Literature Review on Attitudes towards Disability

NDA

National Disability Authority
Údarás Náisiúnta Míchumais

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Executive Summary

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Improving attitudes to people with disabilities is a key priority of the National Disability Authority. To this end, NDA is committed to regular surveying to benchmark attitudes in relation to disability and to date has carried out two such national surveys (2001 and 2006).

This literature review, carried out by the NDA, places key findings of the second national survey conducted in November and December 2006 in the context of the national and international literature. Some of the key findings of this literature review include the following:

Attitudes to disability around the world

- While negative attitudes to disability persist there is also evidence that attitudes to disability are improving in Ireland and worldwide.
- A clear relationship between attitudes and personal experience of disability was found in both the 2001 and 2006 national surveys in the Republic of Ireland as well as in many other studies world wide.
- Negative attitudes towards intimate relationships for people with disabilities indicate that people with disabilities are still not fully integrated within society.
- People with disabilities who voluntarily meet with other people with disabilities collectively may hold the most positive attitudes of all towards disability.
- The negative attitudes of people with disabilities towards disability and other people with disabilities is an area that requires attention as such attitudes can slow progress towards equality.

Attitudes and Employment

- When appropriate supports are provided employers express positive attitudes toward workers with intellectual and mental health difficulties.
- The discrepancy between expressed willingness to employ and actually employing people with disabilities in the USA identified in earlier studies appears to be diminishing particularly among employers who were participants of vocational/ supported employment programs.
- A service agency between employer and potential employee may be crucial, particularly in the case of employees with intellectual disabilities, improving the employment outcomes of people with disabilities by assisting employers to recognise the potential of employees with disabilities.

Attitudes and Education

- Young people with disabilities attach great importance to being treated sensitively and the same as anyone else, including being listened to and having their views and experiences treated as authentic.

⮂ Schools can actively engage in challenging negative societal attitudes to disability

⮂ Teachers' attitudes towards students with disabilties have a significant impact on their educational experience

Changing attitudes

⮂ Understanding social constructions of disability and impairment can help to explain why people with disabilities have been marginalised and discriminated against and can draw attention to what needs to be done to eliminate negative attitudes.

⮂ Attitudes are complex so interventions must also be wide-ranging.

⮂ It is important to understand what each intervention can bring to change behaviour and attitudes and how interventions interlink.

⮂ Contact with people with disabilities under particular conditions can reduce prejudice.

⮂ Affective ties including forming close friendships appear to be very effective in reducing prejudice

⮂ Disability Awareness Training is required for all but how it is carried out is important. The impact of disability awareness training should be evaluated.

⮂ In the absence of personal experience and contact the media may play a larger role in determining attitudes and knowledge than otherwise and, in these circumstances, the need for an enlightened, responsible and non-discriminatory media culture becomes more important.

⮂ Understanding and promoting the values underpinning basic human rights or the basic human conditions required for development - equality, autonomy, dignity and solidarity/social justice - is essential if governments and individuals are to commit themselves to ensuring that each and every person can access the conditions required to live as self-determining individuals.

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Introduction

1.1. The role of the NDA in monitoring attitudes to disability

The National Disability Authority (NDA) was established in 2000. One of the 4 priorities outlined in its first Strategic Plan (2001-2003) was to influence attitudes in Irish society: *"The Authority will identify and develop public awareness of disability issues and attitudes towards people with disabilities and mobilise support within Irish society for inclusive policies and practices."* (A Matter of Rights: Strategic Plan 2001-3, 2001, p.22).

The National Disability Authority's 2007-2009 Strategic Plan states, "the Authority will periodically undertake research to benchmark attitudes in relation to disability" (p.32).

In 2001, the NDA conducted the first national survey on public attitudes to disability in the Republic of Ireland. This study examined attitudes to equality, education, employment, state benefits and public services for people with disabilities.

Given the legislative and other initiatives implemented in Ireland since the 2001 attitude to disability survey, 2006 was considered an opportune time to reassess attitudes to disability. Developments that took place in the 5-year period between the 2 surveys included the implementation of the National Disability Authority Act 1999; the Equal Status Act 2000; the European Year for People with Disabilities (EYPD) in 2003 during which Ireland's hosted the World Special Olympics; the Special Education Needs Act 2004 and, more recently, the National Disability Strategy. Also, given that 2007 was to be the European Year of Equal Opportunities for All in the European Union, it was considered appropriate that the results of the 2006 National Attitudes Survey would be made available in that year and could inform targeted action in 2007 and beyond. In November and December 2006, therefore, the NDA conducted the second national survey on public attitudes to disability in the Republic of Ireland to identify any attitude changes since 2001 and to benchmark attitudes for future national/ international monitoring. Insight Statistical Consulting was contracted to carry out this work.

The 2006 report *Public Attitudes to Disability,* produced by Insight Statistical for the NDA, and this literature review by the NDA are presented together – two reports in one pack. The public attitudes to disability report contains the results of the Public Attitudes Survey while this literature review report places key findings of the report in the context of the national and international literature. The literature review also compares and contrasts the 2006 findings with those of the 2001 national survey on public attitudes to disability in the Republic of Ireland.

In addition to the two NDA national surveys on public attitudes to disability in Ireland, other research carried out in the Republic of Ireland on attitudes to disability includes McGreil's research on prejudice (1980,1996), the 2001 Euro-barometer study which polled more than 16,000 EU citizens including Irish citizens and research in 2003 on options for influencing public attitudes towards people with disabilities (NDA, 2004). In the 2001 Eurobarometer survey 80% of respondents said they were at ease in the presence of people with disabilities. On a scale of 1 to 4, levels of ease varied with

type of disability. The highest feelings of ease were recorded in Ireland, the UK, the Netherlands, Sweden, Spain and Denmark (on average at least 3.5) compared to 3.01 for West Germany, 2.97 for East Germany and 2.65 for Greece. In McGreil's work on prejudice in Ireland, where attitudes to disability is a minor element of his research, respondents were generally found to be more accepting of people with physical disabilities than they were regarding people belonging to other minority groups.

In Northern Ireland a number of surveys on public attitudes to disability have been carried out. These include the 2001 survey on Public Attitudes to Disability in Northern Ireland (Equality Commission for Northern Ireland) and a Northern Ireland Life and Times survey in 2003 (Office of the First Minister and Deputy First Minister, Northern Ireland) on public attitudes to disability. In the Northern Ireland survey on Public attitudes to disability in 2001, public opinion was generally positive about disability issues. Positive attitudes were mostly the same between different subgroups and, notably, between people with and without disabilities. Older people were more likely to be negative in their opinion, which is interesting, given that they were more likely to have a disability and to have friends with disabilities. More details from these surveys are referred to in later sections and compared and contrasted to the findings in the Republic of Ireland.

1.2. The need to investigate attitudes

At the 2006 NDA Research Conference in Dublin, Bert Massie, Chairperson of the UK Disability Rights Commission, said: "Attitudes to disability are the major barrier to disabled peoples' full participation…From pity, awkwardness and fear, to low expectations about what disabled people can contribute, stereotypical and negative attitudes hold people back" (Massie, 2006). "People with disabilities regularly identify societal attitudes as the most potent and negative stressor in their lives…"(Voh, 1993).

As long as negative attitudes persist, the full rightful acceptance of people with disabilities is unlikely (Nowicki, 2006 citing Antonak et al, 2000). Recognizing that persons with disabilities are still exposed to and oppressed by prejudice and discrimination may be the first step in reducing prejudice (Genesi 2007 citing Marks, 1997).

In '*Everybody Belongs*' Shapiro (2000) discusses how negative myths and stereotypes continue to create ingrained prejudices toward people with disabilities. These prejudices are reflected in negative attitudes and behaviour, which can impede the participation of people with disabilities in social, educational and vocational contexts (White et al, 2006 citing Rao, 2004; Rubin et al 1995; Rusch et al, 1995). Swain et al (1993) review the extensive range of barriers faced by people with disabilities.

Rosenthal et al (2006) cite studies including Brodwin et al (2002), Cook et al (1998), Livenh et al (1997) and Smart (2002) that demonstrate how negative social attitudes block the integration of people with disabilities into society. In addition to the above studies, Chen (2002) cites others that also demonstrate the constrictive effects of negative societal attitudes in preventing individuals with disabilities from "mainstreaming

into society". These include Arokiasamy et al (2001), De Loach (1994), Moore et al (1999), Orange (2002) and Yuker (1994, 1995). Deal (2006) also cites studies that demonstrate that attitudes towards people with disabilities are predominantly negative including DuBrow (1965), English et al (1971), Florian et al (1987), Gething (1991), Lee and Rodda (1994), Fries (1997), Stiker (1997) and Christie et al (2000).

Negative attitudes are linked to behaviours such as social rejection and maintenance of higher levels of social distance toward persons with disabilities (Olkin et al, 1994; Wright 1983; and White et al, 2006 citing Davis, 1961; Evans, 1976 and Link et al, 1999).

Negative attitudes resulting in discrimination in the workplace continues to be a significant problem for people with disabilities (Brostrand, 2006 citing Antonak et al, 2000; Lebed, 1985; Scope, 2003; and Shapiro, 1994). In spite of the 1990 ADA legislation in the USA, discrimination at work, rooted in negative attitudes, continues to adversely affect employment outcomes (Brostrand, 2006 citing Kennedy et al, 2001).

Societal attitudes influence social policy and legislation and there is support for the societal attitudes theory that public attitudes dictate, to a considerable extent social policy (Hewes et al, 1998 citing Hahn, 1985 and others). Negative public attitudes can be a formidable barrier to the success of particular policies because the public significantly influences how much importance is given to an issue. This situation is not helped by the fact that "disabled people are under-represented in the public sector, particularly in strategic and management positions. They are under-represented where decisions about policy and service provision are taken" (Massie, 2006).

While many researchers highlight the fact that negative attitudes to disability persist including Antonak et al (2000), Brostrand (2006), Byrd et al (1988) Link et al (1999), White et al (2006), Livenh (1991) and Longoria et al (2006), as well as those mentioned earlier, there is also evidence that attitudes to disability are improving.

The 2006 NDA Survey of Attitudes to Disability in Ireland suggests that attitudes to disability are improving in Ireland. These findings are discussed throughout this literature review in the context of national and international research findings.

In England, Deal (2006) in his doctoral research found that people with and without disabilities had similar attitudes to disability. These attitudes fell within the positive threshold of the scale, reflecting a positive attitude towards disability. More negative attitudes were found in both groups when a subtle prejudice subscale was used. People with disabilities who voluntarily met with other people with disabilities collectively held the most positive attitudes of all towards disability.

In the 2004 Canadian Attitudes Survey (Office of Disability Issues, Canada) there was broad agreement among people with and without disabilities that progress had been made towards including people with disabilities in Canadian society. However, respondents considered that people with disabilities still faced numerous barriers, first and foremost negative attitudes and prejudices of other people and society.

In the UK 2002 Attitudes Towards Disability Study, *Disabled for Life* (Grewal et al, 2002), commissioned by the Department for Work and Pensions (DPG), the majority of the 2064 respondents, of whom 47% had a disability, thought that the position of people with disabilities had improved in the prior two decades but that strong attitudinal and structural barriers remained. The study showed a continuum of attitudes towards disability from inclusive attitudes, characterised by a positive view of the lives of people with disabilities and a broad definition of disability to exclusionary attitudes that focused on differences negatively.

Diversity in Disability (Molloy et al, 2003), a follow-on qualitative study from the 2002 UK Survey, *Disabled for Life*, also commissioned by the DPG, involved 103 people with disabilities. Participants in the study believed that progress had been made in society and that opportunities for people with disabilities had substantially increased. They described a range of life experiences and attitudes. They considered that negative attitudes to disability can lead to low self esteem, restricted opportunities for people with disabilities to fully participate in key areas of life and ongoing adverse effects on the physical and mental health of people with disabilities.

1.3. Defining and understanding attitudes

There is no universally accepted and agreed definition of what attitudes are.

