitation of children and young people with disability (specifically) is not always explored. • Information about trauma-informed approaches for children and young people with disability is not always addressed. • Some training does not cover information about the characteristics of disability, in particular, less visible disabilities (e.g. autism, intellectual disability, psychiatric disability) in detail. • Information about active support, supported decision-making and positive behaviour support is not always explored.

Healthcare sector

The project identified several case study occupations in the health sector that engage regularly with people with disability. These occupations included nurses, physiotherapists and general practitioners (GPs).

Physiotherapists in primary care settings commonly encounter people with disability, particularly people with physical disability who have varying support needs. In Australia, physiotherapy training is regulated and physiotherapists require accreditation to practice. They are typically required to complete a four-year university degree, with variable content about disability usually included. The continued professional development (CPD) training includes disability content. However, it is not mandatory for physiotherapists to complete CPD on disability-related subjects. CPD training tends to focus on treating a specific disability such as cerebral palsy, rather than on better responsiveness towards people with disability.

Registered nurses must complete a bachelor level education at a higher education institution, typically a three-year Bachelor of Nursing. Content about disability is typically a foundational principle of the training, however this varies from course to course. Nurses also typically receive extensive 'on the job' training via placement in a variety of settings, including hospitals.

GPs regularly interact with people with disability. GP training is regulated. Similarly to physiotherapists, disability content within course curricula varies. Further, the level of content that relates to engaging with people with disability is inconsistent across medical degrees. Doctors typically undertake under 3 hours of training about people with intellectual disability during their medical degree.

Table 5 explores some of the strengths and weaknesses associated with the training on disability received by case study occupations in the healthcare sector.

Strengths in the training case study occupations in the healthcare sector include that disability appears to be covered in some of the training and course content, albeit to varying extents. Training may need to be expanded to ensure that the characteristics and needs of people with disability are more comprehensively explored. In particular, more information about invisible and less visible disabilities, including autism, intellectual disability and psychosocial disabilities, could help healthcare professionals. Other gaps identified include training not being co-designed and delivered by people with disability with lived experience of the healthcare sector, and a lack of information about intersectional and trauma-informed approaches.

However, systemic issues remain. Outmoded educational practices, entrenched workplace training hierarchies and unrealistic workloads all mitigate against doctors having sufficient time to display apparent empathy to clients. Bravery (2022) observed that 'Good teaching + good training + ample time = good doctor'.

To progress their careers into specialty areas, newly graduated doctors are often caught between the hospital that employs them and the training colleges that control their careers (Bravery, 2022).

The Medical Training Survey reveals that doctors in training report serious cultural problems, including bullying, harassment, racism and discrimination (Liotta, 2022). Many other surveys across medicine and the wider healthcare sector reveal similar problems.

Nurses tend to be trained using a more holistic approach to people, yet the focus and content on people with disability varies across institutions and employers. Many nursing positions are now being filled with overseas-trained nurses who have experienced highly variable educational and cultural approaches to disability.

These education and training deficits coupled with high workloads can make it harder for healthcare workers to display apparent empathy. Well-founded disability responsiveness education and training will benefit both the healthcare profession and society.

Table 5: Strengths and weaknesses in the training on disability received by the healthcare sector

Strengths	Weaknesses
Nurses	
• General content about disability usually covered within Bachelor of Nursing degrees. • Content associated with better responsiveness towards people with disability often explored, including person-centredness and human-rights-based approaches. • Extensive 'on the job' training which may result in interaction with people with disability. • Post graduate nurses gain experientially and through CPD.	• Online information suggests content on intersectionality and disability is limited. • In many cases, training does not appear to be co-designed with people with disability with lived experience of the healthcare sector. • Information about supporting people with less visible forms of disability such as intellectual, psychosocial and sensory disability often not explored. • Subjects known to be associated with better practice when supporting people with disability are rarely covered, including alternative forms of communication.
Physiotherapists	
• Disability related training content and continuing professional development (CPD) training about disability is common. • Information is provided on disability associated with neuromusculoskeletal conditions. • There are resources available to physiotherapists working with people with disability, including from the Australian Physiotherapy Association's Disability Group.	• The nature, implementation and standardisation of training within undergraduate and postgraduate courses and across training providers are not clear. • Training aimed at preparing physiotherapists to engage with people with disability is conducted primarily through CPD. However, CPD about disability is not compulsory. • Course descriptions online indicate that CPD training often focuses on a specific disability such as cerebral palsy. • Information does not indicate whether disability training for physiotherapists, at any level, is co-designed with people with disability. • Online information suggests content on intersectionality and disability is limited.
GPs	
• Undergraduate medical training contains little disability-related training. • GPs are well trained to manage a range of health conditions, including those associated with disability. • The Royal Australian College of General Practitioners embeds disability-related content in all its training units and is developing a unit about engaging with people with disability. • There are local examples of CPD that focuses on the needs of people with disability, such as the Sydney Local Health District, which has established a multidisciplinary team, 'The Specialist Team for Intellectual Disability', to better address the healthcare needs of people with intellectual disability. The team offers training to GP clinic staff on engaging with people with intellectual disability and works directly with clients to develop health care plans, with recommendations for care.	• There are no national guidelines or good practice models for the delivery of primary health care for people with disability.[1] • Specific training on interacting with people with disability is not standardised, making it potentially inconsistent across training providers. • While disability responsiveness is acknowledged as important, finding the space and time to provide in-depth training can be challenging for providers. • Information in the public domain does not indicate whether disability training for GPs, at any level, is co-designed with people with disability. • Content on intersectionality and disability is limited. • Disability-specific CPD is not compulsory. • Training providers acknowledge a need for more training content on intellectual disability.

Justice sector

People with disability are overrepresented within Australia's justice system as victims, witnesses or alleged perpetrators of crime. For example:

- people with disability represent 29 per cent of Australia's prison population, despite making up only 18 per cent of the general population

- 95 per cent of Aboriginal and Torres Strait Islander people in prison have some form of intellectual disability or cognitive impairment

- 1.1 million adults with disability have been the victims of abuse before the age of 15 and 2.7 million adults with disability have been victims of violence after the age of 15 (Tan et al., 2019; Australian Institute of Health and Welfare, 2022).

Several case study occupations within the justice sector are likely to interact frequently with people with disability, often in complex and challenging situations. These occupations include police officers, solicitors, barristers and correctional officers. The frequency with which justice sector occupations engage with people with disability can be estimated based on the proportion of people with disability in the prison system. As police officers, solicitors and correctional officers all play a role in a person's engagement with the justice system, albeit at different ends of the spectrum, these statistics suggest that they frequently intersect with people with disability, particularly people with an intellectual disability.

It is these frequent intersections which illustrate the importance of training about disability for case study occupations in the justice sector. However, the training these occupations receive about disability varies and is often delivered in the context of diversity and inclusion, rather than as a specialisation. The initial training police officers receive entails an academic study of law and policy including that which relates to inclusion and diversity. For example, Queensland Police Service provides recruits with a dedicated online training module 'Vulnerable Persons' that focuses on dealing with victims of crime who may be vulnerable (including having a disability).

It also provides flexible learning products related to disability awareness. These are available to serving police officers as elective, self-paced learning to be completed as part of annual training. Standardisation of disability-related training for police has yet to be achieved across jurisdictions.

Corrections officers undertake training in diversity as part of a certificate level training program they are required to complete, and solicitors typically explore disability in the context of constitutional law during their bachelor degree. Constitutional law deals with rights granted under state and federal legislation, including the Disability Discrimination Act (1992).

While the training that these case study occupations receive generally does not explore disability as a specialisation, they do cover a variety of issues which are likely to support sound interactions with people with disability. While there can be some variation in the training and courses delivered across jurisdictions for police and correctional officers, there are gaps in the training received that, if addressed, could support them to be more responsive to the needs of people with disability. Table 6 explores the strengths and weaknesses in the training on disability received by case study occupations in the justice sector.

Strengths in the training case study occupations in the justice sector receive include a focus on diversity and the laws that underpin the human rights of all people, including those with disability. However, disability does not appear to be explored as a specialisation in its own right, and therefore issues specific to identifying and being responsive to the specific needs of people with disability may be absent. However, people with disability do have specific needs and characteristics that should be considered in the context of Australia's criminal justice system, to ensure that they are not mistreated or victimised. In order to ensure appropriate responses to the needs of people with disability, training should be co-designed and delivered by people with disability, preferably with lived experience of Australia's criminal justice system.

Table 6: Strengths and weaknesses in the training on disability received by the justice sector

Strengths	Weaknesses
Police Officers	
• Training addresses negotiation and people management skills, which may support positive interactions with people with disability. This includes diversity training, being aware of one's own biases, responding to unique situations and strategies for de-escalating conflict.	• Training does not specifically address less visible disabilities such as intellectual disability and autism. • Training is generally not presented by, or with, people with disability who have lived experience within the justice system. • Training does not specifically address the way in which different disabilities characteristically present. • Information about recognising and responding to violence, abuse, neglect and exploitation of people with disability is not explored. • Information about trauma-informed approaches in the context of people with disability is not covered.
Solicitors and barristers	
• Laws that may affect people with disability are covered broadly, including discrimination laws. • Some content specific to human rights is covered broadly, which may benefit people with disability.	• Training does not address disability specifically, including less visible disabilities such as intellectual disability and autism. • Training is not presented by, or with, people with disability with lived experience within the justice sector. • There is no information about the social, cultural and economic factors affecting people with disability. • Information about how to support people with disability through the criminal justice sector is not explored, including how to reduce the likelihood of acquiescence.
Correctional officers	
• There is training in emergency first aid and workplace safety procedures, which may broadly protect people with disability in some high-risk situations and environments. • Diversity training may provide a basic understanding of inclusion and human-rights-based approaches.	• Training does not address disability specifically, including less visible disabilities such as intellectual disability and autism. • Training not presented by, or with, people with disability with lived experience within the justice sector. • Information about the social, cultural and economic factors impacting people with disability is not included. • Information about recognising and responding to violence, abuse, neglect and exploitation of people with disability is not included. • Information about trauma-informed approaches in the context of people with disability is not covered.

Social services sector

Many people with disability will intersect with the social services sector. Social and economic disadvantage commonly experienced by people with disability often results in the need for assistance to maintain health, wellbeing and safety. Case study occupations in the social services sector include social workers and family and domestic violence workers. Social workers engage with people with disability in myriad ways, including as advocates, researchers and more recently under the National Disability Insurance Scheme, as local area coordinators, planners and service coordinators (Australian Association of Social Workers, 2016).

As child protection officers, social workers engage with children with disability, with over 6,400, or 15 per cent of children in out-of-home care, identifying as a person with disability. Family and domestic violence workers support people affected by violence. Social workers usually complete a bachelor degree in social work and domestic and family violence workers can usually practice after completing bachelor level qualifications in social work, human services or social sciences. However, some organisations may allow domestic and family violence workers to practice with 'similar' qualifications and experience.

Table 7 explores some of the strengths and weaknesses associated with the training on disability received by case study occupations in the social services sector.

Strengths in the training in the social services sector include a focus on human rights and trauma-informed approaches, both of which have been associated with better outcomes for people with disability.

However, disability is rarely covered as a specialisation in social services sector training.

