



Health
and Human
Services

Department of Health and Human Services
Victoria State Government

Survey of Community Attitudes toward People with Disability

13 August
2018

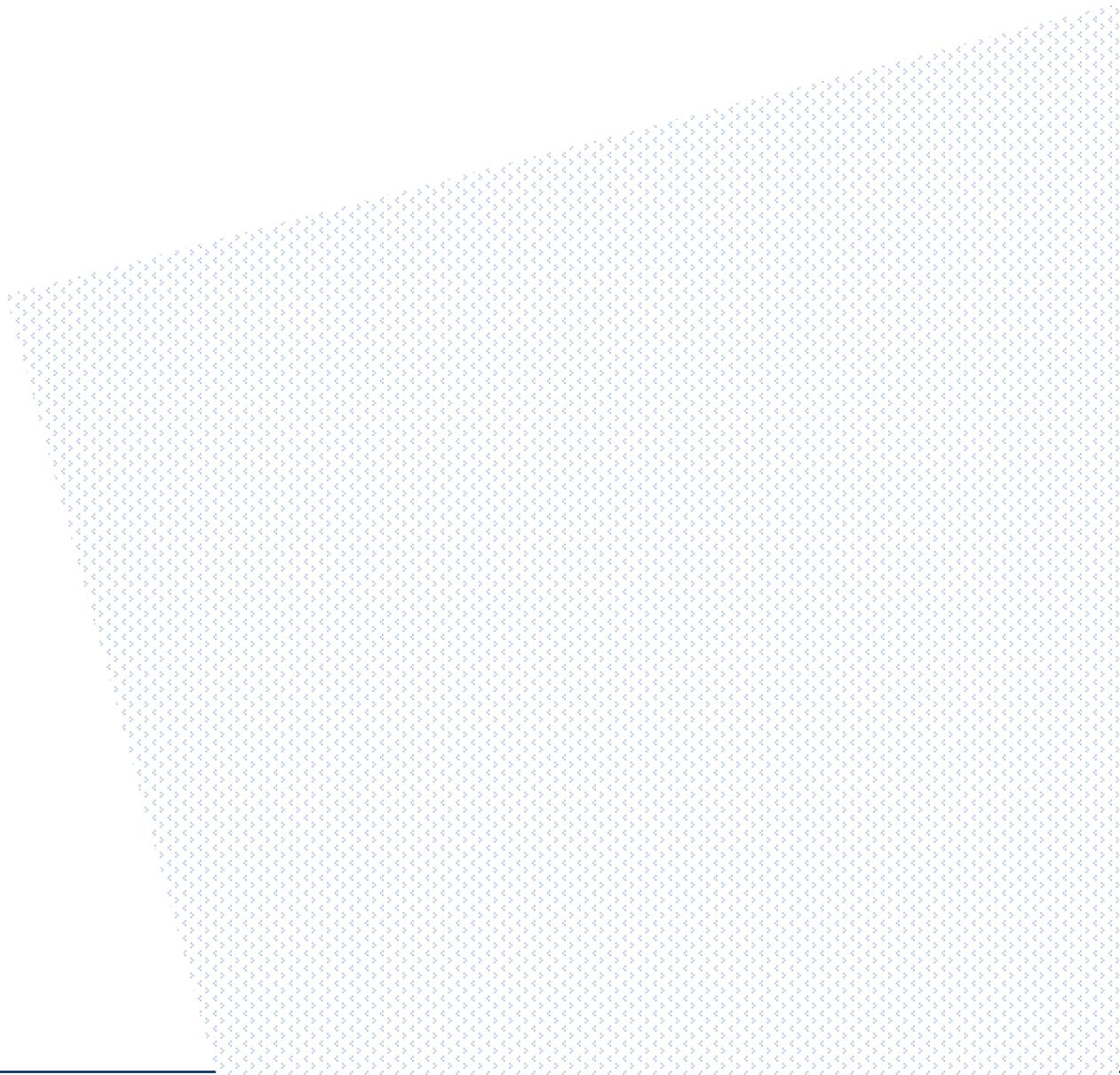


Table of Contents

Executive Summary	4
Why attitudes matter	5
Key findings	6
General observations	6
Feelings	6
Beliefs and stereotypes.....	6
Rights and entitlements	6
Discrimination and social exclusion	7
Attitudes at work and school	7
Attitudes and the State Disability Plan	8
How to read this report	9
Notes to guide interpretation	9
What is the Community Attitudes Survey?	10
How this survey was developed	11
What is disability?	11
Survey content	11
Survey methodology	11
Description of the sample	12
Understanding of disability	13
Feelings toward people with disability	15
Beliefs and stereotypes	18
Fairness and respect	20
Discrimination and social exclusion	22
Attitudes at work and school	24
Discussion	26
Inclusive attitudes	27
Awareness of harmful attitudes	27
Neutral responses	27

Perceived burden	27
Perceived vulnerability.....	28
Less to look forward to	28
Attitudes at school and in the workplace	28
Variation in attitudes by disability type	28
State disability plan	29
Key areas for change.....	29
Future monitoring	29
Limitations of this research.....	30
Glossary	31
References.....	33
Appendices.....	34
Appendix A. Community Attitudes Survey: questionnaire items administered to participants	35
Appendix B. Community Attitudes Survey: complete results, Victorian sample compared to participants in other states.....	43

Executive Summary

The Survey of Community Attitudes toward People with Disability (Community Attitudes Survey) is the first research of its kind for the state of Victoria, involving 1,000 participants from greater Melbourne and the rest of Victoria.

The Community Attitudes Survey examines personally-held and perceived societal attitudes about people with disability. The survey explored dimensions of attitudes including beliefs, feelings, and behaviours. In this report, we present results thematically based on survey content.



Why attitudes matter

Attitudes have great impact on people's lives. There is a link between community attitudes about disability and the extent to which people with disability are included in society. Attitudes are embedded in all levels of communities, from person-to-person interactions to formal policy and law.

Researchers in public health and related disciplines have been studying attitudes about disability for many decades. Although attitudes are known to influence **discrimination** and **social exclusion**, they can be difficult to measure, particularly compared to observable actions (Findler et al. 2007; Pruett & Chan 2006).