Definitions of attitudes include the following:
- "Attitudes are relatively stable mental positions held toward ideas, objects or people" (Gleitman 1991 cited by Eby et al, 1998)
- "Attitudes are a combination of beliefs and feelings that predispose a person to behave a certain way" (Noe, 2002, p 108 cited by Brostrand, 2006)
- "Attitude is an idea charged with emotion which predisposes a class of actions in particular class of social situations" (Antonak, 1988, p.109)
- An attitude is a mental or neural state of readiness, organised through experience, exerting a directive or dynamic influence on the individual's response to all objects and situations to which it is related (Allport, 1935)
- "An attitude is an idea (*cognitive* component) charged with emotion (*affective* component) which predisposes a class of actions (*behavioural* component) to a particular class of social situations" (Triandis et al, 1984, p.21).

As can be seen in the above definitions, attitudes are often defined in terms of mood, thought processes, behavioural tendencies and evaluation (Hernandez et al, 2000). Cognitive, affective and behavioural evaluations are central to the notion of attitudes. Cognitive evaluations refer to thoughts people have about the attitude object. Affective evaluations refer to feelings or emotions people have in relation to the attitude object. Behavioural evaluations refer to people's actions with respect to the attitude object. The attitude object in this literature review and in the Surveys of Attitudes to Disability in Ireland is mainly the notion of disability but also includes people with disabilities and disability issues.

While attitudes can be thought of as internal individual processes, they link each person to a social world of other people, activities and issues, including people who are actively engaged in helping form or change attitudes (Eby et al 1998 citing Zimbardo, 1985). Thus, attitudes are part of a framework by which we interpret our social environment.

Attitudes represent relatively stable attributes and, at the same time, they appear to be learned rather than innate (Zimbardo et al, 1969 cited by Eby et al, 1998). Social learning theory highlights the process of acquisition of knowledge and attitudes from important others, such as parents, teachers, peers, and media figures (Bandura, 1977).

Current thinking favours a relationship between attitudes and behaviour and researchers no longer question *if* attitudes predict behaviours but under which circumstances do attitudes predict behaviours (Bentler et al, 1981; Cialdini et al, 1981 cited by Eby et al, 1998).

Behaviour is related to attitudes in complex ways. A number of studies have found that differences in the extent to which attitudes guide behaviour result from differences in how easily or quickly a person retrieves the attitude from memory (Olson et al, 1993; Sherman et al, 1989). Other factors that mediate the relationship between attitudes and behaviour include habit or past behaviour (e.g., Triandis, 1977), stability of attitudes over time (Schwartz, 1978), volitional control of behaviour (Davidson et al, 1979), and the degree of direct experience with the attitude object (e.g., Regan et al, 1977; Zimbardo, 1985).

Gender, age and a range of factors can influence attitudes. Gender differences in attitudes may be because of gender based response biases rather than because of disability biases. Research on children for example has shown that children prefer to associate with their own gender (Sippola, 1997). Rosenthal et al (2006) in the USA examined rehabilitation students' attitudes towards persons with disabilities in high- and low-stake social contexts. They found that attitude was significantly affected by client characteristics unrelated to disability including age and race or ethnicity and factors influencing attitude formation differed across the two social contexts. Age and disability type were most involved in the decision making process in the low-stakes group while performance related variables were most important in the high-stakes context.

Attitude formation and its link with behaviour are further addressed in section 4 of this review.

1.4. Social desirability/appropriateness and measuring attitudes

It may be becoming more socially appropriate for the public and for employers, teachers etc., to espouse positive global attitudes towards disability. However, specific attitudes, if investigated, may be found to be more negative (e.g. Hernandez et al, 2000). Genesi (2007) citing Scruggs et al (1996) refers to evidence in the educational field that, while on a philosophical level teachers agreed with inclusion programs for children with

disabilities, when it came down to their practical use in the classroom they expressed reservations. This may be part of the social desirability phenomenon or effect.

In the 2006 Public Attitudes to Disability survey, to reduce the social desirability effect, the interviewers stressed confidentiality, anonymity and appealed to the respondents to provide honest answers. The respondents did not know that the National Disability Authority had commissioned the survey or was associated with the survey. In 2001 the same methodology was used and so the social desirability effect is probably similar in the two surveys.

The fact that the social desirability of responding in particular ways to disability issues may be on the increase must be borne in mind when designing surveys and when interpreting results. To date attitudes to disability have most commonly been investigated through direct means and typically involving self-report surveys. Instruments widely used to examine attitudes towards persons with disabilities as a group include the Attitudes towards Disabled Persons Scale (ATDP) developed by Yuker et al (1960) and the Scale of Attitudes toward Disabled Persons (SADP) developed by Antonak (1982). These assess attitudes from a social perspective as opposed to a personal one with questions centring on how persons are, or should be, treated at the societal level (White et al, 2006 citing Gething et al, 1994). All these measures are subject to concerns about the influence of socially desirable responses and false positive scores.

The social desirability phenomenon where it becomes more appropriate socially to express particular sentiments and attitudes may account for some of the differences in response found when comparing the results of the 2001 and 2006 public attitudes to disability surveys in Ireland. Socially appropriate responses may not necessarily be reflected in behaviour and such considerations need to be borne in mind when planning and designing future research and monitoring tools. Due consideration should be given to the use of more subtle or indirect methods of assessing attitudes.

In England Deal (2006) examined attitudes of people with and without disabilities towards other people with disabilities and to different impairment groups. The results were similar and attitudes of both groups fell within the positive threshold of the scale indicating positive attitudes to disability. However, when measured by a subtle prejudice sub-scale of the instrument used, people with and without disabilities produced more negative attitudes. This suggests that people may often hold subtle forms of prejudice towards disability that may not be detected when using more direct methods that allow respondents to respond in ways they consider more socially appropriate.

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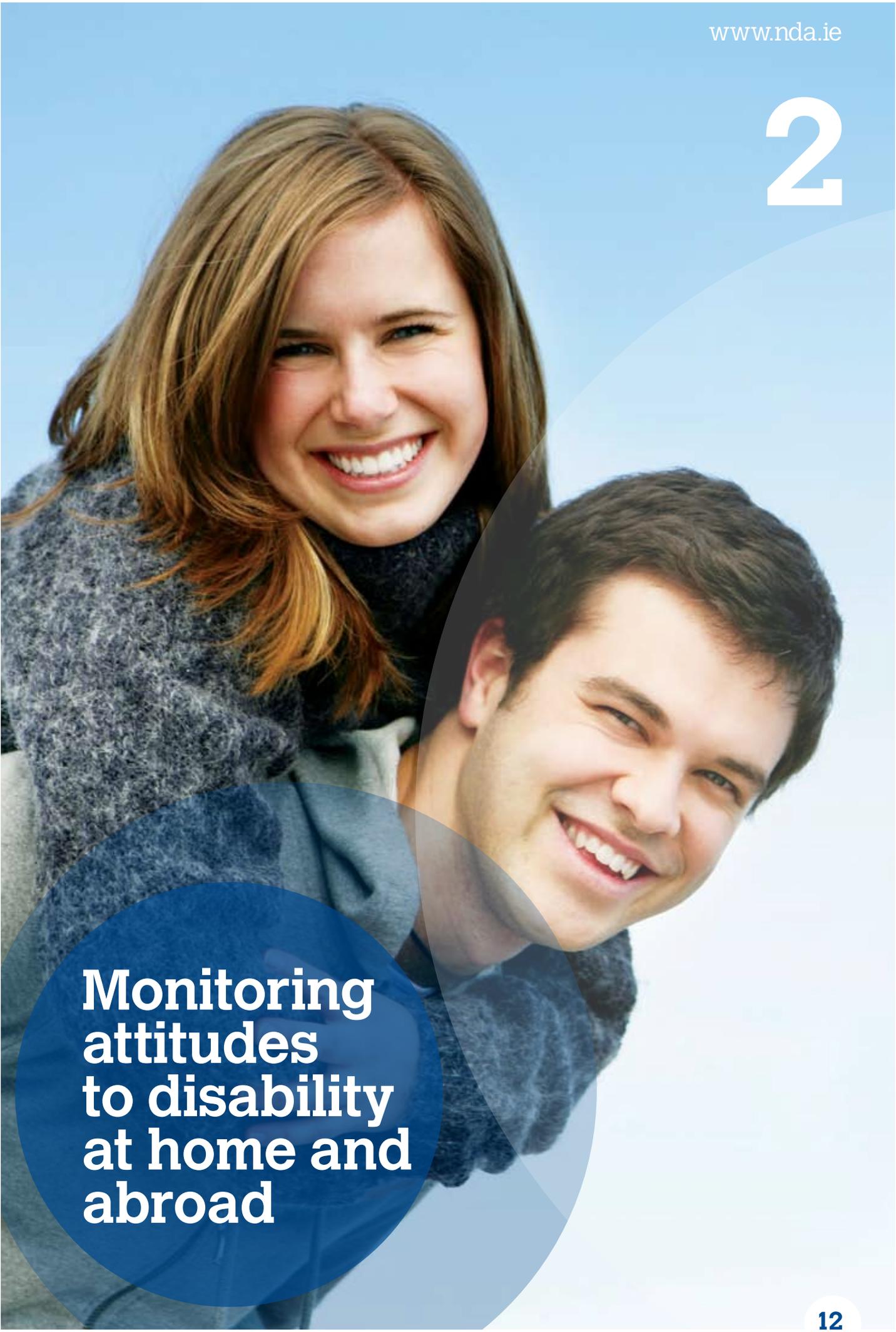
Monitoring attitudes to disability at home and abroad

2.1. The Irish surveys in an international context

In 2001 the NDA commissioned the first survey of public attitudes to disability in the Republic of Ireland. A clear relationship between attitudes and personal experience of disability was found. This is well documented in other studies worldwide. More negative attitudes towards mental health problems compared to other types of disability were a finding in the 2001 survey in keeping with international trends.   There were also differences in response according to sex.

In the 2006 Survey on Public Attitudes to Disability the relationship between attitudes and personal experience was again identified. Differences in response were found according to sex, age and social class. The results suggest that attitudes towards disability including attitudes to mental health problems are improving. However, monitoring attitudes over time is essential to differentiate transient fluctuations in attitudes from ongoing positive trends.

The findings of the 2002 National Scottish Social Attitudes Survey showed that, in contrast to attitudes towards race and sexual orientation, attitudes towards disability in Scotland are little affected by social characteristics such as age, class and education, or even by their own experience of disability. The findings also showed that someone's economic position did not influence their attitude towards people with disabilities (www.scotland.gov.uk/library5/society).

2.2. Awareness of disability issues

In the 2006 Survey on Public Attitudes to Disability familiarity with someone with a disability had increased significantly within a five-year period - from 48% in 2001 to 71% in 2006 - a 23% increase. This figure of 71% is close to that of the 2003 Northern Ireland Life and Times Disability Survey (Office of First and Deputy Ministers, NI) where 73% of respondents said they knew someone with a disability and the 2004 Canadian Attitudes Towards Disability Benchmark Survey (Office for Disability Issues) where 75% of respondents reported personal knowledge of someone with a disability.

In the 2006 Public Attitudes to Disability survey, familiarity with someone with a disability was through the immediate or wider family in 37% of cases, through friends in 17% of cases, through neighbours in 17%, acquaintances in 16% and through a work colleague or professional contact in the case of 6% of respondents.

In the 2004 Canadian Study (Office for Disability Issues), familiarity with someone with a disability was a family member in 48% of cases and a co-worker or classmate in 9% of cases.

In the 2003 Northern Ireland Life and Times Disability Survey (Office of First and Deputy Ministers, NI) knowledge of a person with a disability was through the immediate or wider family in 59% of cases, through friends in 33% of cases,

acquaintances in 16% and through a work colleague or professional contact in the case of 4% of respondents.

In the 2006 Public Attitudes to Disability survey both unprompted and prompted awareness of the range of disabilities had increased compared to the findings of the 2001 Public Attitudes to Disability survey. In 2006, when asked what particular conditions, disabilities or illnesses the term` people with disabilities´ refers to, 39% of respondents had unprompted awareness of hearing loss or visual difficulties compared to 26% of respondents in 2001(a 13% increase); 43% of respondents compared to 35% in 2001 identified mental health difficulties (a 9% increase); 86% of respondents' expressed unprompted awareness of physical disability compared to 80% in 2001(a 6% increase) and 54% identified intellectual disability or learning difficulties as a disability compared to 48% in 2001(a 6% increase).