Consequently, many topics associated with better responsiveness towards people with disability may be being missed. For example, the characteristics and needs of people with less visible disabilities and recognising and responding to violence, abuse, neglect and exploitation in the context of people with disability are not typically explored in the training received by social workers and domestic and family violence workers. Yet, both of these topics are pivotal in ensuring that the rights and needs of people with disability are met.

Table 7: Strengths and weaknesses in the training on disability received by the social services sector

Strengths	Weaknesses
Social workers	
• Social work degrees cover some topics associated with good practice when supporting people with disability, such as trauma-informed care and human rights-based approaches	• Social work degrees do not usually specifically address or explore disability, including the less visible forms of disability such as intellectual, psychosocial and sensory disability. • Information about recognising and responding to violence, abuse, neglect and exploitation of people with disability is not included. • There is little specific content on understanding the social, cultural and economic factors affecting people with disability. • While trauma and human rights are explored in most social work degrees, the topics are not addressed in the context of disability. • Approaches associated with better practice when supporting people with disability are rarely covered, including acquiescence and alternative forms of communication.
Family and Domestic Violence Workers	
• Some topics associated with good practice when working with people with disability are usually explored, such as inclusion, inequality and trauma.	• Disability not usually addressed, including the less visible forms of disability such as intellectual, psychosocial and sensory disability. • Information about the social, cultural and economic factors impacting people with disability is not usually included. • Information about recognising and responding to violence, abuse, neglect and exploitation of people with disability is not included. • There is little specific content within training and courses about understanding the social, cultural and economic factors affecting people with disability. • Whilst trauma is often explored, it is not specifically addressed in the context of people with disability. • Approaches associated with better practice when supporting people with disability are rarely covered, including acquiescence and alternative forms of communication.

Insights from the creative sector

As well as the focus sectors, and the case study occupations, there is value in looking at other sectors such the creative sector that are widely considered as more responsive and inclusive of people with disability. In addition to valuing Australians with disability as a visible part of the creative sector's future, by focusing on value, visibility and self-determination, most organisations in the creative sector are providing or actively pursuing policy, protocol and training (formal or informal) to enhance the inclusion of people with disability as both participants/artists and their audience. Currently, over 40 per cent of organisations have a disability action plan (Arts Access Australia, 2020), which are developed with and by people with disability.

The success of the sector's current activities is evident by people with disability engaging in the cultural sector more than those without disabilities, with 70 per cent attending events or exhibitions, 61 per cent taking part in community programs, 24 per cent volunteering in some form.

Work by the Australian Academy of Humanities, by Professor Bree Hadley, for this project identified five factors that has led to improved disability responsiveness within the arts sector:

1. adopting an evidence-based approach

2. valuing Australians with disability

3. adopting a 'disability-led' approach

4. developing policy, protocol and training approaches, and

5. having self- and social-entrepreneurship work models.

The best organisations offer disability confidence or inclusion training, which organisations like Accessible Arts now call ally training (Accessible Arts, 2022; Hadley, 2019). Such training assists allies through a self-reflexive process to see an unfair situation, the systematic nature of that unfairness as a socially reproduced pattern of relationships, and how to work in safe, respectful, trusting partnerships with artists with disabilities to change the system that reproduces negative relationships and stereotypes (Hadley, 2020; Broido, 2000; Evans et al., 2005). These are usually co-designed and co-delivered with people with disability.

Ally training moves beyond logistical access focused on infrastructure for people with disability (such as ramps, captions and hearing loops), to supporting artists with disability to lead conversations about ideological access, focused on language, discourse and representation.

This reinforces the value of disability education co-designed training with, and preferably delivered by, people with disability alongside other enabling activities like disability action plans, leadership within organisations and a focus on actively consulting people with disability as workers, clients and customers on their wants, desires and needs.

Further details on the creative sector can be found at Appendix 6.

Summary

Analysis of the training received by case study occupations identifies some good practice supporting responsiveness to the needs of people with disability. However, the analysis also highlights the need for improvements, particularly including people with disability in the co-design and facilitation of training about how to respond to their needs.

This project also shows that disability responsiveness training for some occupations is often undertaken at the discretion of individual practitioners, employers and organisations, based on their perceptions of need. Compounding this for most occupations, with the exception of the education and early learning sector, is that understanding and responding to the needs of people with disability is not a regulatory requirement. Consequently, case study occupations lack universal definitions about what constitutes 'good' practice within their sectors and receive little guidance about its application.

While it is clear there are gaps and limitations to training in many professions, careful consideration is needed on how best to address this due to existing complex training requirements, difficulty in attracting students, and high-levels of burnout, especially in the healthcare and education professions as a result of the COVID pandemic. These pressures are also likely affecting the capacity of individual workers to respond appropriately to people with disability.

As a result, while individual workers and sectors can improve disability responsiveness, this needs to occur alongside wider discussions on the education, health, justice and social services sectors. This will require national conversations and commitment, and potentially resourcing that are outside the scope of this project.

Part D

Good Practice Guide and Action Plan for achieving disability responsiveness

This chapter provides a Good Practice Guide and Action Plan that sets out an approach that, if implemented, will see all occupations becoming more responsive to the needs of people with disability. In achieving this plan, the education and training sector will play a key role, both in leading the conversation about how change could be realised, and preparing current and future workers. The recommendations are relevant for all service sectors, including NDIS providers and trainers.

This project identified many examples of better practice towards disability responsiveness being undertaken by universities, VET and professional bodies. However, improvement is needed in the way in which a range of occupations understand and respond to the needs of people with disability. Consequently, this project presents an opportunity to learn from identified better practice approaches, especially across Australia's education, healthcare, justice and social services sectors.

Results from the consultation on this chapter with people with disability conducted by The Social Deck, note that respondents are positive about the importance of ACOLA's identified action areas, the actions themselves and the likelihood that the actions will lead to desired outcomes.

Setting the context

All people have a right to fair and equitable access to services including education, healthcare, justice and social services. While many people with disability successfully navigate these service areas, others experience exclusion, discrimination and marginalisation. Not being able to access services in a timely and responsive fashion can lead to poorer quality of life and wellbeing, and increased need for services and support. It is immoral, unethical and unlawful for employers or occupations to discriminate against people with disability, and it is poor business practice to do so.

The Disability Royal Commission notes that at a societal level, people with disability experience negative attitudes towards them which result in their needs and views not being responded to appropriately (Disability Royal Commission into Violence, 2021). These attitudes, entrenched in ableism and discrimination, are compounded by intersections with gender, cultural diversity and class. The importance of rights, inclusivity, diversity and representation need to be accepted and enacted in order to address the lived experience of people with disability, and ensure their rights are realised. However, to achieve this, effort must be made to understand how to change the attitudes and issues of occupations that underpin the negative experiences of people with disability and move towards responsiveness. Achieving this goal requires multi-faceted change through policy, regulation, education and practice.

Accredited training (VET and higher education) can provide a critical foundation for disability responsiveness. However, it must be appropriate, high quality and inclusive, complemented by continued professional development and monitoring of practice. In order for training and professional development to improve responsiveness towards people with disability, it should be co-designed and facilitated by people with disability, with lived experience of the relevant subject matter or sector. Co-designed and co-facilitated learning has a substantially greater impact on learners' attitudes, which leads to a greater impact on responsiveness to people with disability. Conversely, simulated disability learning activities can entrench problematic bias or stereotypical views of disability.

Guide to good practice

This guide – comprising objectives, principles, and an Education and Training Assessment Tool – is based on evidence and consultation with stakeholders, including people with disability, training providers and occupations, about what constitutes optimum training for specific occupations and in general. It outlines training package standards and competencies associated with better disability responsiveness and describes key principles for the design and accreditation of education and courses. It also provides an assessment tool to guide education/training/course designers, trainers, convenors, accreditors and assessors on whether the education or training is likely to advance a learner's responsiveness to people with disability.

Disability responsiveness, in the context of an occupation, is broadly defined as the state of a worker's attitudes and behaviours to people with disability, and how they adequately and appropriately respond to their needs and human rights.

Developing disability responsiveness through training and resources is a process that should follow the theory of change, supported by organisational and sector policies, regulatory expectations and culture. The result will be occupations who are responsive to people with disability and contributors to wider societal change.

Figure 6, adapted from Lindsey et al. (2019), outlines this logic and resulting changes in people's attitudes and behaviours.

Transforming education, training and development programs so that they embed disability responsiveness requires action by leaders, education and training designers and deliverers. Additionally, good practice involves ongoing training and professional development.

Objectives for the training system

While every occupation has different requirements for education and training, many are informed or mandated by professional bodies and regulatory standards and there is some discretion by training bodies in the design and delivery of education and training. Drawing from the research and the views of people with disability, a successful training system focused on enabling occupations to be disability responsive must:

1. Ensure that people with disability have a clear voice and role in the training

2. Develop confidence, skills and capabilities among occupations towards being responsive to the needs of people with disability

3. Sustain the skills and capabilities through ongoing training and professional development

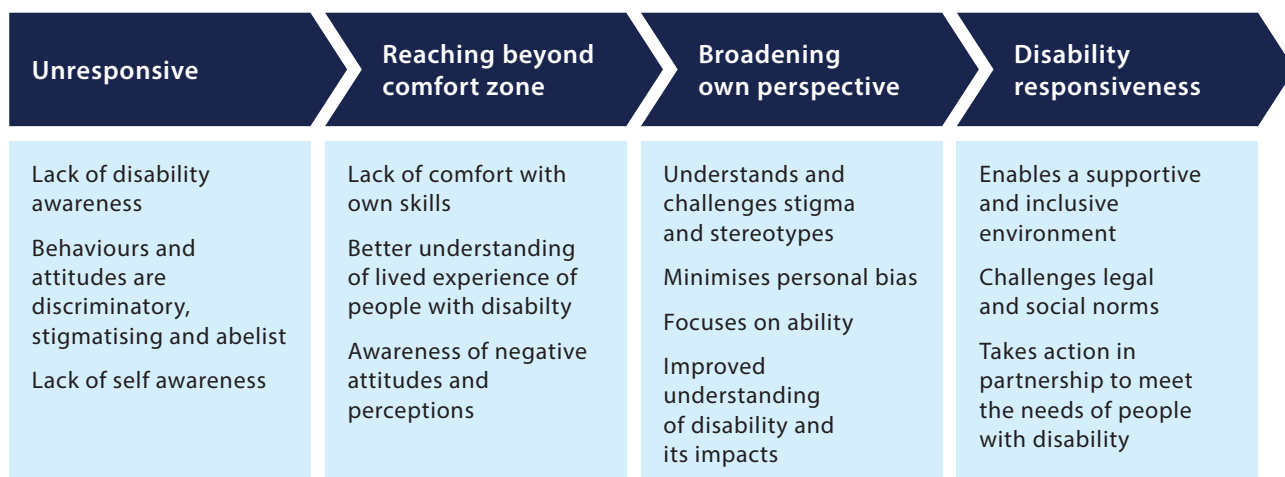| Unresponsive	Reaching beyond comfort zone	Broadening own perspective	Disability responsiveness
Lack of disability awareness Behaviours and attitudes are discriminatory, stigmatising and abelist Lack of self awareness	Lack of comfort with own skills Better understanding of lived experience of people with disabilty Awareness of negative attitudes and perceptions	Understands and challenges stigma and stereotypes Minimises personal bias Focuses on ability Improved understanding of disability and its impacts	Enables a supportive and inclusive environment Challenges legal and social norms Takes action in partnership to meet the needs of people with disability

Figure 6: Individual changes towards disability responsiveness

Key principles for training to support disability responsiveness

Through this project, ACOLA has identified six key principles to enhance the training for all occupations (Figure 7). These principles are associated with more positive interactions with people with disability:

1. **'Nothing about us without us'**: Education and training about disability must be developed and delivered with, or by, people with disability

2. **Capability areas**: Training must develop skills, knowledge and attitudes

3. **Experiential learning**: Training must include "on the job" learning

4. **Addressing bias**: Training should enhance a learner's ability to critically reflect on their attitudes and behaviours towards people with disability

5. **Fit for purpose**: Training must enhance a learner's ability to critically reflect on their personal attitudes towards and perceptions of people with disability

6. **Quantum**: Disability responsiveness will not be achieved through a single training event or course. Ultimately, outcomes will require an ongoing commitment.
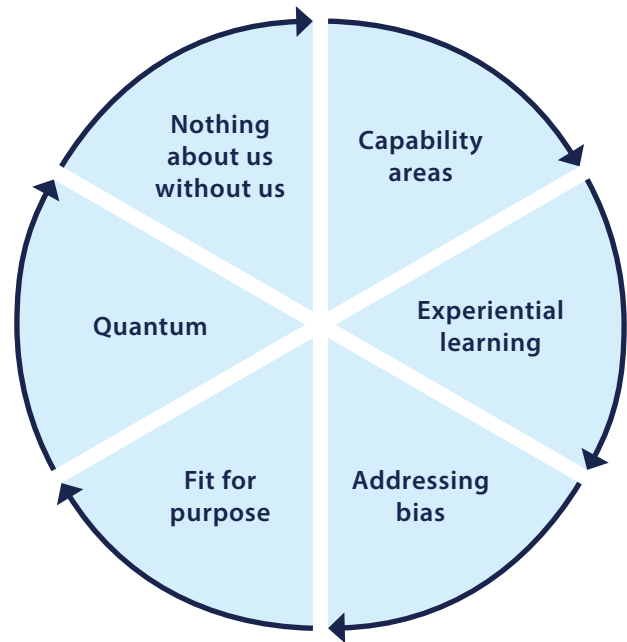
Figure 7: Six Key Principles for Disability Responsiveness Training

Assessing the focus on disability within education and training packages and courses

All training varies, and each education and training situation has pressures and priorities on content and competencies, many of which are set by professional or industry bodies. In order to ensure that training is delivered in line with better disability responsiveness, there are some universal indicators about what should be included. These indicators allow disability responsiveness to be considered in the context of any course topic, with a focus on how it can be integrated into course structures, content and delivery. Resources, frequency and opportunities for experiential learning may also be relevant.

An Education and Training Analysis Tool (Table 8) has been developed from the principles and evidence gathered during this project. The tool is not designed to be used by employers or educators for individual assessment of participants.

Table 8 is a guide for the development and review of education and training to ensure they align with the knowledge and practice associated with better responsiveness towards people with disability.

ACOLA encourages the use of this tool in its entirety. It is recognised that for some education and training, such as those outside of the focal sectors (e.g. engineering, computer science, business management), convenors may feel it necessary to adopt only some of the recommended content. However, consideration should be given to the benefits for all education and training implementing the Tool in its entirety given the impact all occupations can have on people with disability. For example, occupations within the science, technology, engineering and mathematics (STEM) sectors develop ideas, inventions, designs and solutions that will impact people with disability in a myriad of intended and unintended ways.

Enhancing learning competencies

Whilst the Tool's primary purpose is to guide the review and development of education and training content, it can also be used by professional bodies and employers to set competency standards for occupations, which they must demonstrate alignment with in order to meet the inherent requirements of their position. Competency standards derived from the Tool have the potential to set clear expectations for occupations about what is expected in their day to day practice, and assist professional bodies and employers to identify good and poor responsivity towards people with disability in the workplace. In this way, competency standards extend knowledge outcomes achieved through the Tool beyond the learning environment, and into each occupation's unique workplace context.

Table 8: Components of good practice for disability responsiveness in education and training development and delivery

Structure

Education and training accreditors and professional/industry bodies will:

- ensure training in disability responsiveness is compulsory
- require genuine partnerships with people with disability in the design of training packages
- design and deliver training from a strengths-based perspective, emphasising ability, not disability
- ensure the content builds from learners' identity and relationships, challenges their biases and is relevant to their workplaces and context
- ensure the education and training content involves both theory and practice
- consider the overall quantum and regularity of training and assessment through education and training and throughout careers.

Delivery

Education and training convenors and deliverers will:

- ensure people with disability and lived experience of disability (e.g. paid carer, family member or partner) are included in the delivery of content, including core and guest presentations
- ensure individual case studies and storytelling are part of delivery
- ensure delivery involves both theory and practice.

Content

Upon completion, participants will be able to demonstrate, aligned with their role:

Knowledge

- an understanding of human rights, discrimination, and reasonable accommodations
- an understanding of the social model of disability, including the interaction between social barriers and impairments (physical, sensory, cognitive and neurodivergence)
- an understanding of the legislative, policy and regulatory frameworks on the rights of people with disability. These include the UN Convention on the Rights of Persons with Disabilities and how this instrument is central to respecting, protecting and fulfilling the human rights of people with disabilities
- an understanding of the compounding effects of discrimination and biases, including with personal identities, e.g. gender, sexuality, location and other social, cultural and economic factors
- an understanding of trauma-informed practice and how to use it, including as it relates to inter-generational trauma or past negative experiences with occupations
- an understanding of the impact of organisation-based approaches and context, including workplace culture, policies, management practices and rules

- an understanding of the responsibilities of occupations to identify and respond to issues of safety (e.g. mandatory reporting).

Skills

- an ability to identify practical ways to promote the rights, dignity and participation of people with disability and to respect and uphold their rights
- an ability to adapt and respond to the needs and choices of people with disability within a range of contexts and situations, applying reasonable adjustments, including adapting communication methods.

Attitude

- an opportunity to interact with, and learn from, people with a range of disabilities
- a focus on what will lead to positive change, e.g. recognition of the importance of working within a social (and biopsychosocial) model of disability
- willingness to apply knowledge of the Convention on the Rights of Persons with Disabilities to real-life scenarios and identify violations of the rights of people with disability
- awareness of one's own biases, behaviours and values, and the importance of different knowledge and ableism
- acknowledgement of the impact of the historical and ongoing application of the medical model of disability on a person.

Action Plan – Taking words to action

The Action Plan identifies how stakeholders across sectors can build disability responsiveness consistent with the Good Practice Guide. The plan includes broad and sector-specific opportunities for governments, training providers, professional and industry bodies. The plan should not constrain action. Occupations and places are unique, with different approaches to best respond to the needs of people with disability.

In developing this Action Plan, ACOLA has considered people with disability from rural, remote and urban communities, and diverse cohorts such as Aboriginal and Torres Strait Islander peoples, culturally and linguistically diverse peoples, and LGBTIQA+ Australians.

Higher education, VET training providers and professional and industry bodies can be significant agents of change for occupational responsiveness. Their actions, both short- and long -term, will play a key role in realising the defined goals within Australia's Disability Strategy, especially on improving community and societal attitudes.

Table 9: Five key areas for action to drive improvements in occupational training

Five key areas for action to drive improvements in training	1 Active participation	2 Sector planning and actions
	People with disability play a clear, visible and valued role in the leadership of the training	The training of occupations is tailored, timely and focused on the needs of workers and the community they serve, especially people with disability
Actions needed to improve occupational training	More people with disability employed, especially in leadership positions Organisations implement mechanisms to promote, respect and realise the rights of people with disability Standards and expectations are explicit for disability inclusion	Professional bodies and employers engage with people with disability to co-develop minimum knowledge expectations to guide and support training A broad range of sector-specific resources about disability and inclusion are co-designed with people with disability Monitoring mechanisms are created to understand progress towards improved disability responsiveness

Areas for action

The evidence, both academic and experiential, highlights that any improvements in the training and professional development that occupations receive need to be multi-faceted. Improvements are needed across all levels of the system, from education and training content through to embedding evaluation and systemic measures to refine actions outlined below. There are five key areas for action to drive improvements in the training occupations receive to improve outcomes for people with disability.

These can be translated into the high-level actions presented in Table 9. Associated with each action are clear responsibilities for government, training providers, professional and industry bodies and employers. The subsequent Action Plan sets out steps that should be undertaken over the next four years.

3 Training packages

People with disability have confidence in the skills and capabilities of all professionals to support them

All education and disability responsiveness training are regularly reviewed against the Good Practice Guide

All training provider staff to undertake disability responsiveness training

Key occupations undertake regular refresher training

4 Knowledge collection

Australia has the knowledge to better include people with disability, monitor developments and progress to address disability responsiveness

Collect regular data on training and disability responsiveness outcomes

Survey graduates on their confidence in working with people with disability

5 Government leadership

Australian governments share a collaborative approach to progressing an inclusive society

Enhance cross-government commitments to improve disability responsiveness

Improved evaluation and self-assurance of quality training outcomes

Taking words to actions – progressing the difficult but critical work to ensure disability responsiveness

1 Active participation	Outcomes sought and description of potential activity	Broad areas for action
	People with disability play a clear, visible and valued role in the leadership of the training system. • Workplaces, education and training providers hire, retain and advance more people with disability, especially in leadership positions. • Involve people with disability, Disabled Peoples Organisations (DPOs) and Disability Representative Organisations (DROs) in curriculum design and delivery in university and VET programs (e.g. parent/carer/client tutors, including co-marking assessments and lived experience-led and co-produced research).	• More people with disability employed, especially in senior roles. • Organisations promote and enable inclusive workplaces. • Standards and expectations set for the inclusion of people with disability.

Short-term (1–3 years)		Longer-term (4–10 years)
Training bodies, including professional bodies	**Governments and employers**	
• Organisations develop and implement plans to employ, retain and advance people with disability, especially in leadership positions.	• To ensure visibility and high-level leadership, government establishes a compact with the training sector that sets out key expectations to improve disability responsiveness.	• Government and industry report on people with disability in senior positions, potentially as an enhancement of the State of the Disability Sector report.
• Champion the message that 'investing in inclusion is good business sense' to be societal leaders and change agents.	• Government and industry commit to engaging people with disability, especially in senior positions and foster an environment where people are comfortable with disclosing disability. (This includes people with disability who may have experienced intersectional discrimination and disadvantage.)	
• Ensure people with disability are visible at all levels, across VET and universities, especially in leadership positions and in roles responsible for accreditation and review of education and training.	• Enhance organisations' understanding of their obligations under the DDA and of the penalties for failing to meet these obligations.	
• Develop policies and initiatives that encourage people with disability in occupations to feel respected and safe to identify themselves.	• Establish public reporting annually on the number of people with disability across all employers, accommodations received and their different roles and levels.	