Prompted awareness in 2006 was also greater for all disability types when compared to the 2001 findings: for example, 99% of respondents identified physical disability as a disability versus 97% in 2001, 97% versus 90% in 2001 identified intellectual or learning disability and 90% versus 77% in 2001 identified mental health difficulties as a disability, giving a 13% increase, the largest increase in prompted awareness in 2006.

In the 2006 Public Attitudes to Disability survey 22% of respondents were aware of the Disability Act 2005. Another finding of the 2006 survey that demonstrates that awareness of disability issues is increasing is that awareness of the National Disability Authority has almost tripled in five years, rising from 12% of respondents in 2001 to 34% in 2006.

In the 2004 Canadian Attitudes survey (Office for Disability Issues) 21% of respondents claimed to be aware of legislation, policies or programs protecting people with disabilities in Canada.

Awareness of the Disability Discrimination Act (DDA) was not asked in the 2003 Northern Ireland Life and Times Disability survey (Office of First and Deputy Ministers, NI). In the 2001 Northern Ireland Attitudes to Disability Study (Equality Commission, NI), 57% of non-disabled respondents were aware of the DDA, up from 44% in 1997. In this survey, it is of note, that awareness of the DDA was lower among people with disabilities at 43% although significantly increased from 29% of people with disabilities in 1997.

In Scotland the Disability Rights Commission (DRC) carried out a baseline disability study in 2001 and follow up Disability Awareness Studies in 2002 and 2003. The 2002 Disability Awareness Survey showed an increase in awareness of the Disability Discrimination Act (DDA) with over 50% saying they had heard of it compared to 33% one year earlier. The results of the 2003 survey revealed that awareness of the DDA Act and the changes to it had fallen by 6%.

In the 2006 Public Attitudes to Disability survey those in the ABC1 social class group had higher levels of awareness of disability issues. Women had higher levels of awareness than men. People that knew someone with a disability were more likely to be aware of the

National Disability Authority, the Disability Act 2005 and the National Disability Strategy. People with a disability were more likely than others to be aware of the sectoral plans prepared under the Disability Act with 5% of the respondents aware of the sectoral plans prepared under the Act. However, as pointed out, changes in attitudes and awareness need to be monitored over long periods of time to ascertain whether changes identified are part of an ongoing trend rather than representing transient fluctuations.

2.3. Interpersonal relations

The issue of relationships is an important area. For full integration into society open attitudes to people with disabilities needs to exist in all areas of life including those of an interpersonal nature (Chen, 2002). Chen holds that negative attitudes towards interpersonal issues for people with disabilities, e.g., towards dating and marriage, indicate that people with disabilities are still not fully integrated within society. When researchers find positive attitudes for participation in these areas of life Chen considers that only then will we be able to postulate that perhaps full inclusion and integration has been realised for people with disabilities. Research shows that one of the mechanisms by which direct contact between people with and without disabilities under particular "ideal" circumstances changes attitudes and reduces prejudice is by friendship - "generating affective ties" (Hewstone, 2003 citing Hewstone, 1996; Pettigrew, 1998; Pettigrew et al, 2000). Thus, interpersonal relations can be key in changing attitudes and can also indicate that integration and inclusion is truly happening.

In the 2006 Public Attitudes to Disability survey, in response to a question on whether people with disabilities should have children or not, 84% of respondents agreed or strongly agreed that people with physical disabilities had the right to have children if they wished while 87% of respondents agreed or strongly agreed that people with visual or hearing difficulties should have children if they choose. For people with intellectual or learning difficulties, 64% of respondents said that they should have children if they wish while 41% of respondents thought that people with mental health problems should have children if they wished.

In the 2006 Public Attitudes to Disability survey, 90% agreed that people with visual or hearing difficulties should have sexual relationships if they wished and 87% agreed that people with physical disabilities should while 61% thought that people with mental health difficulties should have sexual relationships if they wanted to.

In the 2003 Northern Ireland Life and Time Attitudes to Disability Study (Office of the First and Deputy Ministers, NI), respondents were given the scenario of two people with Downs Syndrome who wanted to marry and have children. They were asked if they thought that they should be encouraged, discouraged or neither encouraged nor discouraged. Twelve per cent of respondents said they should be encouraged, 38% said they should be discouraged while 36% said they should be neither encouraged nor discouraged.

In both the 2001 and 2006 Public Attitudes to Disability surveys in Ireland (NDA) respondents were asked how comfortable they would feel if they were living beside

people with different kinds of disabilities. In the 2006 survey respondents expressed increased comfort levels for all types of disability. On a scale of 1 to 10, comfort levels for living beside people with a physical disability had risen from an average of 8.9 in 2001 to 9.5 in 2006; for people with intellectual or learning disabilities from 8.8 to 9.2; and for living beside people with mental health problems from 7.1 in 2001 to 8.3 in 2006. Comfort levels for living near people with visual or hearing disabilities were 9.5 in 2006 (this was not measured in 2001) [1]. McConkey et al (1983) describes how the initial anxieties of local residents to people with learning disabilities diminish once a person or people with disabilities move into the neighbourhood. Hudson-Allez et al (1996) also demonstrated increasingly positive attitudes of neighbours over time even though there can be a vociferous hostile minority (cited in the 2004 NDA report on options for influencing public attitudes towards people with disabilities).

2.4. Fairness, access and opportunity

In the 2006 Survey on Public Attitudes to Disability, 55% of respondents thought that people with disabilities were treated fairly in Irish society. Earlier surveys carried out by the DRC Britain (2000) and DRC Scotland (2001) found that 50% of respondents considered that people with disabilities were treated fairly.

With regards accessibility, 87% of respondents in the 2006 Survey to Public Attitudes to Disability in Ireland agreed that, in general, access to buildings and public facilities for people with disabilities has improved in the last 5 years. However, 61% thought buildings and public facilities in Ireland are not adequately accessible and 92% of respondents agreed that more could be done to meet the needs of people with disabilities regarding access to buildings and public facilities. What people think could and should be done is something that could be explored in further research.

In the 2006 Survey on Public Attitudes to Disability, more than 50% of respondents thought that people with disabilities did not receive equal opportunities in education and more than 70% thought that they did not receive equal opportunities in employment.

2.5. Attitudes to disability in people with and without disabilities

In the 2006 Public Attitudes to Disability Survey, as well as in other surveys, people with and without disabilities shared similar views with regards a wide range of disability issues. This was a finding in the 2004 Benchmarking Canadian Attitudes Survey (Office for Disability Issues, Canada) as well as in Northern Ireland and other surveys.

Deal (2006) reviewed the literature and carried out fieldwork around the attitudes of

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1   Some of the responses in the 2001 and 2006 NDA surveys are not directly comparable as a number of
     questions were changed in the 2006 questionnaire to facilitate better bench-marking into the future.

people with disabilities towards other people with disabilities and towards people in distinct impairment groups. He also collected comparative data from people without disabilties. From the literature Deal found that the attitudes of people with disabilities to other people with disabilities were not consistent. Attitudes ranged from a desire to avoid others labelled as people with disabilities for fear of further stigmatisation through association, to proclamations of strength and pride through association. Deal also found that people with disabilities do not automatically wish to be associated with other impairment groups.

In his own fieldwork in England, Deal (2006) found that people with and without disabilities held similar attitudes towards other people with disabilities in general and with respect to different impairment groups. A hierarchy of impairment appears to exist with people with disabilities producing a rank ordering of the most accepted to the least accepted impairments. The rank ordering of most accepted to least accepted impairments was Deaf, Arthritis, Epilepsy, Cerebral Palsy, HIV/AIDS, Down's Syndrome and Schizophrenia. The ranking by respondents without disabilities was the same for 5 of the 7 impairment groups with only Cerebral Palsy and HIV/AIDs being placed in reverse order.

Wright (1988) cited by Longoria et al (2006) argues that oftentimes researchers focus on obtaining statistically significant results pertaining to the differences between those with/without disabilities in order to publish their findings. And, conversely, the belief that non-significant findings may not be publishable can lead researchers to discard such results. Wright (1988) argues that these practices negate the similarities between persons with and without disabilities. Also, the negative attitudes towards disability on the part of people with disabilities is an area that requires attention as such attitudes can slow progress towards equality.

In the 2006 Public Attitudes to Disability survey unprompted and prompted awareness of the range of disabilities was similar for people with and without disabilities. A significant difference was that people with disabilities were more aware of long-term illnesses and frailty in old age as disability types. People with disabilities were more likely to know someone else with a disability and were more likely to agree that society disables people by creating barriers (80% versus 61% of respondents without disabilities). They also had slightly higher comfort levels living near people with disabilities than others. Respondents with disabilities were also more likely to agree that children with disabilities should be educated in the same school as other children. Fifteen percent of people with disabilities compared to 21% of people without disabilities saying that they would object if a child with mental health difficulties were placed in the same class as their child. People with disabilities were more likely to consider that people with disabilities had a right to relationships when they wish.

2.6. Employment

Work and employment play a central role in people's lives and are essential factors in social inclusion and well-being and can be studied from different perspectives including a rights perspective or a social, economic or health one.

Negative attitudes regarding people with disabilities as workers and employees are kept in place by myths (Kilbury et al 1992 and Satcher, 1992), by ineffective rehabilitation placement methods and by employer hiring procedures designed solely to avoid making risky hires (Gilbride et al, 1992 and 1993 and Wiseman et al, 1998 cited by Gilbride et al, 2000).

The 2006 Public Attitudes to Disability survey shows that 6% of respondents knew a work colleague or work contact with a disability. This finding, in the context of a five-year period where familiarity with people with disabilities has increased by 23%, from 48% in 2001 to 71% in 2006, would suggest that while people with disabilities are becoming more visible in some areas of life this is not happening at the same pace in all areas of life. There is also the possibility that people are unaware of work colleagues with a disability as many disabilities are hidden and workers with particular disabilities may be very slow to disclose them.

There is little direct research done on attitudes and employment of people with disabilities in Ireland. Murphy and O' Leary (2005) looked at disability cases that were taken under new employment equality legislation from its introduction in 1998 through Sept 2005. This legislation protects the rights of employees, prospective employees and individuals' accessing/undertaking vocational training. Thirty-one cases were taken in relation to disability in that period and 9 of the investigations found occurrences of discrimination (damages awarded ranged between 1270 and 15000 Euro).

In the 2006 NDA Public Attitudes to Disability survey 7% of respondents thought that employers would be willing to hire people with mental health problems compared to 32% and 27% of respondents respectively for people with physical and hearing disabilities.

In the 2004 Canadian Benchmarking Survey (Office for Disability Issues) 82% thought that that people with disabilities were less likely to be hired for a job than those without disabilities, even if they are equally qualified. However, 31% of the employed Canadian respondents reported that there was a person with a disability in their workplace and 73% of these employed respondents strongly agreed that these individuals are contributing as much as others to the organisation. Furthermore, 68% strongly agree that these persons are fully accepted by others in the workplace. It is a common result to find mixed attitudes among the public with regards to disability issues.

Again mixed attitudes were found in the 2003 Northern Ireland Life and Times Disability Study (Office of First and Deputy Minister). In this survey 76% of respondents agreed that the main problem faced by people with disabilities at work is other people's prejudices. However, 29% of respondents agreed that people with disabilities cannot be as effective at work as people without disabilities (48% disagreed) and 36% of respondents agreed with the statement that employers should not make special allowances for people with disabilities.

In the 2006 NDA Public Attitudes to Disability survey respondents were asked to rate on a scale of 1 to 10 how comfortable they would be with people with different disabilities as their work colleagues. The highest rating (most comfortable) was with

colleagues with a physical disability (8.85), then colleagues with a hearing disability (8.69), a visual disability (8.57) and an intellectual disability (8.25) with the lowest rating being for colleagues with a mental health problem (7.21).