2

Sector planning and actions

Outcomes sought and description of potential activity	Broad areas for action
The training of occupations is tailored, timely and focused on the needs of workers and the community they serve, especially people with disability. • Every occupation is unique, with a diversity of roles and training available within them. Equally the experience of people with disability varies by occupation and place. • Occupations, professional bodies, government and disability representative organisations should help training providers identify strengths and skill gaps for professionals that could improve responsiveness. Following this, targeted actions can be implemented in initial/foundational training for professions (whether VET or universities) and/or through continued professional development or specialised training. This process may also identify complementary changes in employment conditions, code of conduct and training and professional development requirements. • This project has identified some key areas in the four focus workforces: education, healthcare, justice and social services.	• Professional and industry bodies, in partnership with employers, engage with people with disability in their communities, or customer and client groups to develop minimum training expectations. • Ensure a broad range of co-designed sector-specific resources about disability and inclusion are freely available, regularly updated and designed with adaptation in mind to support training and employer use. • Monitoring mechanisms to understand industry progress. • Education and training providers and professional bodies track technology advances relevant to disability and update their learner support appropriately.

Short-term (1–3 years)		Longer-term (4–10 years)
Training bodies, including professional bodies	Governments and employers	

• Professional bodies revise and set requisite learning standards, to clarify and provide expectations on inclusivity and disability responsiveness within education and training, as many standards are too generic, e.g. 'understands disability inclusiveness'.
 	
• Education for providers and academics in universal learning design will ensure that they develop and deliver curriculum that is accessible to people with different levels of ability.
	• Government and industry commit to developing and implementing industry- and occupation-specific action plans, which include initial data collection to understand the baselines and employ, retain and advance more people with disability.
	
	• Government identifies those professions that require specific or enhanced disability responsiveness competencies, building on work on intellectual disability.
	
	• Employers consider mandating staff receive disability training, including specific training on intersectionality, such as provided by the National Ethnic Disability Alliance.
	
	• Government implements the recommendations of the 2020 Review of the Disability Standards for Education.
	
	• To overcome hierarchical gradients and unjust, outmoded models of workplace training, undertake the following:
	  – Commencing with the health sector, ensure safe, just and supported pathways for whistle-blowers to identify professionals who are not disability responsive.
	  – Ensure existing complaint management pathways are accessible and responsive to people with disability.
		• Change is best effected from within sectors – within four years, key professions (aligned with specific occupations identified by Government) review their own practice, informed by the expectation of their clients with disability, and develop a sector-specific action plan, including employment conditions, code of conduct and recommended changes to training and professional development requirements.
		
		• The Australian Government supports the call from the Australian Human Rights Commission to create an expert body to lead the development and delivery of education, training, accreditation and capacity building for accessible technology for people with disability.

3

Training packages

Outcomes sought and description of potential activity	Broad areas for action
People with disability have confidence in the skills and capabilities of all professionals to support them. • Universities and VET providers have a fundamental role in raising disability confidence. • There is a need to review and improve formal training. This requires training providers, professional bodies, accrediting authorities and employers working in concert to a common goal. This comprises reviewing education and training courses and programs, ensuring teaching staff are appropriately skilled and systems are in place to monitor the delivery of quality and appropriate training.	• All education and training are regularly reviewed against ACOLA's Good Practice Guide for disability responsiveness training. • All training provider staff must undertake disability responsiveness training, to develop their skills in understanding the needs of people with disability and how to build this into education and training they deliver. • Disability responsiveness training is reviewed in partnership with people with disability. • Key occupations undertake regularly refreshers. • Training packages, especially those non-disability specific, are reviewed in partnership with people with disability. • Key occupations to undertake regular refreshers.

Short-term (1–3 years)		Longer-term (4–10 years)
Training bodies, including professional bodies	Governments and employers	

Training bodies, including professional bodies	Governments and employers	Longer-term (4–10 years)

• Training providers assess their curricula and training provisions against the principles and assessment tool in the Good Practice Guide, at each accreditation cycle.
 	
• Training providers to revise graduate attributes, education and training learning outcomes, and curriculum content to reflect knowledge and awareness of disability, diversity, and intersectionality.
 	
• Professional bodies to review their compulsory professional development and ensure that disability responsiveness is an explicit part of content included as a regular requirement, with the regularity and quantum considered in consultation with people with disability.
 	
• Noting and planning for the extra cost of co-design and delivery, ensure education and training developers and convenors have sufficient resources and funding to ensure people with disability are involved in the design and review of education and training courses and programs and delivery.
 	
• Training providers partner with disability representative organisations to develop occupation and education and training specific content, or employ curriculum experts with lived experience of disability.
 	
• Training providers to implement disability responsiveness training for all staff, especially teaching staff:
  – Training is compulsory alongside occupational health and safety and Indigenous cultural competency training.
  – Develop role-specific extensions training, e.g. modules on inclusive teaching practice and integrating disability content in curriculum.
  – Modules are co-designed and delivered with people with disability.
 	
• Professional bodies to require disability-specific disciplinary knowledge and inclusion strategies in curriculum for accreditation approval and renewal.
 	
• Graduates to be surveyed on whether their learning experience gave them more confidence in working with and responding appropriately to people with disability.
	• Explores how to best set national expectations for all professions and society members, that disability-specific knowledge and inclusion strategies are integral to curriculum review and renewal processes.
	
	• Require accreditation authorities (especially self-accrediting authorities) to use ACOLA's Good Practice Guide to assesses training packages at each accreditation cycle.
	
	• Create or support an online clearing house library to better store and disseminate disability responsiveness training resources for the wider education and training sector.
	
	• Noting work underway, continue to strengthen the knowledge and capability of educators and providers, from early childhood through to tertiary level.
	
	• Australian Government ensures that the 2021 Roadmap for Improving the Health of People with Intellectual Disability is implemented.
	
	• State and territory governments ensure all primary and secondary teachers and leaders receive appropriate training on education standards before they start work and biannually. State and territory governments immediately explore options to enhance their workforce capabilities by employing people with disability. This to apply especially in education, correctional staff, policing and health, where they are major employers.
		• Mandate disability responsiveness training.
		
		• Require universities to report on which and how many education and training courses and programs have been assessed for disability responsiveness, and actions taken.

4

Knowledge collection

Outcomes sought and description of potential activity

Broad areas for action

Australia has the knowledge to better include people with disability, monitor developments and progress to address disability responsiveness.

- There remain significant gaps in Australian-specific resources, knowledge and tools for professionals, occupations, and government to understand the 'what, the how and when to training' and the progress being made.

- Addressing these will be crucial to better understanding our baseline and how well we succeed in our aspiration for a more responsive society.

- Establish a cyclical audit of university training programs and professional association accreditation requirements and development programs by considering content and the involvement of consumers in training design and delivery.

- Conduct a cyclical national survey of undergraduate students and workers on knowledge, attitudes and skills.

- Routinely explore the experiences of people with disability including those completing training programs.

- Collect better and regular data on training outcomes, e.g. community attitudes.

- Graduates to be surveyed on their confidence in working with people with disability.

Short-term (1–3 years)		Longer-term (4–10 years)
Training bodies, including professional bodies	Governments and employers	

Training bodies, including professional bodies	Governments and employers	Longer-term (4–10 years)

• Encourage training providers to develop strategies for monitoring the nature and quality of training.
 	
• Encourage professions and sectors to develop strategies that monitor:
  – the delivery of professional development training
  – the number of people with disability employed within the sector (in general and leadership positions)
  – the extent to which people with disability are welcomed, retained and supported, and their career development
  – client satisfaction with responsiveness and inclusion, with consideration of clients with other personal identifiers, such as remoteness, culture and race.
 	
• Universities and research funders to support lived experience-led and co-produced research to understand and assess emerging privacy risks and impacts of technology, as well as identifying potential options to assess these issues.
	• Measure any change over time of the experiences of people with disability as consumers.
	
	• Measure the responsiveness from the perspective of workers in the occupations.
	
	• Leveraging work by the National Centre for Vocational Education Research and graduate surveys, survey new graduates on whether their learning experience gave them more confidence to work with, and respond appropriately to, people with disability.
		• Continue to collect data on community attitudes and the experiences of people with disability, building on the community attitudes survey, including on specific professions, conducted tri-annually to measure long-term change and to improve future initiatives.
		
		• Investment and attention are needed to evaluate the success of disability-responsiveness education, training and initiatives, including any cultural, attitudinal, behavioural or systemic barriers to their success.

5

Government leadership

Outcomes sought and description of potential activity

Broad areas for action

Australian governments share a collaborative approach to progressing an inclusive society.

- Governance and monitoring of this Action Plan's progress will need national (cross-jurisdictional) government-level agreement on the need for improved disability responsiveness and will succeed with adequate resourcing.

- At both Department and Ministerial levels, governments engage in jurisdictional co-operative action to mandate and align disability responsiveness training in education, healthcare, justice and social services domains.

- Improved the evaluation of disability responsiveness training.

- Ensure training enables technologies and services to be informed by principles of human rights by design.

Short-term (1–3 years)		Longer-term (4–10 years)
Training bodies, including professional bodies	**Governments and employers**	
• Education providers collaborate with DROs, resource developers and government to determine how best to coordinate approaches to funding support for the development of disability responsiveness teaching, training, resources and accommodating measures.	• Governments to agree to provide sufficient resourcing for the implementation and monitoring of this training. • Government to require monitoring and evaluation of training be co-designed and co-conducted with people with disability. • Government establishes an expert body to lead the development and delivery of education, training, accreditation, and capacity building for accessible technology for people with disability (recommendation of the Australian Human Rights Commission). • Government considers the state of training of STEM professionals and ensures that there is greater understanding of human rights by design. • Governments agree and codify that any government service sector must ensure that the introduction of a technology does not adversely affect people with disability.	• Governments require that any technologies to be implemented across government services follow a human rights by design approach.

Voices of people with disability

In testing and refining for the Good Practice Guide and Action Plan, people with disability were asked their views about the broad areas for action. The entire summary is available as an input paper on the ACOLA website. A selection of responses appears here.

Active Participation

Participants indicated that it is important to increase the accessibility of workplaces and recruitment processes and provide additional support for people with disability to access job markets and training to develop their leadership capacity.

'We are no different; we can go to university and work. We are capable; we have abilities. The experiences are important for us the same as others.'
Focus group participant with an intellectual disability, SA.

'Nothing says disability confidence in an organisation more than seeing people with disability actually employed in leadership positions. So that messaging is really important.'
Male interview participant with a psychosocial and sensory disability, metropolitan QLD

'We employ Aboriginal people to deliver training on cultural sensitivity, so we should employ people with disability to deliver training on disability.'
Male interview participant with a physical disability from a CALD background, regional VIC

'Yes, having voices heard is important, but disabled people should also be on the leadership end to make sure they don't make mistakes or brush things off.'
Female youth focus group participant with intellectual, cognitive or neurological disability, regional QLD.

Sector Planning

Participants consistently agreed that it is very important that training for jobs (like doctors, teachers and police) include specific training about disability and inclusion.

'If they are working with someone with disability, how will they know to support them if they don't know about disabilities? They should learn how to understand the different ways that people communicate. Some people can't talk, but they can still communicate. Listen to us; take the time. Don't pretend to understand when you don't.'
Focus group participant with an intellectual disability, SA.

'Get people with disability into workplaces to talk to employees about the challenges and barriers.'
Female interview participant with psychosocial disability, regional QLD.

'Training should include how to communicate with people with different communication types.'
Focus group participant with an intellectual disability, SA.

Training

Participants consistently indicated that it was essential for people with disability to inform the design and delivery of training about disability responsiveness.

'If it was designed by people with disability, I would trust it more.'
Focus group participant with an intellectual disability, SA.