The Royal College of Psychiatrists (2002) in the UK reviewed employment opportunities and barriers to employment and vocational opportunities for people with mental health problems. People with long-term mental health problems were much more likely to be unemployed than people with long-term physical disabilities. In this review unemployment rates in those with mental illness were considered to be a product of social factors as well as a consequence of mental illness. Barriers to work specified for people with severe mental illness included structural factors, stigma and prejudice as well as attitudes and approaches of the mental health services and the lack of well-run employment schemes. Unemployment rates for people with mental health problems were very high and particularly so for those with severe mental illness for whom unemployment rates ranged around 60-100%. The overwhelming majority of mental health services users wanted to be employed or at least be engaged in meaningful work.

Wilgosh et al (1987) and Greenwood et al (1987) conducted literature reviews of research on employers' attitudes to disability in the USA. Hernandez et al (2000) conducted a review of research carried out in the 12-year period, 1987-1999. During this period the ADA legislation (1990) was implemented in the USA. Hernandez et al (2000) reviewed 37 studies, investigating the status of employer attitudes in the USA. She also examined if any of the trends seen in the 1987 research reviews persisted.

Hernandez et al (2000) found that employers expressed positive global attitudes toward workers with disabilities but when specific attitudes towards workers with disabilities were assessed they were generally more negative. This trend of mixed attitudes on the part of employers with more positive global and less positive specific attitudes was already identified in both 1987 reviews. Most of the studies that identified negative employer attitudes studied specific attitudes towards workers with disabilities. These findings suggest that while it may be becoming socially appropriate to express positive global attitudes towards people with disabilities, personal attitudes that influence behaviour may remain more negative.

On the other hand the discrepancy between expressed willingness to hire and actual hiring identified in 1987 by Wilgosh et al, while also identified in three studies in the Hernandez et al (2000) review, appears to be diminishing. This appears to be the case particularly among employers who were participants of vocational and supported employment programs (Hernandez et al, 2000). Thus, vocational rehabilitation professionals may be able to improve the employment outcomes of people with disabilities by assisting employers to recognise the potential of employees with certain types of disabilities to perform the essential functions of specific jobs (Hernandez et al, 2000).

The 2004 Harris Poll on Disability found that 35% of people with disabilities in the USA reported being employed full-time or part- time compared to 78% of those who do not have disabilities. Of those who are unemployed 63% would prefer to be working.

According to this poll, 22% of employed people with disabilities reported encountering job discrimination, a significant drop from the figure of 36% 4 years earlier in the 2000 Harris Poll. Of the 22% who had experienced discrimination in 2004, 27% reported being refused a job interview because of their disability, 31% reported being refused a job because of their disability, 17% reported being refused a promotion because of their disability, 21% reported being refused a workplace accommodation, 14% reported being given less responsibility than their co-workers while 12% reported being paid less than their non-disabled peers in the workplace (http://www.obln.org/resources/stats.htm)

Blessing et al (1999) point out that while research in the 1970s and 1980s found mainly negative employer attitudes towards hiring people with disabilities (Fuqua et al, 1984; Mithaug, 1979; Schloss et al, 1989; Smith, 1981; Wilgosh et al, 1987), research from the 1990s onwards has noted increasingly favourable employer attitudes towards hiring people with a developmental disability (Cooper, 1991) and generally towards people with more severe disabilities (Levy et al, 1991, 1992, 1993 and 1995).

A survey of employers in the USA, *Restricted Access*, was carried out to explore attitudes and employment (Dixon et al, 2003). One quarter of employers surveyed said they employed at least one worker with a disability. The study demonstrated that although many employers are willing to hire people with disabilities, misconceptions regarding hiring and accommodation abound. Employers gave diverse opinions as to why so few people with disabilities were hired. These included discrimination against workers with disabilities, employer reluctance, lack of experience on the part of the jobseekers with disabilities and lack of physical accessibility. While employers expressed varying degrees of reluctance and concern regarding the hiring and accommodation of people with disabilities, they did recognize the need for equal treatment in the workplace. Employers recognised that they themselves have significant barriers to hiring people with disabilities including discomfort, unfamiliarity, belief that the nature of the work they do is such that people with disabilities cannot perform it effectively and fear of the cost of accommodation. Less than half (40%) of employers surveyed provided training of any kind to their employees regarding working with or providing accommodations to people with disabilities (Dixon et al, 2003).

In research done by the Scottish Executive in 2005 the decision to employ a person with learning disabilities and or ASD was influenced by several factors including the professionalism of the supported employment service; the predisposition of the company; difficulties with filling specific posts; labour shortages; putting the business case that employers would gain reliable motivated and consistent workers etc (the Scottish Executive, 2005). They investigated employment support for people with learning disabilities and autistic spectrum disorders and found that key stakeholders, employment support providers and some authors considered that the biggest barrier to employment is the lack of a consistent national framework from to commission and audit the performance of supported employment.

Blessing et al (1999) suggest that since prior experience of hiring or training a worker with a developmental disability was associated with greater receptivity to this population,

job placement professionals should seek employment opportunities for their clients in companies that have hired a person with a developmental disability in the last 3 years.

Larger firms may present greater opportunities than smaller firms for placement and hiring of people with intellectual disabilities and may be more predisposed to take advantage of the favourable public image and diversity in the workplace that is likely to accrue. In support of this, in the U.S.A., Siperstein et al (2006) carried out a national public survey of consumer attitudes towards companies that hire people with disabilities (n = 803). Most of the participants (75%) had direct experience with people with disabilities in a work environment and these experiences were positive. All participants responded positively towards companies that employed individuals with disabilities. The participants had strong beliefs about the value and benefits of hiring people with disabilities with 87% agreeing that they would prefer to give their business to companies that hire individuals with disabilities.

Blessing et al (1999) found that a service agency between employer and potential employee is crucial in the case of employees with intellectual disabilities. They also found that 78% of employers described the employment of a person with an intellectual disability as predominantly a positive one. A literature review on best practice in employment and intellectual disability carried out by Roeher Institute, Canada (2004) proposed based on the evidence, that the employer-employee interaction is a primary hurdle that, once overcome, can have a snowball effect on the availability of job opportunities. While negative employer attitudes can deter the hiring of people with intellectual disabilities, once contact is established between employers and individuals, attitudinal barriers can be overcome.

Hernandez (2000) found that when appropriate supports are provided, employers' express positive attitudes toward workers with intellectual and psychiatric disabilities. In line with the 1987 reviews, employers surveyed in 2000 with prior positive contact experience, held favourable attitudes towards workers with disabilities (Hernandez, 2000). The implications of these findings are further discussed in the section on changing attitudes.

2.7. Education

In the 2006 Public Attitudes to Disability survey 36% of respondents thought that children with mental health difficulties should be educated in the same school as children without disabilities while 75% of respondents who agreed that children with physical disabilities should attend the same school as children without disabilities.
In the 2004 Canada Benchmarking Attitudes to Disability Survey 55% of Canadians thought that children with physical disabilities would best be taught alongside other children but this was a minority view in the case of mental (33%) and learning (33%) disabilities.

Lodge et al (2004), reviewed diversity at school in Ireland. They cite earlier work of theirs (Lodge et al, 2001) investigating attitudes towards minorities among young people in mainstream education in Ireland. They found that the prevailing attitude towards

people with disabilities was one of pity. However, young people who had come to know their disabled peers were less likely to define a person by their disability or to regard the person as someone to be pitied.

Lodge et al (2004) also cite Shevlin et al (1999) who found that young people in Ireland can feel distant from and uneasy around peers with disabilities particularly when other peers are intellectually disabled. However, following prolonged involvement with profoundly intellectually disabled young people, a group of adolescents from a mainstream school became more comfortable with their disabled counterparts.

Teachers' attitudes towards students with disabilities have a significant impact on the educational experience (Kenny et al, 2000 cited by Lodge et al 2004; Genesi, 2007). While legal mandates declare that children with disabilities may be included in the regular classroom, these mandates don't ensure that they will be accepted or treated fairly by their teachers or peers (Genesi 2007 citing Marks, 1997). Mason (1995) cited by Lodge et al (2004) argues that schools need to actively engage in challenging pervasive societal attitudes of able-bodyism and able-mindedness.

Research indicates that inclusion can fail to result in positive outcomes for children (Genesi, 2000 citing Cook et al, 2000) because prejudice remains. Genesi (2007) cite Derman-Sparks (1993) and Gleason (1991): "The stereotypical views held about persons of minority groups, including those with disabilities, affect the development of children who receive both blatant and subtle messages that challenge their integrity as learners. Many will never reach their fullest potential because of their exposure to prejudice and discrimination" (Genesi, 2007, p. 2)

A 2004 study carried out by Special Olympics (SO) of 4000 middle school students from across Japan examined their beliefs and attitudes towards student peers with intellectual disabilities (SO, 2004). Overall the students underestimated the capabilities of students with intellectual disabilities and were hesitant to interact with them. On the other hand, they were willing to include students with intellectual disabilities in their schools and classrooms.

A complementary study of 6000 US students was undertaken to assess differences in youth attitudes between the two nations (Norins-Bardon et al, 2005). North American students were more willing to interact with peers with disabilities than their Japanese counterparts and they had better perceptions of the competencies of students with intellectual disabilities reflecting their higher exposure to students with intellectual disabilities.

Despite widespread misperceptions in both countries, the students were open to greater inclusion of students with intellectual disabilities. This contrasts with a SO commissioned survey of adults carried out by Siperstein et al (2003) in 10 countries (Japan, the Republic of Ireland, Northern Ireland, the United States, Brazil, China, Egypt, Germany, Nigeria and Russia). Adults held more pervasive misunderstandings and mis-beliefs about individuals with intellectual disabilities. For example, 60% of adult Japanese considered that students with intellectual disabilities should be educated separately

from other children. The fact that youths in both countries recognise the value of students with intellectual disabilities and are open to greater inclusion of students with intellectual disabilities, represents an opportunity for changing attitudes.

My school, my family, my life: Telling it like it is, (Lewis et al, 2006), a study commissioned by the Disability Rights Commission in the UK, details the experiences of children and young people with disabilities and their families. "Overall, children and young people had experienced both positive and negative attitudes and behaviours from other people, whether it was friends, family, teachers and other staff members at school, other professionals or the wider community. Overwhelmingly, the main theme from young people is the importance they attach to being treated sensitively and the same as anyone else, including being listened to and having their views and experiences treated as authentic and credible" (Lewis et al, 2006, p.1855).

2.8. Mental Health

It is a common finding across jurisdictions that attitudes tend to be more negative to those disabilities that are perceived to be more unpredictable or more hidden such as mental health problems or lifestyle-related such as HIV/AIDS or addiction. More negative attitudes towards mental health problems are not a contemporary phenomenon. Historically, attitudes toward people with mental health problems have been more negative worldwide than attitudes towards other disabilities (Singer, 2001 citing Spiro et al, 1993; Carling, 1995; Michener 1998 and Heginbotham, 1998) and the tendency to stereotype people with mental health problems continues (Huxley and Thornicroft, 2003).

In both the 2001 and 2006 NDA Public Attitudes to Disability surveys public attitudes towards mental health problems were found to be more negative than attitudes to other disabilities although attitudes were less negative in 2006 than 2001.

In the 2006 Public Attitudes to Disability survey in Ireland, as outlined earlier in this literature review, a significant proportion of respondents thought that people with disabilities and, in particular, people with mental health problems did not have the right to fulfilment through relationships or parenting. Also, less than 40% of respondents thought that children with mental health difficulties should attend mainstream schools and 21% of respondents said they would object if children with mental health difficulties were in the same class as their children. Comfort around living in the neighbourhood of someone with a mental health disability has increased from 7.1 out of 10 in 2001 to 8.3 out of 10 in 2006 but level of comfort remained lower than for other disability categories (physical (9.5), visual or hearing (9.5) and intellectual or learning (9.2)) Thus, while attitudes regarding mental health problems remain more negative in Ireland in 2006 than attitudes to other disabilities, they are improving.

In the 2004 Canadian Benchmarking Attitudes toward Disability Study (Office for Disability Issues, Canada) Canadians were asked how comfortable they believed people

in general are with people with disabilities. Respondents were most likely to believe that people are comfortable around people with more conventionally-defined disabilities e.g. 80% would be comfortable around someone in a wheelchair and 37% would be comfortable in cases of disabilities such as chronic depression and HIV/AIDS (46%). In this Canadian Study, the more vulnerable segments of society (older people, lower socio-economic status, women, people with disabilities) were more likely to consider the more non-conventional, more hidden conditions as legitimate disabilities in comparison with the younger, more affluent Canadians who might be more inclined to see some of these disabilities as lifestyle choices.

Corrigan et al (2000) polled 152 college students in the USA and found that they viewed people with drug addictions, psychosis and other mental health problems more negatively than people with physical disabilities. Negative attitudes and behaviour can also be found among professionals such as health practitioners as well as from the general public and young people (Singer citing Spiro et al., 1993; Carling, 1995; Michener, 1998 and Sheehan, 1982).

In England, 1 in 4 people with disabilities but almost 1 in 2 people with mental health problems have experienced hate crime or harassment according to Morris (2005) citing the work of the Social Exclusion Unit (2004). In a UK survey, *Tomorrow's Minds* (Mind out for Mental Health Government Campaign, 2001 cited by McKeever, 2006) 60% of young people admitted verbally abusing people with mental illness and 50% of people with mental illness reported abuse and harassment. In another UK-wide survey, Attitudes to Mental Illness (Department of Health, UK, 2003 cited by McKeever, 2006), 50% of respondents strongly associated mental illness with violence, a split personality or forced hospitalisation and only 12% of respondents were aware that 25% of the UK population would suffer from mental illness during their lifetime.

These results would seem to contrast somewhat with the Mental Health Ireland Surveys in 2003 and 2005 where, e.g., 95% respondents acknowledged in 2005 "virtually anyone could become mentally ill". The Scottish Government carried out National Studies on Attitudes to Mental Health in 2002 and 2004, entitled `*Well, What do you think*´. The results of these studies demonstrated that there was recognition that 'anyone can suffer from mental health problems' and that 'people with mental health problems should have the same rights as anyone else'. In the 2004 `*Well, What do you think*´ survey half of the respondents were of the view that 'the majority of people with mental health problems recover'. In this survey, mixed public attitudes to mental illness emerged. Significant proportions of respondents agreed with statements that either directly stigmatise, or acquiesce in stigmatising, mental ill health. For example, 45% agreed with the statement 'if I were suffering from mental health problems I wouldn't want anyone knowing about it' which either reflects their own view that mental ill-health is shameful or acknowledges a broader societal stigmatisation of mental ill-health, making it something that is best kept to oneself. Around a quarter felt that 'the public should be better protected from people with mental health problems', a statement which implicitly assumes that that public should be protected and questions whether this protection should be better. Similarly, 15% agreed with the view that 'people with mental health problems are often dangerous.

Mental Health Ireland conducted surveys on Public Attitudes to Mental Health in Ireland in 2003 and 2005. While positive attitudes predominate in both these studies there are still some negative attitudes towards mental illness. "Negative attitudes are more prevalent among males than females, among older people (65+) and younger people (under 25), and among the lower socio-economic groups. Young males under 25 years of age hold particularly negative views - a worrying finding given the vulnerability of this social group to suicide in Ireland today. People who have had no experience of someone close to them suffering from mental illness also have a more negative attitude. One could reasonably infer that lack of awareness and lack of knowledge and experience lead towards negativity, so while those with a negative attitude are in the minority, there is still room for more education on and heightened awareness of mental illness" (Public Attitudes to Mental Health, 2005 p2-3).

The tendency for older people to hold more negative attitudes than younger age groups towards mental ill health and people experiencing mental health problems is consistent with findings from several studies including the National Studies on Attitudes to Mental Health in Scotland in 2002 and 2004 and the Attitudes to Mental Illness carried out by the Department of Health UK (2003) mentioned above.

3

The Generation of Negative Attitudes

3.1. The social construction of disability

Accepted ways of thinking, reacting and doing business become firmly embedded in society and can be remarkably resistant to change. Negative attitudes can become institutionalised: "We often see the impact of negative attitudes in how one person treats another. But negative attitudes are also the foundation stone on which disabling policies and services are built. Harmful attitudes that limit and restrict are institutionalised in policies and services and so maintain the historic disadvantage that disabled people have faced" (Massie, 2006).

A major reason proposed for negative social attitudes, resulting in the denial of basic values and rights/conditions, is the way disability is portrayed and interpreted in society. Biklen (1987) and Taylor et al (1993) identified social construction of disability as a barrier to social inclusion. At community level negative attitudes can become structured into social patterns of segregation and discrimination. The theory of social construction attempts to explain the process by which knowledge is created and assumed as reality (Douglas, 1970 cited by Devine, 1997). The theory asserts that meanings are created, learned and shared by people and then reflected in their behaviour, attitudes and language (Devine 1997 citing Berger et al, 1966).

Particular social constructions of disability portray people with disabilities as "other" and not as an integral part of the 'normal' world. Negative attitudes and behaviours develop from this 'worldview'. In the last two decades disability rights activists and academics have highlighted cultural and environmental factors that marginalise people with disabilities, denying them basic values and the accompanying basic rights/conditions. This social model of disability places a person's impairment in the context of social and environmental factors, which create disabling barriers to participation (Oliver, 1990). This social model of disability approach suggests that the root of disability lies in a failure of the environment to allow someone to function to his/her full capacity as much as in any functional impairment that the person may have.

Highlighting the marginalisation of people with disabilities through cultural and environmental factors does not mean that impairment is denied. Impairment is an objective concept and means that aspects of a person's body do not function or function with difficulty (Crow, 1996). However, when impairment is taken a step further to imply that a person's body, the person and the person's worth is inferior to that of others, then there is an interpretation that is socially created and is therefore not fixed or inevitable (Crow, 1996). Crow argues that one can think of impairment in three, related, ways. First there is the objective concept of impairment. Second, there is the individual interpretation of the subjective experience of impairment. Finally, there is the impact of the wider social context upon impairment, in which misrepresentation, exclusion and discrimination combine to disable people with impairments. It is this third aspect of impairment which is not inevitable. Such socially constructed interpretations and meanings are not fixed or inevitable and can therefore be replaced with alternative interpretations (Crow, 1996).

Gleeson (2006) has attempted to de-construct 'discourses of what is considered normal i.e. "normalcy". In the NDA Research Conference in Dublin in 2006 she describes how a powerful but narrow and rigid set of thinking called 'normal' arises and how structures and systems are then organised around this thinking. Reviewing research carried out by people with disabilities Gleeson found that

- Fear and power under-gird relationships with disability
- Vulnerability to illness and death are feared and unconsciously that fear is projected onto people with disability
- Fear turns in to power in that unconsciously people with disabilities are treated as not normal and our projection is reflected in social structures which further isolate and marginalize them
- From an early age we are socialised into thinking about 'normal' and 'not normal' categories of people and consider those categories to be true or natural
- As soon as we begin to see as small children we become aware that we can also be seen by others and, accompanying this realisation, is the 'pressure' of conforming to social expectations (Gleeson citing Berger, 1972)
- Bodies are pressured to conform to an 'ideal', for example, the size zero dynamic
- Everyday visual imagery consolidates a narrow category of normal particularly in relations to how bodies should look and behave (Gleeson, 2006)

The social construction of disability represents a basis from which barriers to inclusion of people with disabilities are created (Devine, 1997 citing Olkin et al, 1994). As a result of the social construction of disability, people with disabilities experience decreased expectations by people without disabilities and limited inclusion in scoiety (Devine, 1997 citing Bogdan et al, 1992; Safilios Rothschild, 1976). Understanding social constructions can help to explain why people with disabilities have been sidelined and discriminated against and also can draw attention to what needs to be done to eliminate negative attitudes. New interpretations of impairment and disability can be informed by the experience of impairment of people with disabilities; by facilitating their rightful participation in mainstream activities and by the recognition and defence of the common values of autonomy/self-determination, equality, dignity, social justice and diversity that are rooted in every person and of the rights that flow from them.

3.2. Low expectations

Morris (2005) considers two common attitudes that create enormous barriers to participation. Firstly, that people with disabilities are commonly considered to be in need of care and this undermines peoples' ability to see people with disabilities as autonomous people. "We are not recognised as actors in community participation but as recipients of other peoples community participation". Secondly, people with disabilities are often treated as not belonging to the communities in which they live. These attitudes stem from particular social constructions.

Devine (1997) cites Funk (1987) who said that the social construction of disability is responsible for creating images of people with disabilities as "pathetic figures in need of

pity, charity and caretaking" (p.25). Society prescribes a set of standards for functional independence, capabilities and social reciprocity. When people's functioning or biological composition does not fall within these standards, they are assumed to be inferior and are subject to a decrease in inclusion in society (Devine, 1997 citing Allen et al, 1995; Bogdan et al, 1987 and Hahn, 1988). Devine (1997) cite Hey et al (1984) who believe that the social construction of disability is at the root of the stereotype that all people with disabilities are helpless.

In the Department of Work and Pensions, UK, '*Disabled for Life': attitudes towards, and experiences of, disability in Britain* Survey (Grewal et al,2002), 1 in 3 people believe that disabled people cannot lead a full life due to their health problems; 1 in 5 people believe that in general disabled people cannot be as effective at work as their non-disabled colleagues; more than 1 in 4 people admitted they would feel uncomfortable and embarrassed in an encounter with a deaf person using British Sign Language; and 1 in 4 people confessed they would go out of their way to avoid an encounter with someone experiencing mental illness.

"Possibly the most damaging consistent response to disability is simply the low expectations that we have of disabled people and for them and, as a consequence, that many have for themselves. We don't expect that people with significant levels of impairment will work, so when such people present themselves for a job, the experience is novel and employers naturally worry about their productivity, the likelihood of lots of sick leave, whether they will disrupt normal working practices, or put the customers off. Of course the expectation creates the reality – the apparent absence of disabled people from boardrooms and public life fosters low aspirations and expectations. 'How could I ever climb that high?' This is both because people who have obvious visible impairments often aren't there and because people with invisible impairments have the rather dubious luxury of hushing it up… but at what personal cost? (Massie, 2006)"

Genesi (2007) cites Van Der Klift et al (1994) "When disability is seen as the largest component of a person, much of what is unique and "human" about him or her will be obscured. When needs and deficits are what we see, we only see what that person cannot do" (p. 339). Genesi also cites Marks (1997) who states the following regarding inclusive education, "A major shift in how we think about disabilities is necessary for we cannot truly include all children until we value all people" (p. 126). Singer (2001) cites Lown (1996) who uses Mann's classical quote: that we must behave as if the world was created for all human beings. Lown argues for the importance of adequate human etiquette in relationships where people meet as equals. McConkey et al (1983) suggest that people must first change their beliefs about themselves before they change their attitudes to others.

3.3. Lack of visibility, ignorance and fear

In research commissioned by the NDA, *Strategic Options for influencing public attitudes towards people with disabilities* (NDA, 2004), both focus groups conducted in the research (one focus group composed of people with disabilities and the second composed of

their friends and family) considered that, historically, the primary reason for negative attitudes and perceptions to disability in Ireland was the lack of visibility and integration of people with a disability in mainstream society. This lack of integration resulted in a marginalisation of those with a disability and an ignorance and fear on the part of people stemming from their inexperience of learning, living or working alongside people with disabilities.

In the quantitative element of the UK survey, '*Disabled for Life': attitudes towards, and experiences of, disability in Britain* (Grewal et al, 2002), 2064 respondents were surveyed of which 47% had a disability. The majority surveyed, both those with and without a disability, thought that the primary reasons for prejudice against people with disability, which they considered common, were fear of difference, lack of awareness and ignorance.

The Social Exclusion Unit's inquiry (2004) into the experiences of people with mental health problems found rejection, or fear of rejection by the community to the most important cause of this group's social exclusion.

Negative attitudes structured into discrimination and exclusion at the community level mean that people with disabilities and particularly those with mental health problems can be marginalized economically, segregated and be prone to further mental health problems due to this exclusion and rejection (Singer 2001 citing Carling 1995).

Discrimination and exclusion are rooted in fear and stereotyping, reinforced by a lack of personal contact (http://www.realising-potential.org).