'[People in these professions] have so much training thrown at them. You can't make it more important than other training. You can't put an extra burden on people to do it.'
Female interview participant with psychosocial disability, regional QLD

'Show professionals how to fit into a community as well. It's hard to be sent out to remote communities straight from Uni. They have no life experience, let alone experience of the unique issues of people with disability in rural and remote communities.'
Aboriginal woman who is a carer for a grandchild with a disability, remote QLD.

Knowledge collection

Regarding disability knowledge gaps, participants agreed that it is very important to understand what people in professions do not know about disabilities.

'I think it is incredibly important. For instance, with teachers, if they aren't trained to deal with disabilities, then students who are disabled will have a poorer education experience, which will reduce the number of disabled people going into further education.'
Female youth focus group participant with a physical disability, regional VIC.

'Police, doctors and allied health and teachers need to have the training so they have the knowledge to support people with disability to have better outcomes in life.'
Male interview participant with a physical disability, identifies as LGBTIQA+, metropolitan VIC.

'Training designed by people with disability, signed off by disability advocacy organisations, where members have had an opportunity to review and endorse it.'
Female interview participant with a sensory disability, metropolitan WA.

'We need to make people feel comfortable to ask questions of people with disability. People with disability need to encourage this so that people aren't hesitant to engage with them. Sometimes being 'politically correct' can create more problems.'
Male interview participant with a physical disability from a CALD background, regional VIC.

Government leadership

While having uncertainty on the practicalities for delivery, participants agreed that it is very important for governments to work together to improve disability responsiveness training.

'[It's] very important as it allows for those with disabilities to make their way through the leadership positions and normalise having people with disabilities in the workplace.'
Female Youth Focus Group participant with a sensory disability, metropolitan WA.

'Very, very important. Without government push and support, there's very little compelling a company to apply these practices and training. The government also has the best ability to inform those with disabilities what companies properly include these inclusive and specialised training.'
Male youth focus group participant with a physical, sensory, intellectual and psychosocial disability, regional QLD.

'[The training] should be legislated. Any face-to-face job must have disability-led and designed training'. And have policies to support this, otherwise the Disability Strategy isn't worth the paper it is written on.'
Female interview participant with a sensory disability, metropolitan WA

When asked how we could tell if these actions were working to educate people in professions (such as doctors, police and teachers) about how to support the needs of people with disability, a participant said:

'I think normalising training at least could help, as it may seem like a chore to people to seek additional training surrounding disabilities. Community workshops or workshops for students at school could really help the next generations to have a more open view to disabilities.'

Change is always difficult, but there is a pathway. Through this project, we have identified what is needed to help sectors and occupations realise a more responsive approach towards people with disability.

Appendix 1
Definition considerations

Conceptual models of disability

There are several conceptual models of disability. This project adopts the human rights approach as the preferred model. Some occupations and workforces are more familiar with the other models. The gap between the human rights approach and the other models needs to be addressed in any training.

The **medical model** views disability as a feature of the person, directly caused by disease, trauma or other health condition, which requires medical care provided in the form of individual treatment by professionals. Disability, in this model, calls for medical or other treatment or intervention, to 'correct' the problem with the individual. This model is focused on limitations – what a person can or cannot be.

The **social model** sees 'disability' as the result of the interaction between people living with impairments and an environment filled with physical, attitudinal, communication and social barriers. It therefore carries the implication that the physical, attitudinal, communication and social environment must change to enable people living with impairments to participate in society on an equal basis with others. This model paved the way for the UN Convention on the Rights of Persons with Disabilities.

The **International Classification of Functioning, Disability and Health (ICF)** is the World Health Organisation framework for measuring health and disability at both individual and population levels. The ICF model synthesises what is true in the medical and social models of disability without reducing the notion of disability to one of its aspects. Concepts from the ICF are used by many data collections in Australia to identify disability.

> The ICF conceptualises a person's level of functioning, in terms of body functions and structures, activities and participation, as a dynamic interaction between their health condition(s) and environmental and/or personal factors Australian Institute of Health and Welfare (2020, p7).

The **Human Rights Model of Disability** advances the United Nations Convention on the Rights of Persons with Disabilities a step further, recognising dignity as a fundamental human right, acknowledging a person's impairment as part of human diversity. The model also acknowledges people with disability's need for equitable support, even after social barriers have been removed, so they can enjoy their rights on an equitable basis. This project adopts the human rights approach.

Defining disability confidence, responsiveness, awareness, equality

The academic and grey literature includes numerous terms used to describe the capacity and capabilities of people to fairly and adequately engage and support people with disability. Each has distinct, but often overlapping, implied and explicit meanings. Terminology often varies by industry sector and profession and country. This project's brief uses the term 'disability confidence' to describe the kind of education, training and personal development interventions reviewed.

The common terms are awareness, confidence, responsiveness, inclusiveness, competence and equality.

- 'Disability awareness' is generally used in relation to programs that seek to promote increased general knowledge and attitudinal change, such as disability awareness training modules provided by the NSW Public Service Commission.

- 'Disability confidence' moves beyond knowledge and attitudes to also focus on behaviours. An example is the disability confidence training provided by Accessible Arts NSW.

- 'Disability responsiveness' and 'disability inclusion' are broader terms that also encapsulate individual attitudinal and behavioural change and broader organisational capacities and systems change. 'Disability responsiveness' is primarily used in New Zealand, whereas 'disability inclusion' is more common in Australia.

- 'Disability equality' is often used in the UK and Europe to refer to training underpinned by the social model of disability and that involves people with disability in its development and delivery (Walker, 2004).

The language associated with 'disability equality' resonates with that used in other comparable programs, such as gender equality training (Leghari & Wretblad, 2016). A typology developed by the United Nations Women Training Centre outlines five broad categories of gender equality training that are useful for illustrating the variety of aims this training can encompass (Figure 8). These include information-based awareness or 'consciousness raising' training programs, programs that enhance occupation-specific knowledge and competencies, and programs that encourage participants to transform their organisations and institutions with various frameworks and tools for changing culture and practice.

The websites of disability advocacy organisations such as People With Disability Australia and Scope Australia primarily use the terms 'disability awareness' to refer to their training programs, but also make reference to 'disability inclusion' training.

First People's Disability Network uses the terms 'disability competence' and 'cultural competence' to refer to similar programs.

Definitions associated with the term 'cultural competence', such as used by the National Health and Medical Research Council, are useful because they capture the nexus of individual attitudes and behaviours and organisational policies and practices.

Cultural competence is a set of congruent behaviours, attitudes and policies that come together in a system, agency or among professionals and enable that system, agency or those occupations to work effectively in cross-cultural situations (Eisenbruch et al., 2004; National Health and Medical Research Council, 2005).

Terms such as 'disability responsiveness' or 'disability inclusion' seem best placed to emphasise *behaviour* and *practice* as well as awareness and attitudes. The implied focus of 'disability confidence' is the worker's mental state, whereas the focus of disability responsiveness and disability inclusion is responding appropriately to the person with disability through practical strategies of adaptive and inclusive practice.
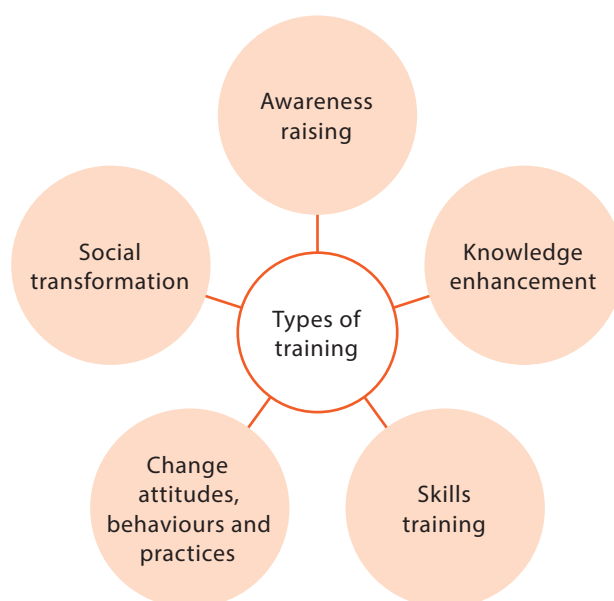

Figure 8: Five broad types of training for gender equality (adapted from Leghari & Wretblad, 2016)

Appendix 2
Community attitudes

People with disability consistently identify community attitudes as a barrier to greater access and inclusion across seven outcome areas of Australia's Disability Strategy:

1. Employment and financial security

2. Inclusive homes and communities

3. Safety, rights and justice

4. Personal and community support

5. Health and wellbeing

6. Education and learning

7. Community attitudes.

Neville and colleagues (2021) review literature and good practice that identifies commonly held attitudes across these areas. These are explored further in a number of other publications.

Thompson and colleagues (2011) report three types of attitudes held by people without disability towards people with disability:

- Inclusive, in which people without disability had an awareness of, and a willingness to engage with, people with disability

- Lack of awareness of people with disability, the difficulties they faced, their personal support requirements and life ambitions

- Discomfort with the 'otherness' of people with disability.

Randle and Reis (2019) highlighted that, while community attitudes towards the inclusion of people with disability are generally positive, levels of discomfort or anxiety are more likely to emerge when a disability is perceived to be more severe. They note that negative attitudes are greater in relation to people living with mental illness than to people living with an intellectual or developmental disability, and that people living with a physical disability experience the least stigma.

Randle and Reis (2019) suggest that the discomfort associated with 'otherness' (psychosocial disability) and lack of responsiveness (intellectual or developmental disability) can be overcome through personal contact, especially when the person with disability is perceived as credible, relatable and of equal or higher status.

Demographic and socio-economic variables affect community attitudes. For example, males, people aged over 40 and those with less formal education are more likely to have negative attitudes towards people with disability than females, young people and those who are more highly educated (Randle & Reis, 2019; Thompson et al., 2011).

The Survey of Community Attitudes toward People with Disability (Department of Health and Human Services, 2018) further supports this research. The survey was designed to provide a baseline understanding of attitudes for Victoria's State Disability Plan (2017-2020). Nearly three-quarters of the 1,000 respondents agreed with the statement that 'people without disability are unsure how to act toward people with disability' (Department of Health and Human Services, 2018, p.17).

Gaps

Of the seven outcome areas of Australia's Disability Strategy, the literature review by Neville et al. (2021) highlighted that the most is known about the attitudes of employers and the general community (outcome areas 1 and 2), the least is known about the attitudes of health professionals and those working in the legal sector (outcome areas 6 and 3), with outcome with areas 4 and 5 (personal and community support workers and educators) falling between outcome areas 1 and 2, and outcome areas 6 and 3.

The Disability Royal Commission released a Rights and Attitudes issues paper in April 2020 which examined awareness of the rights of people with disability and attitudes towards disability in the community. A common theme in the responses to the issues paper was that lack of awareness and understanding of the rights of people with disability, coupled with discriminatory and negative attitudes, are at the core of the mistreatment (violence, abuse, neglect and exploitation) of people with disability.

Additionally, many respondents observed that negative attitudes underpin laws, policies and practices that discriminate against or ignore the experiences of people with disability, and that this can erode the rights of people with disability. Further, responses described how discriminatory attitudes, a lack of, or stigmatising, representation in the media, assumptions about capacity and autonomy, and limited advocacy affect people with disability throughout their lives.