3.4. Stigma, stereotyping and prejudice

Stigma as a concept is imprecise. It involves attitudes, feelings and behaviours (Morgan et al, 2002 as cited by Nolan et al, 2006).

Nolan et al (2006) cite a number of definitions of stigma including the following
- "A sign of disgrace or discredit which sets a person apart from others" (Byrne 2000 p.65)
- "A societal reaction which singles out certain attributes, evaluates them as undesirable and devalues the person who possess them" (Miles, 1981, p. 70)
- "Some attribute or characteristic, that conveys a social identity that is devalued in a particular social context" (Crocker et al, 1998, p505)
- The co-occurrence of its components – labelling, stereotyping, separation, status loss and discrimination – further indicate that for stigmatisation to occur, power must be exercised (Link et al, 2001, p. 363)
- A special kind of relationship between attribute and stereotype… attribute that is deeply discrediting…Reduces the bearer… from a whole and usual person to a tainted, discounted one… We believe that a person with a stigma is not quite human …" (Goffman, 1963, pp 14-16)

Stigma can leave people marginalized and excluded from their own community. It can stop people with ability getting the jobs that are qualified to do leaving them dependent on state benefits (McKeever, 2006). Stigma can cause individuals with mental illnesses to be discriminated against and to be mistreated and may even contribute to some people with mental disorders to refuse to seek help for their disorder, which prevents them for receiving necessary treatments.

Stigma against people with disabilities often includes stereotyping based on misperceptions. A stereotype is a form of social typing, which has the potential to be misleading, as it does not acknowledge variability (Nolan et al, 2006). Misperceptions of people with mental illness e.g., include that it is shameful to be mentally ill, that people with mental illnesses are violent and dangerous, or that people with mental illnesses cannot live with the rest of society. "When we say that a person is stigmatised because they have mental illness, we mean that others make harsh judgements about them based on their beliefs about the nature of mental illness and not about the person's abilities, personality or unique traits" (McKeever, 2006).

Stigmatisation has internal and external consequences. It impacts on peoples' quality of life and social and psychological well-being. It causes stress, anxiety and further stigma. It causes reduced acceptance, discrimination, rejection and social exclusion. It causes label avoidance and makes it difficult to pursue employment or access to services. It can result in a lowering of self-esteem and self-efficacy (Nolan et al, 2006). People who perceive themselves as stigmatised may internalise stigmatising ideas (Graham et al, 2003 cited by Nolan et al, 2006). Stigma coping mechanisms include 1) avoidance-withdrawal, 2) education and 3) secrecy (Goffman, 1963 and Link et al, 1991 as cited by Nolan et al, 2006). Social embarrassment can result in people isolating themselves. Denial and pretence can be a means of self-protection but can also lead to reduced supports as help may not be sought or offered (Nolan et al, 2006).

"The British Social Attitudes Survey of 2000 found that 35 per cent of the respondents think there is 'a lot' of prejudice against disabled people; 51 per cent think there is 'a little' and only 3 per cent think there is 'no' prejudice in the society. Yet, few people are willing to admit that they themselves are prejudiced and so it is difficult to measure. Evidence from different scenarios, however, from the classroom to the bus stop, illustrate a wide range of unhelpful or aggressive attitudes towards disabled people, which often vary according to type of impairment or health condition, and according to ethnic origin, age and gender" (Massie, 2006).

Pettigrew et al (2000, 2003), cited by Hewstone (2003), aggregated the effects of contact over 516 studies and reported a highly significant relationship between contact and prejudice - the more contact the less prejudice. Affective ties including forming close friendships appear to be the most effective in reducing prejudice (Hewstone 2003 citing Hamberger et al, 1997 and Pettigrew, 1997). Approximately 21% of the effect of contact reducing prejudice is mediated by contact also reducing anxiety (Hewstone, 2003 citing research by Pettigrew et al, 2003).

Old stereotypes and misunderstandings of disability need to be replaced by new social constructions. Until this happens it is difficult to establish societies where public representatives and ordinary citizens alike systematically take diversity into account and welcome and cater for differences so that people with disabilities are supported as required to access the basic conditions required to live as free and responsible citizens. A range of activities and interventions can promote the reformulation of meanings and these are explored in section 4 and 5 of this literature review.

4

Attitude change
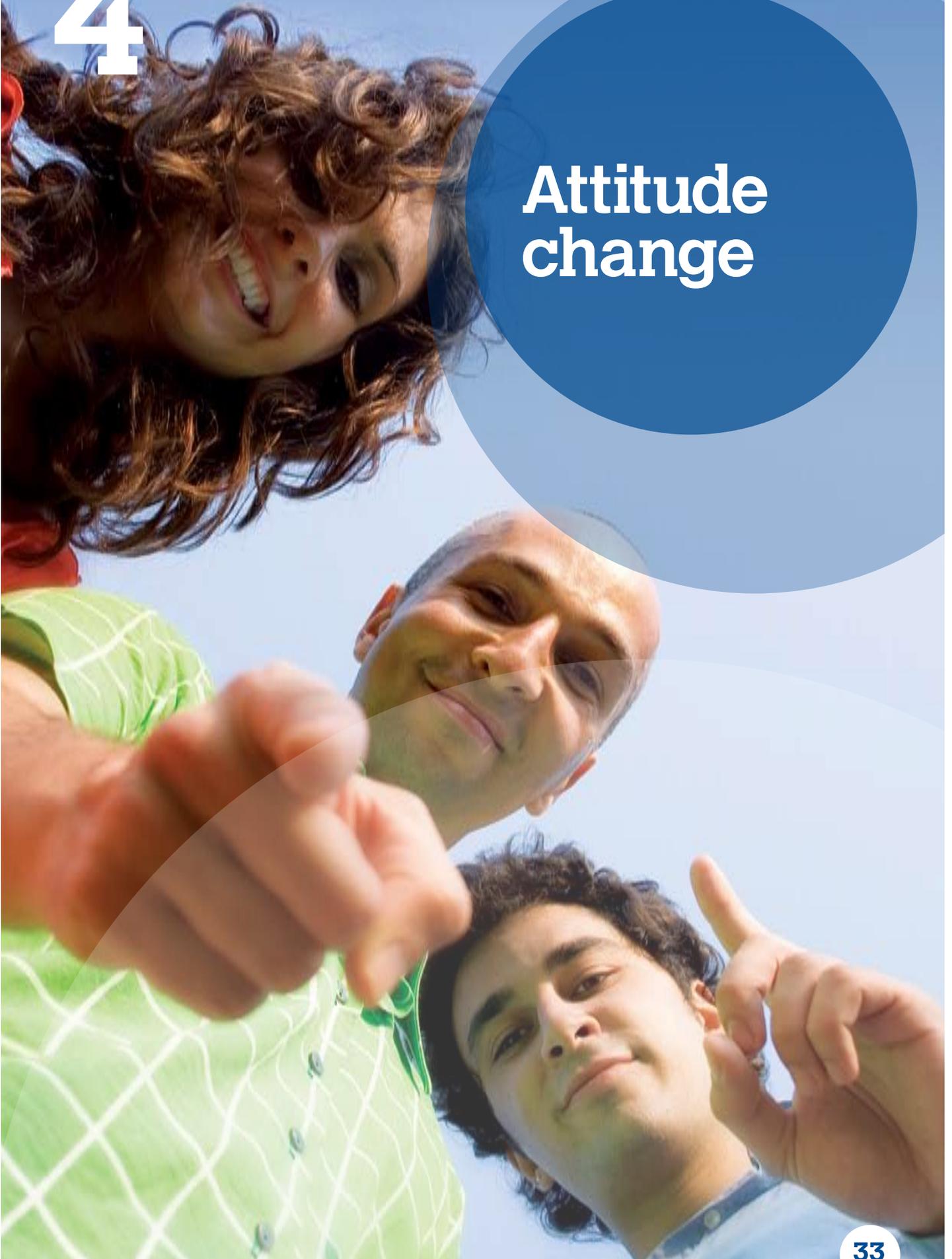
4.1. Attitude formation and motives for change

Attitudes are directly influenced through questioning, personal experience and positive or negative reinforcement (Fossey, 1993; Sdorow, 1990, cited by Eby et al, 1998). Attitudes are indirectly influenced through social learning and observation or by learning through association (Fossey, 1993; Sdorow, 1990 cited by Eby et al, 1998).

The role of direct experience may be particularly important in attitude formation. Positive effects of contact have been demonstrated in many domains including attitudes towards the elderly, psychiatric patients and children with disability (Hewstone, 2003 citing Hewstone, 1996; Pettigrew, 1998 and Pettigrew et al, 2000). Attitudes formed through direct experience may be better predictors of later behaviour than attitudes formed through indirect experience. The superior predictive power of attitudes formed through direct experience is not necessarily a function of the amount of information about the attitude object available to the individual (Fazio et al, 1978 cited by Eby et al, 1998). Direct experience may affect the attitude formation process by altering the way in which available information is processed.

Hewstone (2003) attempts to answer how direct contact between groups work in changing attitudes and diminishing or banishing prejudices. He cites Pettigrew (1998) who proposes four major potential mechanisms: 1) learning about the other group, the "out group" 2) behaviour-driven attitude change e.g. forming more positive attitudes after cooperating in a learning task 3) "in-group" reappraisal and 4) generating affective ties. It is generating affective ties, including the formation of close friendships that seems to be most effective in reducing prejudice.

Direct contact is discussed further in the next section. Deal (2006) found that the contact hypothesis was not supported by his research on attitudes of people with disabilities to other people with disabilities and diverse functional impairments. However, he suggests that whether the contact between people with disabilities is voluntary or involuntary may be a significant variable.

Research has shown that the effects of attitude change depend on a host of individual and situational factors (Petty et al, 1998). A range of factors produces attitude change by different processes in different situations. There are multiple specific processes that can determine the extent and direction of attitude change (Petty et al, 1998). Based on the research evidence, Petty et al (1998) consider it useful to divide the processes responsible for modifying attitudes into those that emphasise effortful thinking about the main merits of the attitude object from those that do not. Such a framework allows understanding and prediction of the variables which will affect attitudes, by what processes in what situations and the consequences of these attitudes.

Attitudes that are changed as a result of considerable mental effort tend to be stronger than those changed with little thought and are more predictive of behaviour. Such attitudes are also more persistent and resistant to counter-persuasion than attitudes that are changed by processes involving little mental effort in assessing the main merits of the attitude object

(Petty et al, 1998). Petty et al consider it useful to regard attitudes as falling along a continuum ranging from non-attitudes (see Converse, 1970) to strong attitudes (Fazio, 1986).

When studying interventions to tackle negative attitudes and their consequences the motives that generate attitude change and resistance are important. Wood (2000) reviewed the literature, focussing on the 2-year period from 1996 –1998 and found three central motives involved in attitude change. These involved 1) concerns with the self and with others 2) with the rewards/punishments they can provide and 3) with a valid understanding of reality.

4.2. The Contact Hypothesis

As mentioned above direct experience can be important in attitude formation. Allport (1954) in his classic volume, *The Nature of Prejudice,* expounded the contact hypothesis for future generations of policy makers and social psychologists (Hewstone, 2003). Yuker (1988) cited by Rao (2004) considered that attitudes to disability are complex and multifaceted and that the attitudinal consequences of contact with people with disabilities are mediated by the characteristics of both the person with a disability and without a disability and the nature of the interaction between the two.

Hewstone (2003), based on research evidence, outlines five key, facilitating conditions under which members of two "groups" should be brought together
  1. Under conditions of equal status
  2. In situations where stereotypes are likely to be disproved
  3. Where inter-group cooperation is required
  4. Where participants can get to know each other properly
  5. Where wider social norms support equality.

Hewstone (2003) argues that successful inter-group contact promotes more positive "out-group" attitudes, increases the perceived variability of the "out-group", which now appears less homogenous and inter-group contact can also promote increased "out-group" trust. Hewstone (2003) demonstrates from research that contact works, how it works and when it works. Antonak (1981) showed that the most influential factor in the attitudinal scores in his study was the intensity of contact with people with disabilities. "Where there is evidence on what changes attitudes, it centres on the impact of contact between disabled and non-disabled people. This seems to work more than any other method – more, for example, than big communications campaigns. However, contact must be on at least equal terms" (Massie, 2006 citing Hewstone, 2003). "Contact on equal terms can also be achieved through training, and evidence shows that training led by, for example, people with mental health problems, impacts on attitudes and that this change is sustained over time" (Massie, 2006 citing Employers Forum on Disability Equal Opportunities Review, 2005).