Appendix 3
Open Universities Education and Training

Degree subject level	University	Name	Career outlook (as identified by the training provider)
Postgraduate	Griffith University	Graduate Certificate in Disability Studies	Occupational & environmental health professionals Social workers Welfare support workers
Undergraduate	University of New England	Diploma in Community Welfare and Wellbeing	Health and welfare services managers Welfare support workers
Postgraduate	Flinders University	Master of Disability Policy and Practice	Occupational & environmental health professionals Social workers Welfare support workers
Undergraduate	University of Tasmania	Undergraduate Certificate in Social Care	Range from aged care and disability support to education and community development.
Postgraduate	Griffith University	Graduate Certificate in Case Management	Health and welfare services managers Social workers Welfare, recreation and community arts workers Welfare support workers
Postgraduate	Griffith University	Graduate Certificate in Applied Behaviour Analysis	Early childhood (pre-primary) teachers Primary school teachers Secondary school teachers University lecturers and tutors Parents and caregivers raising children with developmental disabilities.
Undergraduate	Murdoch University	Bachelor of Arts (Community Development)	Policy analysts Policy and planning managers Social professionals
Postgraduate	Griffith University	Master of Social Work	Health and welfare services managers Social workers Welfare, recreation and community arts workers Welfare support workers
Postgraduate	University of Tasmania	Graduate Certificate in Counselling for Education Professionals	Careers counsellors Counsellors Health and welfare services managers Social workers
Undergraduate	University of South Australia	Bachelor of Community Health	Health and welfare services managers Welfare support workers
Postgraduate	Flinders University	Master of Social Work	Health and welfare services managers Social workers Welfare, recreation and community arts workers Welfare support workers

Degree subject level	University	Name	Career outlook (as identified by the training provider)
Undergraduate	University of Tasmania	Associate Degree in Applied Health and Community Support	Health and welfare services managers Welfare support workers
Undergraduate	Southern Cross University	Bachelor of Social Work	Health and welfare services managers Social workers Welfare, recreation and community arts workers Welfare support workers
Undergraduate	Southern Cross University	Bachelor of Community Welfare	Health and welfare services managers Social workers Welfare, recreation and community arts workers Welfare support workers
Undergraduate	Charles Sturt University	Bachelor of Social Work	Health and welfare services managers Social workers Welfare, recreation and community arts workers Welfare support workers
Postgraduate	Griffith University	Master of Rehabilitation Counselling	Occupational & environmental health professionals
Postgraduate	Flinders University	Master of Disability Policy and Practice	Occupational & environmental health professionals Social workers Welfare support workers
Undergraduate	University of Tasmania	Undergraduate Certificate in Creative Arts and Health	Health and welfare services managers Aged and disabled carers Welfare, recreation and community arts workers
Undergraduate	University of South Australia	Bachelor of Psychological Science and Sociology	Health and welfare services managers Social workers Welfare, recreation and community arts workers Welfare support workers
Undergraduate	University of Tasmania	Bachelor of Dementia Care	Health and welfare services managers Nurse managers Medical administrators Practice managers Policy and planning managers
Undergraduate	University of South Australia	Bachelor of Health Science (Healthy Ageing)	Aged and disabled carers Health and welfare services managers Welfare, recreation and community arts workers
Postgraduate	University of Tasmania	Graduate Certificate in Dementia	Health and welfare services managers Aged and disabled carers Welfare, recreation and community arts workers

Degree subject level	University	Name	Career outlook (as identified by the training provider)
Undergraduate	University of Tasmania	Diploma of Dementia Care	Health and welfare services managers Aged and disabled carers Welfare, recreation and community arts workers
Undergraduate	University of Tasmania	Diploma of Ageing Studies and Services	Health and welfare services managers Welfare support workers
Postgraduate	Charles Sturt University	Master of Ageing and Health	Aged and disabled carers Health and welfare services managers Welfare, recreation and community arts workers
Postgraduate	Griffith University	Graduate Certificate in Autism Studies	Special education teachers
Postgraduate	Murdoch University	Master of Health Care Management	Health and welfare services managers Medical administrators Nurse managers Policy and planning managers Practice managers
Postgraduate	Australian Catholic University	Master of Leadership and Management in Health Care	Health and welfare services managers Medical administrators Nurse managers Policy and planning managers Practice managers
Postgraduate	Griffith University	Graduate Certificate in Human Services	Policy and planning managers
Postgraduate	Flinders University	Master of Health Administration	Health and welfare services managers Medical administrators Nurse managers Policy and planning managers Practice managers
Postgraduate	University of Tasmania	Graduate Certificate in Health Service Management (Aged Care)	Aged and disabled carers Health and welfare services managers Welfare, recreation and community arts workers
Postgraduate	Griffith University	Master of Autism Studies	Special education teachers
Postgraduate	Flinders University	Graduate Diploma in Palliative Care	Registered nurses
Postgraduate	Griffith University	Master of Human Services	Policy and planning managers

Appendix 4
International evaluations

This table summarises literature evaluations of training related to disability responsiveness, including equality, confidence, attitudes, awareness and inclusion training.

Sector	Source	Key features
Education	Evaluation of disability equality training (The Centre for Educational Development, 2005) UK	• Based on participant feedback (survey) • Participants rated the training as successful in raising awareness, but noted that a more specific training program directly related to vocational performing arts would have been more valuable
Justice	The evaluation of a training course to enhance intellectual disability awareness among law enforcement officers: a pilot study (Gulati et al., 2021) Ireland	• Evaluation of disability awareness training delivered to 22 police officers • Reported statistically significant improvements in police officers' knowledge of intellectual disability, confidence to approach a person with disability who is in crisis and understanding of the challenges faced in law enforcement by people with intellectual disability
Justice	Police officer disability sensitivity training: A systematic review (Viljoen et al., 2017) Worldwide	• Review of disability sensitivity training programs provided to police officers internationally from 1980-2015 • Identified three studies evaluating the disability training delivered to police officers
Justice	Police attitudes toward people with intellectual disability: An evaluation of awareness training (Bailey et al., 2001) UK	• Assessed the effectiveness of training in reducing eugenic attitudes towards people with an intellectual disability, by measuring attitudes before and after training • Found training to be effective in achieving a significant reduction in eugenic-based attitudes
Libraries	Disability awareness training for library staff: evaluating an online module (Forrest, 2007) Scotland	• Evaluation of a 5-week online disability awareness course delivered to library staff (14 participants surveyed). The emphasis was on assessing the adequacy of online delivery • Online training increased participants' awareness and knowledge of disability
Transport	Aging and disability awareness training for drivers of a metropolitan taxi company (Reynolds, 2010) US	• Assessed the effectiveness of disability awareness training in improving taxi drivers' knowledge of disability, ageism and ageing (40 participants) • Participants reported increased understanding; 40 per cent said the training had helped them understand how to help others within their service

Sector	Source	Key features
Peers (children)	An evaluation of the Kids are Kids disability awareness program: Increasing social inclusion among children with physical disability (Tavares, 2011). Canada	• Evaluated the impacts of disability awareness training in improving children's attitudes towards peers with physical disability, and the degree to which this improved the social inclusion of children with disability • Reported positive impacts from training for both improved attitudes and social inclusion
Peers (children)	'Just like you': A disability awareness programme for children that enhanced knowledge, attitudes and acceptance. Pilot study findings (Ison et al., 2010) Australia	• Evaluation of the effectiveness of disability awareness training in increasing the knowledge and acceptance of disability among students aged 9–11, through pre- and post-questionnaires and focus groups • The training had a cognitive-behavioural approach and was co-delivered by a person with disability • Significant improvements to attitudes, acceptance and knowledge of disability
Health	Evaluation of a program for training psychologists in an acceptance and commitment therapy resilience intervention for people with multiple sclerosis: A single-arm longitudinal design with a nested qualitative study (Giovannetti et al., 2022) Italy	• Longitudinal study evaluating the effectiveness of training psychologists on acceptance and commitment therapy to help patients with multiple sclerosis adapt to the onset of disability (40 psychologists participated) • Program significantly improved patients' wellbeing, resilience and psychological flexibility
Health	'Right to be heard': The Government's response to the consultation on learning disability and autism training for health and care staff (UK Department of Health and Social Care, 2019) UK	• Consulted professionals in the health and care sector to identify what kind of disability and autism training was needed (Over 5,100 participants) • Respondents were concerned that bundling disability and autism training together might detract from consideration of important components specific to each category • Respondents expressed a preference for in-person training where practicable and by trainers with lived experience of disability, or with a disability themselves.

Appendix 5
Examples of occupations

Examples of key occupations within the education, healthcare justice and social services sectors

Sector	Key occupations	
Education	• Preschool teachers • Childcare centre managers • Kindergarten teachers • Primary school teachers • High school teachers • Teacher aides • Special education teachers • Vocational education teachers • Educational administrators	• Administrative assistants • Librarians • Principals • Vocational Education and Training (VET) instructors • Academics/lecturers/tutors • Deans • Provosts • Vice-chancellors
Healthcare	• Aboriginal and Torres Strait Islander Health Practice • Chinese Medicine • Chiropractors • Dentists • Doctors • Medical receptionists • Radiologists • Sonographers • Surgeons	• Nurses • Midwifes • Occupational therapists • Optometrists • Osteopaths • Paramedics • Pharmacists • Physiotherapists • Podiatrists • Psychologists
Justice	• Police officers • Correctional officers • Drug detection officers • Prison officers • Crime scene investigators • Criminologists • Forensic scientists • Detectives • Community corrections officers • Youth custodial officers	• Youth justice officers • Fines enforcement staff • Jury officers • Law clerks and paralegals • Legal secretaries • Barristers • Solicitors • Lawyers • Judges
Social services	• Social workers (including domestic and family violence, school, hospice and palliative care.) • Community sector workers • Counsellors	• Child protection/welfare officers • Disability support workers • Government support staff (e.g., Centrelink) • Case workers

Appendix 6
Disability and the arts, creative and cultural Industries

The below draws from the full report by Professor Bree Hadley undertaken for this Project, entitles *Disability and the Arts, Creative, and Cultural Industries in Australia* (April 2022, Australian Academy of the Humanities).

Spotlight on workforce capability and confidence

Acceptance that people with disability have the right to participation, self-representation, employment and economic opportunity in the cultural industries (CRPD 30) has improved since the 1980s. Access arts organisations that have contributed to festival productions since then include Arts Access (Qld), Accessible Arts (NSW), Arts Access Victoria (Vic), Access to Arts (SA), DADAA (WA), Incite Arts (NT) and national advocacy organisation Access Arts Australia. Companies such as Back to Back Theatre, Restless Dance Theatre and Weave Movement Theatre began in the 1980s and 1990s, with Awakenings and High Beam festivals in the 1990s and 2000s. There was the first *Arts and Disability Research Report* (Australia Council, 1995), followed by *Making the journey: Arts and Disability in Australia* (Hutchison, 2005).

Australia's first National Arts & Disability Strategy (Australian Government, 2009) brought new funding, project and mentorship initiatives. The number of community, independent and professional companies engaged in arts and disability practice increased (Hadley, 2017; Hadley & Goggin, 2019; Australian Government, 2018). New festivals profiling disability arts emerged, including Undercover Artist (2015-), Flow (2019-), Platform (2020-) and Alter/State (2022-). Initiatives such as Carriageworks' New Normal, and invitations to pitch to major events such as the Sydney Festival, forged links to mainstream industry.

Industry and scholarly research insisted that an inclusive sector adopt a social model of disability, changing infrastructure, institutions and systems to include diverse artists and audiences, not just assimilating them through adjustments to extant work modes (Hadley et al., 2022).

Not all people with physical, sensory, or intellectual impairments, medical or mental health conditions identify with the term disability, and not all organisations collect relevant data. Just over 40 per cent of organisations have a disability action plan (Arts Access Australia, 2020).

People with disability engage the cultural sector more than those without disabilities: 70 per cent attend events or exhibitions, 61 per cent take part in community programs, 24 per cent volunteer (Australian Bureau of Statistics, 2016; Australian Council for the Arts, 2017; Throsby & Petetskaya, 2017; Australian Government, 2018). People with disability do this to:

- challenge attitudes and interactions experienced because of stereotypes that portray people with disability as objects of fear, pity or inspiration (Arts Access Australia, 2020)

- build confidence, communication skills and capacity for self expression

- train and develop career trajectories in the arts, media and cultural sectors

- engage in 'serious leisure' (Patterson 1997) that stands in place of employment.

Australians with disabilities make up:

- 9 per cent of Australia's 48,000 professional arts and cultural workers

- 7 per cent of applicants to Australia Council's core funding rounds

- 4 per cent of artists and personnel in receipt of grant funding through Smartygrants

- 3 per cent of arts and cultural leaders (Australian Council for the Arts, 2021b; Arts Access Australia, 2020; Australian Government, 2018).

Though the sector is working towards positive engagement, it is still actively addressing disability confidence, employment and economic participation (Arts Access Australia, 2020).

Building better practices in the arts, creative and cultural industries

There are five interrelated factors that support arts workers, arts organisations and the arts sector to develop improved policy, protocol and training practices.

1. The cultural sector adopts an evidence-based approach

Australia's first National Arts & Disability Strategy (Australian Government, 2009) drew on over a decade's research, and the Department of Communication and the Arts developed a new research overview for the Meeting of Cultural Ministers (Australian Government, 2018) before a planned update to the Strategy. This evidence-based approach used census, scholarly and industry research, program evaluations and other data to assess the impacts of funding, mentorship, leadership and other development initiatives. It joins Australian Research Council projects examining the ecology and evolution of the sector (*Disability and digital TV*; *Disability and the Performing Arts in Australia*, *The Evolution of Disability Arts in Australia*). Data is used in reports such as *Towards Equity: A research overview of diversity in* Australia's *arts and cultural sector* (Australian Council for the Arts, 2021a) and to inform future policy, funding and development approaches.

The benefit of this evidence-based approach is that it enables the cultural sector to compare past and present practice, programs within and across art forms, within Australia and with comparable work in the US, UK and Europe. It provides quantitative assessment of whether training just improves sentiment or actually improves practices and outcomes.

2. The cultural sector values Australians with disability as a visible part of our culture

Valuing Australians with disability as a visible part of our culture is the central mission of the National Arts & Disability Strategy (Australian Government, 2009). The cultural sector thus takes a rights-based approach, addressing the value, visibility and representation of people with disability as full participants in Australian society. The sector also addresses professional and industrial relations. Self-determination is central to all international convention, policy and strategy. However, unlike in accredited fields like law, education or medicine, there is no technical/legal – as opposed to ideological/attitudinal – restriction to artists with disability controlling what happens, when, where, and how in the cultural sector. No credential is required to tell one's story on screen or in a book. Some say it is an artist's craft to tell stories they have not lived, who come into conflict with others critical of artists who 'crip up' to a play a person with disability on stage, write a stereotyped story about disability, or represent a disability in a stereotyped way (Hadley, 2019). But the strategy, and the work it drives, values disability culture as a shared set of beliefs, discourses and behaviours, based on shared history of oppression and strategies to survive it (Kuppers, 2014; Hadley et al., 2022).

The focus on value, visibility and self-determination means most organisations providing or pursuing policy, protocol and training in the cultural sector seek more than information training to create awareness of disability issues to shift attitudes. Making cultural venues, institutions, collections and programs accessible requires disciplinary competencies. Access arts organisations and consultants provide training to show what artists with disability can do when workplaces are accessible, covering legislation, language, protocols and processes artists and organisations can deploy in their policies, plans and work practices.

The best offer is disability confidence or inclusion training, which organisations like Accessible Arts call ally training (Accessible Arts, 2022; Hadley, 2019). This assists allies through a self-reflexive process, from seeing an unfair situation, to seeing the systematic nature of that unfairness as a socially reproduced pattern of relationships, to working in safe, respectful, trusting partnerships with artists with disabilities to change the system that reproduces those relationships (Hadley, 2020; Hadley et al., 2022; Broido, 2000; Evans et al., 2005). It asks allies to remember their privilege, hear accounts of oppression, and reflect on issues of labour, status, capital, competence, confidence and safety that may lead workers to act as optical, performative, or 'pseudo' rather than active, committed, disability community-endorsed allies (Hadley, 2020). It is intersectional, because both artists and allies may identify as disabled, albeit with different disabilities, and may also identify as First Nations, culturally and linguistically diverse, LGBTIQA+, and/or women artists (Hadley, 2020). Artists may be at different career stages, working across recreational, community, independent, or mainstream practices, and desiring different support from allies (Hadley, 2020).

Ally training moves beyond logistical access focused on infrastructure (ramps, captions, hearing loops), to supporting artists with disability to lead conversations about ideological access focused on language, discourse, and representation (which stories we tell, when, where, and how), and methodological access, preferred communication, collaboration, and work modalities (Hadley, 2015; Hadley et al., n.d.) Success in this model of change (Serrat, 2017) is measured not just by an ally's knowledge, or willingness to implement adjustments to assimilate artists with disability into extant cultural sector work models, but by willingness to transform the fundamental way these work models function to make them inclusive of all (Hadley, 2020); (Hadley et al., 2022; Hadley et al., n.d.).

The benefit of this training is that it empowers allies to develop working knowledge of 'disability arts and culture methods' – the communication, collaboration and creative modes artists with disabilities use (Kuppers, 2014). In the arts, lack of knowledge, comfort and confidence to engage positively with artists with disability is sometimes expressed as 'we would like to employ artists with disability but…' The 'but' includes concerns about whether enough artists with disability exist, quality of training, capacity to do work, marketability of work, and time, cost and complexity of adjustments. An inclusive, culture-based approach empowers allies to collaborate with artists from the outset of engagement, and to experience the strength, creativity and innovation of disability arts and culture work modes, not just adjust extant work modes. This includes upskilling all involved to enact access provisions, including easy read summaries, 'relaxed' sound, light and sensory conventions, 'out' spaces, audio descriptions, and captions including via free software. Such provisions create physically, psychologically, socially and culturally safe spaces where all can creatively lead and contribute.

3. The cultural sector adopts a 'disability-led' approach

People with lived experience of disability have the right to make decisions about issues that affect them (Oliver, 1992), but terms like 'lived experience' have been co-opted to describe by-proxy experience of parents, partners, children and carers. 'Consultancy' and 'co-design' models have been criticised for replacing self-determination without offering real agency (Goodley 1992). The cultural sector differentiates between mainstream arts that involve artists with disability without representing disability issues, ally-led 'arts and disability' practice and artist-led 'disability arts' practice (Hadley & McDonald, 2019).

To translate terminology into working knowledge, training and action, the cultural sector has developed guides to help artists and allies reflect on degrees of self-determination afforded by

disability-led programs, co-designed programs and ally-led programs. An example is the Access Arts Undercover Artist Festival guide (Little & Hadley, 2021). A decision tree helps reflection on the level of control over programming, copyright and future disposition of work. In this Festival, artists and allies were, after reflection, welcome to propose work to different parts of a multi-part program with 'disability arts,' and 'arts and disability' streams. This trained artists and allies to distinguish disability- and non-disability-led work, while including artists at early career stages and in therapeutic, recreational or community contexts, choosing the ally directorial or curatorial control of an 'arts and disability' model.

The benefit of this terminology and guidance is its ability to support development of knowledge of degrees of choice and control, and enact them. It gives artist and ally a tool or technique to be confident that mutual understanding of terms like leadership, co-design and consultation is not just assumed, but actively negotiated in each engagement.

4. The cultural sector self-articulates varied policy, protocol and training approaches

Arts Access Australia, state access arts organisations, and, to varying degrees, peak bodies representing theatre, dance, music, visual arts, museums, galleries and libraries, articulate policy, protocols and training approaches for the cultural sector.

Access arts organisations offer individual and group training. Historically this is face-to-face instruction, discussion, workshopping and reflection, now available online. There is also assessment, analysis and assistance to develop formal disability action plans. Arts Access Australia's annual Meeting Place Arts & Disability Forum, and Accessible Arts' biannual Arts Activated conference, include training sessions, panels, discussions and debates.

Sector peak organisations may emphasise artists or audiences, inclusion or issues associated with venue, equipment, infrastructure, pay and conditions. Theatre Network Australia offers an equity action plan engaging with access for d/Deaf, disabled and neurodivergent artists. AusDance offers safe dance practice guidelines, engaging with different bodies and abilities. Music Australia promotes work by others. Live Performance Australia has a commercial focus on venues, ticketing and audience experience. The Australian Libraries and Information Association, whose members manage collections and institutions, publishes digital and physical access guidelines. The Australian Museums and Galleries Association is updating its 1999 code of ethics to include protocol for disability access. The National Association for Visual Arts campaigns on Indigenous and gender equality, but inclusion of d/Deaf and disabled artists is not yet prominent. This may be because the Australian Museums and Galleries Association is more representative of institutions, with collections the public has a right to access, while the National Association for Visual Arts is more representative of interests of individual artist members.

The benefit of this varied set of self-driven articulations of policy, protocol and training is assessing impact of different sub-sectoral approaches. Access arts organisations offer disability-specific policy, research and training. Facilitators now often self-identity as typically performing artists, arts managers and policy makers with disability. Other organisations, typically in the visual arts, internationally, if not in Australia to date, include disability in broader inclusivity policy or training, as in International Council of Museums' 'Creating Meaningful and Inclusive Museum Practices' MOOC (International Council of Museums, 2021). The data, thus far, suggests people with disability participate in visual arts recreation and community programs at slightly higher rates than people without disability. Performing arts has been slightly faster than other sectors in supporting programming, presentation and employment opportunities, particularly through festivals (Hadley, 2017; Hadley & McDonald, 2019; Hadley et al., n.d.).

5. The cultural sector is suited to self- and social-entrepreneurship work models

The limited scope for self-determination offered by Australian Disability Enterprises via work conditions adjustment or consultations has been criticised, but even with advocates, accommodation in open employment is difficult (Moore et al., 2018). Social enterprise and entrepreneurial self-employment allow scope to self-determine work experience, and can support meaningful social, employment and economic participation for people with disability (Maritz & Laferriere, 2016).

The arts, creative and cultural sector – always characterised by a high proportion of entrepreneurial, small-to-medium, community and not-for-profit enterprises – supports social enterprise and entrepreneurial self-employment. The structural features of the sector, if combined with the ally support practices above, can support artists with disabilities to produce, promote, sell and distribute visual arts and crafts products (Hadley, 2019; Moore et al., 2018) Social enterprise Arts Projects Australia, for example, supports artists with intellectual disabilities (Arts Project Australia, n.d.). Applying learnings about disability-led practice, allyship and evidence-based approaches to social enterprise and entrepreneurship models, allies can help artists with disability to take advantage of cultural and new digital economies, individually or in groups, to distribute their creative work as an income generating product.