Wai Au et al (2006) compared attitudes of students (n=511) and four groups of health professionals (n=489) toward people with disabilities using an international attitude

scale. The quality of contact was found to be a dominant factor affecting the attitude scores. In addition, significant factors in determining the attitudes held by students and professionals include age, year of study, knowledge and educational level[2]. Wai Au et al (2006) cite other studies including Gelber (1993) and Elmaleh (2000) that also found that contact and knowledge factors influence the development of positive attitudes towards people with disabilities.

4.3. Disability awareness training, knowledge and understanding

Gleeson (2006) describes how, in a "Making Access Happen" training programme for librarians, the participants, including herself, the mother of a child with a disability, after naming several different factors which cause people with disabilities to be excluded, finally acknowledged and were shocked that they themselves did not consider disabled people to be normal. However, this allowed them to change: "Now we were able to see and discuss how social structures reflect individual thinking and how individual thinking is shaped by social structures in any given society at any given time. This unconscious thinking about 'normal' and 'not normal' was brought to the surface through the training approach without blame or guilt because the discussion clarified that the individual and society are intimately connected to the socialisation process from when we are very small children. Participants very quickly moved to being able to identify ways in which society and libraries are designed, constructed and 'programmed' out of 'normal' thinking" (Gleeson, 2006).

"Those promoting disability awareness should understand that most people, if challenged, would deny that they treat disabled people unfairly. They will usually express considerable goodwill towards a group they tend to regard as unfortunate victims who are, sadly, disadvantaged. However, this sympathy and goodwill often conceals a deep reluctance to accept disabled people on equal terms. This is often based on unquestioned, deeply held negative assumptions or stereotypes" (http://www.realising-potential.org).

Shevlin and Moore (1999) showed how a mainstream school in Ireland facilitated interaction between profoundly intellectually disabled young people and a group of adolescents from the school who were uneasy around peers with intellectual disabilities. The results were that the adolescents became more comfortable with their disabled counterparts. By facilitating this interaction, the mainstream school that the able bodied young people attended was fostered inclusion and the development of respect for and recognition of different abilities (cited by Lodge et al, 2004, p. 97).

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2   The overall mean score of respondents was comparatively lower than that of their counterparts in other countries. Professionals had a significantly higher attitudinal score than students. Among the health professionals, nurses held the least favourable attitudes towards people with disabilities. In addition, the nurses' attitudes were less positive to those of the student nurses. The occupational therapists and occupational therapy students had mean scores above the overall average.

How disability awareness training is carried out is important and its impact must be evaluated. Gash (1996) cited by NDA (2004) reported on an educational programme designed to increase awareness of children with disabilities amongst primary school children in Ireland. The results were mixed. On the one hand, the programme encouraged children to treat children with disabilities in a "more ordinary" way. On the other hand, some children "hardened" their attitudes, even becoming dismissive of children with disabilities.

Disability Awareness Training and Education is required for all professionals. Mukerherjee et al (2000) as cited by Lodge et al (2004) point out that teachers need to have a full understanding of the implications of particular impairments for teaching and learning if the are to inform other students or supports students with impairments. The Task Force on Autism (2001) made similar observations with respect to the education of students with Autistic Syndrome Disorder. The Task Force on Dyslexia (2001) observed that teachers often failed either to identify or fully recognise a learner's disability or have an inadequate understanding of it (cited by Lodge et al, 2004). Rao (2004) reviewed the literature with regards the attitudes of university staff towards students with disabilities in higher education. Only two studies investigated the relationship between attitudes of staff and willingness to provide accommodations and the results of these studies did not show a clear relationship between the two but this is an area that needs further exploration. Rao concludes from the literature that faculty need to be better informed about students with disabilities to improve their attitudes and that the attitudes of staff could be a vital ingredient in the success or failure of students with disabilities.

Rohland et al (2003) report on a collaborative training Project at the University of Rhode Island in the USA. The primary goal was to work with faculty and administrators at the State's post-secondary institutions to develop more inclusive and supportive learning environments for students with disabilities. This project aimed to prepare at least one faculty member in each academic department and one administrator in each administrative unit to serve as a disability resource mentor to colleagues and as a liaison to Disability Services. In this way a multi-institutional network of disability resource mentors throughout the State would be developed. The project included a 4-day workshop for the mentors that included exploring attitudes and active involvement in identifying how students with disabilities could be assisted to meet department and programme requirements. Mentors were given a resource manual and a resource website was also established. Each mentor then worked within their own unit with their colleagues. One of the assumptions underlying this approach is that departmental colleagues respect one another and therefore can be very influential in the process of changing attitudes. The immediate effectiveness of the training for participants as well as the long-term effect of the training on the postsecondary learning environment was evaluated. Long-term impact on the post secondary environment included policy changes and improved communication.

4.4. Remove obstacles to achieving human potential

Negative public and social attitudes are major obstacles to accessing the basic conditions required to achieve human potential because they develop, reinforce and solidify socio-environmental barriers to participation in work and other mainstream activities (Clarke et al, 2000 cited by Brostrand, 2006).

The basic conditions required for each person to develop their potential and to live as responsible, autonomous individuals are basic human rights. Understanding and promoting the values underpinning basic rights or the basic human conditions required for development - equality, autonomy, dignity and solidarity/social justice - is essential if governments and individuals are to commit themselves to ensuring that each and every person can access the conditions required to live as self-determining individuals.

The values underpinning human rights or the basic conditions required to fulfil human potential in each setting, be it the home, the school, the workplace or the wider society, need to be promoted. Quinn et al (2002) define the values of equality, autonomy/self-determination, dignity and social justice that underpin human rights as follows: Equality – the imposition of benefits or burdens, and the process of setting the terms of entry and participation in the mainstream, are to be set with all equally in mind, which may require accommodation towards some. Autonomy/self-determination – all persons are ends and not means to ends and can freely choose their own ends in life[3]. Dignity – every human being is of inestimable value regardless of difference. Social justice/ Solidarity – we owe something to one another in society in order to help people realise their self-fulfilment.

Morris (2005) outlines some of the development of thinking with regards these values such as the need to re-define self-determination to include situations where people need support to exercise autonomy.

➲ A need for support does not mean that someone cannot experience self-determination
➲ In order for people with disabilities to have equal opportunities to be full citizens, it is necessary to take action to remove barriers to self-determination, and, for some people with disabilities, it will be necessary to use resources to support self-determination
➲ The action to be taken must be determined by people with disabilities themselves.

Included implicitly in each of the values that underpin human rights is the value of difference. For people with disabilities to have equal opportunities, to participate and to contribute as equal citizens "we need a society where difference does not mean you cannot belong but where instead our common humanity is recognised and valued. We will all benefit if everyone can achieve their potential through participation and

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3 Autonomy/self-determination requires a certain degree of personal latitude in every setting including the family, school, workplace and wider community and also requires justice/social commitment/solidarity on the part of the others in each setting. Only in this way can each person actually get to exercise their rights and function as free, responsible and self-determining individuals.

maximising their participation within and contribution to families, communities and society" (Morris, 2005). Diversity needs to be addressed in a wide variety of settings including educational curricula. The public have an important role to play in welcoming diversity as an integral, important and enriching part of society. According to Massie (2006) it is the recognition of difference that makes the ADA legislation in the USA crucially different from other forms of anti-discrimination law. "The Act's approach is to recognise that equality is not about treating everyone in the same way. It is about responding to different needs in the different ways that best suit them. The DDA is not about equal treatment, because to treat everyone the same is to ignore their essential differences with the perverse effect of creating or sustaining inequality. It can take different treatment to provide equal opportunities." To open up opportunities for all on an equal basis, differences need to be systematically taken into account and catered for. There needs to be an active acceptance, welcoming and accommodation of difference/diversity rather than its' avoidance, elimination or denial.

5.0.

Discussion: Where to from here?

5.1. Interventions to improve attitudes to disability

While strategies for influencing attitudes to disability are not the main focus of this literature review it is important to discuss strategic approaches to attitude interventions drawing on the research findings.

Strategies for changing attitudes include
- Interventions that tackle negative attitudes directly e.g. through disability awareness training.
- Interventions that legislate against discrimination and injustice.
- Interventions that promote and support equality in education, employment and social sectors.
- Interventions that promote support for the idea that the basic conditions for the development of each person's potential is a legitimate right and that these conditions should be provided to each person. These include initiatives that highlight the importance and richness of diversity.

In the report *Strategic options for influencing public attitudes towards people with disabilities in Ireland* (NDA, 2004) McKonkey et al (1983) found that magazine advertisements, radio and TV programmes; game-type disability simulations; educational programmes and teachers/volunteers working with children with disability had limited or no success in changing attitudes and even carried a risk of worsening attitudes. In the same report, Brown (1996) is also cited. Brown reviewed mass media campaigns and concluded that they are not good at conveying complex information or changing attitudes of people resistant to change. Neither do they provide the support necessary to motivate individuals who wish to change their behaviour in adverse social or physical circumstances. The NDA are currently undertaking joint research and policy work with the Broadcasting Commission of Ireland (BCI) on the media and attitudes to disability.

Crisp et al (2000) point out that a 5-year campaign to change public opinion about mental illness showed only marginal effects and that such findings lend support to the view that health education campaigns are slow to produce effects. Therefore they propose that efforts to reduce stigma and its damaging effect on people with mental illnesses will need to be combined with a campaign to reduce discrimination against them.

More recently Corrigan et al (2006) discuss 3 different anti-stigma programs each of which have features that commend them: "Stigma Busters", a form of protest; "Elimination of Barriers" Initiative, which involves education or social marketing; and "In Our Own Voice", which relies on contact. The authors considered that while preliminary research offers initial support for the feasibility and impact of each of these programs, full endorsement of these or other approaches require collection of data that support each as an evidence-based practice.

In the absence of personal experience and personal contact the media may play a larger role in determining attitudes and knowledge than otherwise and, in these circumstances, the need for an enlightened, responsible and non-discriminatory media culture becomes more important.

Reidy (1999) cited by the NDA (2004) proposed three strategies for change: 1) positive personal contact, 2) action and 3) consciousness-raising. The NDA Report (2004) *Strategic options for influencing public attitudes towards people with disabilities in Ireland* proposed similar strategies 1) contact with people with disabilities, 2) giving information and 3) providing experiential learning opportunities as three major ways for changing public attitudes to disability.

5.2. Interventions should be wide-ranging

Changing attitudes and behaviour do not happen quickly and usually happen with some level of "intervention". In this literature review the multifaceted nature of attitudes and the complexity of attitude formation have been illustrated. Many individual and situational variables interact with each other and impact on attitudes. Thus it is evident that interventions to form and change attitudes must be wide-ranging. This fact is highlighted in the report *Strategic options for influencing public attitudes towards people with disabilities in Ireland* (NDA, 2004): "Each form of intervention serves a purpose and as they do not operate in silos, it is important to understand what each one can bring to change behaviour and attitudes and how they interlink" (NDA, 2004). Interventions need to tackle negative attitudes at every root from which they grow.

The role of direct contact, disability awareness training and widespread support for the idea that each person has a right to the basic conditions required to fulfil his/her potential in influencing attitudes were briefly discussed in the last section. In addition to these it is essential that the entire range of factors that impede participation in education, employment and civic, cultural and social life be tackled. These include e.g., the provision of adequate assistance and assistive technology where indicated in education and employment settings as well as effective employment assistance programmes. Also important is the planning for inclusive social and cultural structures, strategies and programmes.

While legislation compels behavioural change its impact on attitudes is not immediate. Over time legislation is likely to influence attitudes because the behavioural changes legislated for will alter the social context and norms and, therefore, will change attitudes. However, in the short-term, individuals' behaviour may be more influenced by prevailing attitudes, culture and beliefs than by new legislation. Kennedy et al (2001) suggest that although the purpose of the Americans with Disabilities Act (ADA) is to promote the economic independence of people with disabilities, tackling employer attitudes that foster job discrimination is required to augment the impact of this legal protection.