The benefit of social enterprise and entrepreneurship models in the arts is they show how allies, having acquired confidence in disability-led practice, can have transformative impact, collaborating with artists to create meaningful employment.

Acknowledgements

Consultations and meetings were held across Australia during this project. Many people have contributed their time and expertise to the project through meetings with ACOLA and members of the Expert Working Group and review of report material. The development of the report has been made possible through their generous and invaluable contributions.

The views expressed in this report do not necessarily reflect the opinions of the people and organisations listed in the following sections.

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Professor Iva Strnadová
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Professor Iva Strnadová is a Professor in Special Education and Disability Studies at the University of New South Wales.

Iva's research aims to contribute to better understanding and the improvement of the life experiences of people with disabilities, especially those most marginalised, such as people with intellectual disabilities. Combining research with advocacy is essential in her research program, which builds on supporting the self-determination (including self-advocacy) of people with intellectual disabilities, and is grounded in an innovative inclusive research approach, in which people with intellectual disabilities are included in the role of researcher.

She has a particular research interest in the wellbeing of people with developmental disabilities (intellectual disabilities and autism) and their families over the life span, diverse transitions in lives of people with disabilities (particularly intellectual disabilities and autism); girls and women with intellectual disabilities; parents with intellectual disabilities; and inclusive research.

Professor Karen Fisher FASSA
– Co-Chair

Professor Karen Fisher is a Professor at the Social Policy Research Centre, University of New South Wales.

Karen's research interests are the organisation of social services in Australia and China; disability and mental health policy; inclusive research and evaluation; and social policy process. Karen applies mixed methodology and adopts inclusive research methods with people with disability, families, policy officials and services providers.

Dr Erol Harvey FTSE

Dr Erol Harvey is the Head of Development and Research Translation at the Bionics Institute and CEO of the new Aikenhead Centre for Medical Discovery. He has been involved in the commercial and academic development of micro and nano production techniques for more than 20 years.

Erol was trained originally in laser and plasma physics. In 2002, he founded MiniFAB, a product development company and OEM volume manufacturer of polymer-based microfluidic, lab-on-a-chip diagnostic devices for clients around the world. He has worked in technological and commercial applications across a wide range of industries including biomedical diagnostics, implants, ink jet printers, microfluidics, solar panels, flat screen displays, corrosion monitoring, elite athlete instrumentation, and space applications.

Erol has been on many Australian Government committees, both at the Commonwealth and State level, is on the Board of the NCRIS National Imaging Facility, and recently served as Chair of the Industry and Innovation Forum

of ATSE (Australian Academy of Technology and Engineering). He assists with commercialisation strategies and government liaison for Australian universities and research organisations, mentors several medtech start-up entrepreneurs and has been involved in starting more than 17 companies and not-for-profit organisations.

In 2011 MiniFAB was awarded the inaugural 'Enabling Technology Company of the Year'.

In 2012 Erol was awarded Enabling Technology Entrepreneur of the Year by the Victorian Manufacturing Hall of Fame in recognition for his achievements in entrepreneurship. In 2018 he was awarded the Clunies Ross Entrepreneur of the Year.

Professor Gerard Goggin FAHA

Professor Gerard Goggin is the Wee Kim Wee Chair in Communication Studies, at the Nanyang Technological University of Singapore. He is an internationally renowned scholar in communication, cultural, and media studies, whose pioneering research on the cultural and social dynamics of digital technology has been widely influential.

Gerard is also a world-leading researcher in the area of accessibility and digital technology, especially relating to the cutting-edge area of disability. After publishing the first international study Digital Disability in 2003, he has undertaken a wide range of research on Internet and digital technology accessibility.

Gerard has longstanding interests in the social, cultural, political, and policy dynamics of emerging technology – especially mobile communication and media, Internet, social media, and, most recently, Internet of Things, connected cars, automation and AI. Gerard also has an abiding interest in questions of social inequalities, inclusion and exclusion, and justice in communication and media. He has worked extensively on consumer and public interest concerns, being among other things, a foundation member of the Australian Communication Consumers Action Network (ACCAN).

Professor Cathie Sherrington FAHMS

Professor Cathie Sherrington is Professor at the Institute for Musculoskeletal Health, School of Public Health, Sydney Medical School, The University of Sydney. She leads the Physical Activity, Ageing and Disability Research Stream within the Institute. Prior to completing a PhD and Masters of Public Heath, Cathie was a physiotherapist in aged care and rehabilitation settings.

Cathie's research interests include mobility and falls in older people and people with physical disabilities, exercise and other physical activity interventions, and evidence-based practice.

Artwork

Acknowledgements

ACOLA thanks St John of God Accord and Bailey House for assisting in the identification of some of the artists for this report.

- St John of God Accord supports people with a disability and runs a renowned Ceramics and Arts program at Greensborough Community Campus.

- Bailey House runs many programs will support people with disability to find a suitable creative outlet.

Untitled
Darren Hooper

Darren enjoys art in all forms. He often draws his inspiration from music, creating pieces while watching or listening to his favourite artists. Darren likes to vary his use of mediums and likes experimenting by combining techniques and colour. Darren has been a part of the Bayley House art community for many years and enjoys the atmosphere, connection and stimulation that working on his pieces with alongside other artists brings.

This bio was written by supporting staff who have worked in arts programs with Darren on his behalf.

Long Time Healing
Paula Wootton

Paula Wootton, of the Tharawal Country of the Ewin nation NSW south coast, is a respected Community Elder on the Sunshine Coast Queensland Gubbi Gubbi country.

Aunty Paula lives with chronic health issues and was carer of her son with disability.

Aunty Paula has artworks in private, corporate and government collections both nationally and internationally and has exhibited in multiple exhibitions including 'Culture Is Inclusion' held at the United Nations in Geneva in 2019.

Aunty states that "My art reflects my connection to the ocean and the bush."
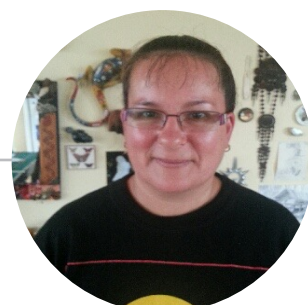
Yellout
Khaled El-Ali

Khaled is a prolific painter. He has a technique of layering spontaneous broad brush strokes in his work. His style combines unstructured, bold and striking colour combinations with strong patterns.

Untitled
Sally Tran

Sally says she likes 'to try new things' when creating art. This is evident in her varied contributions to art projects and exhibitions she has been involved in at Bayley House. Sally has previously drawn inspiration from Frida Kahlo, Yayoi Kusama and Romero Britto when making her artworks. This year Sally has been experimenting with fabric dying and abstract design and colour work.

This bio was written by supporting staff who have worked in arts programs with Sally with some input from Sally directly.

Song lines
Paul Calcott

Uncle Paul Calcott is a Wiradjuri man now living on Gubbi Gubbi country on the Queensland Sunshine Coast. He contracted Polio as a child, leading him to become a strong disability advocate later in life.

Uncle Paul has artworks in government, corporate and private collections here in Australia as well as Geneva, the Middle East, Canada the USA, England, Malaysia, New Zealand, Germany, and Bangkok. Including the Australian Embassy Switzerland, Canadian Ministers office and Queensland Treasury department.

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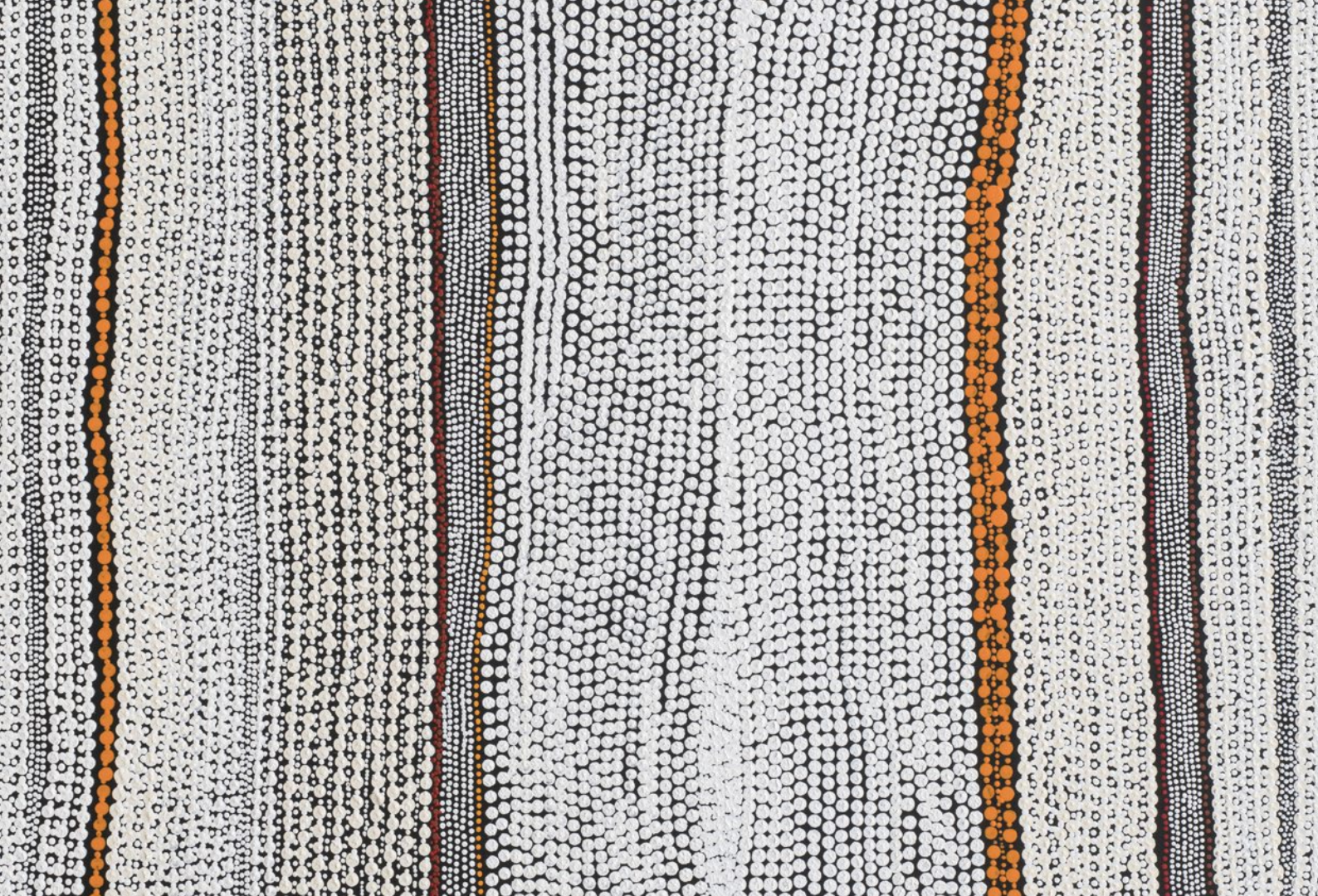
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