Legislation, policies and programmes that simultaneously strive to influence old ways of thinking, working, doing business and interacting with others, are more likely to change attitudes in a shorter time frame than any one intervention alone. So, e.g., new legislation and policies that aim to promote the full participation of people with disabilities and reduce inequalities would ideally be supported by a range of other attempts to influence attitudes e.g. dialogue, debate, and consultation; advertising campaigns; new partnerships and increasing contact.

5.3. Attitudes to disability of people with disabilities

Deal (2006), a professional with a disability, found that people with disabilities who voluntarily met up with other people with disabilities collectively held the most positive attitudes towards disability. Thus, the role of people with disabilities in changing attitudes to disability may be very significant. "Disabled people must be at the heart of this process, influencing policy makers and service providers. Therefore, it is my opinion that disabled people must acquire greater awareness of the rights of people belonging to other impairment groups in order to recognise discriminatory practice toward other members of the disabled in-group. This includes those disabled people who may have contact with large numbers of other disabled people, who, under other circumstances they would not normally associate with. As Young (1990: p153) argues in relation to cultural attitudes toward minority groups, "For people to become comfortable around others whom they perceive as different, it may be necessary for them to become more comfortable with the heterogeneity within themselves" (Deal, 2006, p454).

Deal points out that collaboration between organisations of people with disabilities and organisations for people with disabilities have been rare with different groups often viewing each other with suspicion and even animosity. He considers that groups of people with disabilities have much to offer other people with disabilities in the general population, organisations who work on behalf of people with disabilities such as the government, policy makers and major charities. Deal believes that much can be gained by working together, without compromising one's own principles. "If minority groups can work in unison, such coalitions based on the demand for social change can be much more powerful than working in silos. Each minority group, whilst respecting the uniqueness of their agenda, can gain greater influence by finding those areas of commonality (Deal, 2006, p.453)".

The mother of an adult with a disability speaks of how people with disabilities and their families, who are often directly involved with dealing with barriers, are the ones well placed to actively engage with changing them. "The most effective form of cognitive coping with tough realities is engaging in political and other forms of action that can help change unsuitable social structures" (Voh, 1993, p.165). Voh points to future research directions: "There is a need to begin to explore the unknown, almost taboo arena of human relationships and the impact of difference. How do we shift these attitudes? How do we learn to speak differently about disability in such a way that our speaking will cause new social structures to take the place of the ones we have now? How do we all learn to tell the kind of stories that will help ameliorate differences and allow for a sense of belongingness? What would it take to equip professionals-in-training with a sense that learning to speak differently about disability is part of their job? How can people with disabilities themselves play a role in rehabilitating our sense of community? Self-determination and self-definition go hand in hand. A worthwhile inquiry might be to ask what people with disabilities need in order to define themselves newly. Even more important we should ask what it would take for everyone to listen with new ears. For ideas and stories that can help we need to gain exposure. Perhaps we should conduct research on the effectiveness of television as a vehicle for transforming attitudes. What

more can we learn by listening to people with disabilities themselves and by using every possible medium and forum for them to tell their own stories" (Vohs, 1993, pp 165-166)?

5.4. The right to full human development

All legitimate approaches to achieving the full participation of people with disabilities include removing obstacles to achieving human potential, whether the obstacles involved are environmental, educational, psychological, political, social or institutional. Removing these obstacles allows people with disabilities to access the basic conditions needed to function as autonomous and responsible individuals – education, work, just remuneration for work, accommodation, justice, equity and the opportunity to participate in civic, cultural and social life (socio-economic security and social inclusion).

It is of note that the first of 48 recommendations made by the Scottish Disability Working Group in Scotland in its 2006 Disability Working Group's report is to conduct baseline research on the participation of people with disabilities in the arts and sport in general. (Witcher, S with contributions from working group members, 2006). This working group was set up after the European Year of People with Disabilities in 2003 to help the Scottish Executive prioritise its disability equality work.

Participation in physical activity and sport facilitates social integration, the bridging of cultural difficulties and overcoming prejudice and discrimination with diverse others (http://europa.eu.int). Through sport and physical activity with others, people with and without disabilities can learn the tenets of fair play, teamwork and solidarity and can become more aware of the needs and abilities of each other. When 2005 was launched as the International Year of Sport and Physical Education by the United Nations, the then UN Secretary-General, Kofi Annan said that "*sport is a universal language and a good vehicle for promoting education, health, development and peace*" (http://www.un.org/apps/news). These words echo those of Viviane Redding, member of the Commission: "*Sport can help to improve education and pave the way for integration. Accordingly, it can and must be made an integral part of the process of building up European citizenship …*" (http://europa.eu.int).

Fintan O'Toole, also addresses the importance of social, civic and cultural participation at the 2006 NDA Research Conference: "If culture includes all of the creations of humanity …, then exclusion from culture is not exclusively about the fact that you don't get to go to the theatre or the movies, it's about something more profound. It's about exclusion from full participation in what it means to be human. Therefore, given this spectrum of continuity between artistic activity on the one hand, and the broader meaning of culture on the other, what we're looking at is the simple, profound and awful fact that people who are excluded from participation in cultural life are being defined - implicitly perhaps - but nevertheless, by a process of exclusion, they are being defined as being less than fully human. If you do not have the capacity to participate in cultural life, you are ipso-facto being defined socially as being outside the social community. This idea of continuity in the spectrum of what we mean by culture is practical so it is not just a philosophical issue" (O'Toole, 2006).

Conclusion

6.0.

Interventions that have been shown to influence attitude formation include direct contact; legislation; supporting participation of people with disabilities in all spheres; mainstreaming and dismantling structures of segregation and discrimination; political organisation and widespread debate and discussion in academic and public domains around disability issues. Each of these "interventions" has a role to play in generating positive attitudes to disability in all areas of life including those of an interpersonal nature.

Attempts must be made to translate research evidence into practice. With regards employment, for example, this literature review has illustrated the concerns of employers; the vital role that agencies between employer and potential employees can play particularly in the case of ensuring employment opportunities for people with intellectual disabilities; the decreasing gap between expressed willingness to hire and actual hiring; that larger firms may be more likely to employ people with intellectual disabilities; the lack of consistent national frameworks from which to commission and audit the performance of supported employment etc.

NGOs in the developmental disability sector have an important role to play in establishing contact between employers and potential employees, allaying employer concerns, building trust, reducing risks for employers, providing advice and so on. Employers in companies that have previously hired persons with disabilities possess more positive attitudes towards the employability of people with developmental disabilities (Blessing et al, 1999; Levy et al, 1991;1992;1993;1995) and so should be targeted by people with disabilities seeking employment. These findings should feed into policy and hence into practice and impact on attitudes.

The direct and indirect efforts made in many jurisdictions of the developed world to change attitudes needs to be monitored on a continuous basis. These include efforts to ensure the substantive equality of people with disabilities in the field of employment, education, independent living and full societal participation.

Increasing personal contact with people with disabilities by supporting them to access education, employment and social activities on an equal footing with everyone else may prove to be the most important and equitable of interventions. This will be done through reviewing education and employment policies and tackling the obstacles that prevent people with disabilities accessing appropriate education and employment opportunities and participating in social and cultural life.

As more people with disabilities participate in all aspects of "mainstream" life, the general population should become increasingly informed and this should help them to abandon stereotypes based on ignorance. Thus, one would expect that positive attitudes would continue to grow as long as the presence of people with disabilities continues to increase and to expand in every area of life.
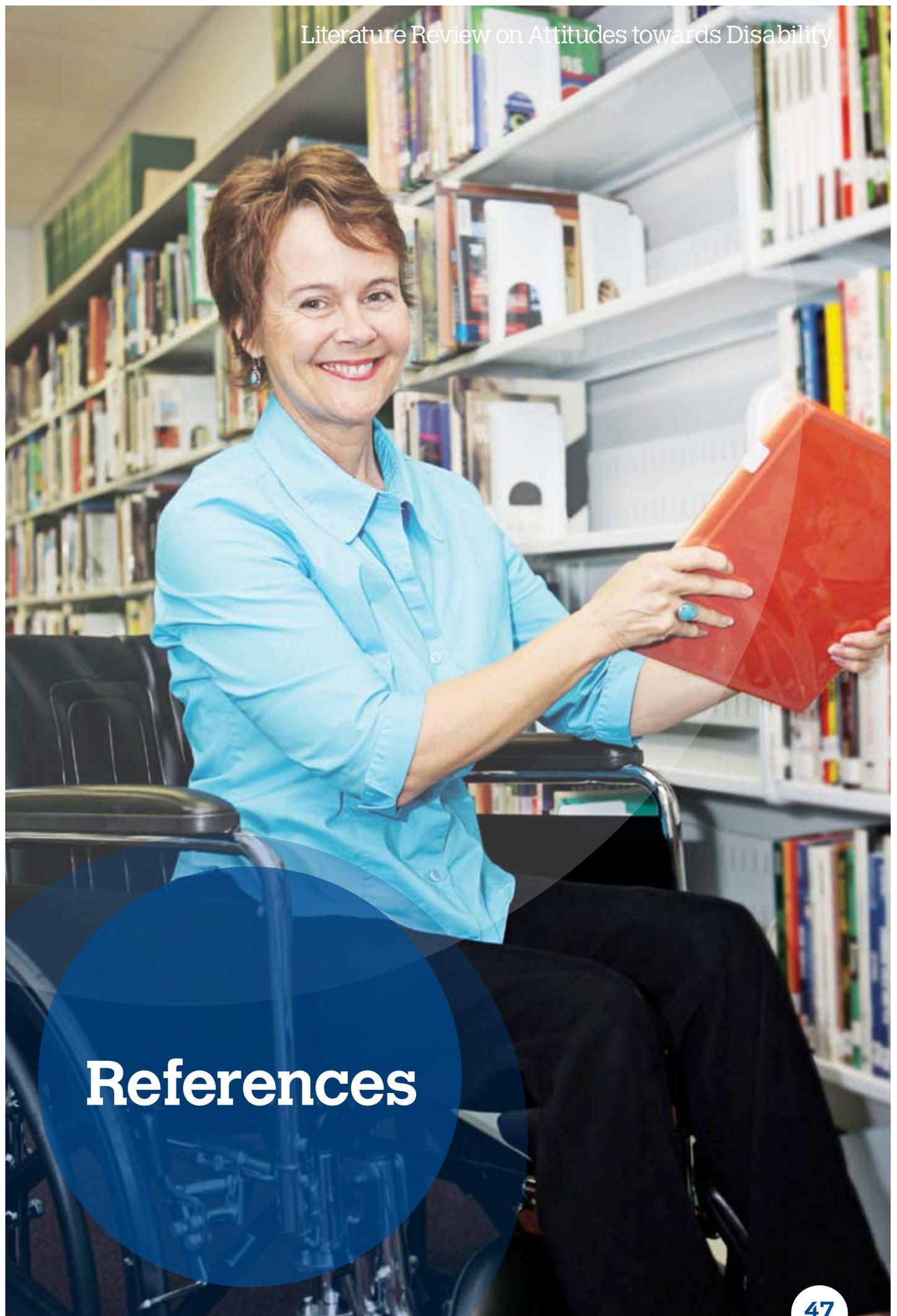
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Appendix 1

Methodology

The search methodology used for the literature review included the following

1. The 2006 Journals in the NDA library were hand searched and journal articles selected. Bibliographies of selected journal articles were studied and the relevant references and relevant articles identified and procured

2. The NDA library catalogue was searched for relevant books and journals

3. A search on Google Scholar was carried out including
    a) In title: attitudes disability OR attitudes disabilities OR attitudes disabled. 2,060 articles found. Choosing a 10-year time period (1996-2006) narrowed this search. All in title: attitudes disability OR attitudes disabled OR attitudes disabilities Results 532
    b) Searches on, for example, social construction theory, stigma and prejudice.

4. A search on relevant websites including government websites in Ireland, the UK and Canada and websites such as Mental Health Ireland and the United Nations.

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NDA is the lead state agency on disability issues, providing independent expert advice to Government on policy and practice.