Nevertheless, measuring attitudes is very important work. The more we understand about people's attitudes, the more effectively we can work to change those attitudes which cause harm. Improving attitudes is key to achieving a society that is equitable toward and inclusive of people with disability.

The Community Attitudes Survey was designed to provide a baseline understanding of attitudes for *Absolutely Everyone: State Disability Plan 2017-2020* (the Plan). The vision of the Plan is "an inclusive Victoria, which supports people with disability to live satisfying everyday lives" (Victorian Government 2016, p. 7). Findings from this survey help identify which Victorian attitudes should be reinforced, as well as those which need to change, to support the fulfillment of this vision. Results can be used to direct the focus of efforts to change Victorian attitudes and to track changes in attitudes over time.

Key findings

General observations

- In general, participants are aware of the harmful and stigmatising ways that society views people with disability.
- Across the survey, a minority of participants had particularly exclusionary attitudes.
- Results for most survey questions carried a degree of uncertainty. Many participants opted for neutral response categories (e.g. selected 'neither agree nor disagree').

Feelings

- Nearly three-quarters agreed that people without disability are unsure how to act toward people with disability.
- One-third of respondents agreed that people without disability are uncomfortable asking people with disability what supports they need.

Beliefs and stereotypes

- Most respondents did *not* see people with disability as a burden on society or on families.
- Nearly one quarter agreed that people with disability have less to look forward to than people without disability.
- Most saw people with disability as more exploitable than people without disability.
- Most *agreed* that society is strengthened by people with disability.

Rights and entitlements

- Most respondents supported the rights of people with disability to have sexual relationships and to be included in discussions about sex.
- Almost twenty percent agreed that people with disability should *not* raise children.

Discrimination and social exclusion

- When asked how likely people were to pity and avoid different disability types, participants viewed:
 - people with psychosocial disabilities (depression and schizophrenia) as the *least likely* to be pitied, and
 - people with psychosocial disabilities, intellectual disability, and brain injury as the *most likely* to be avoided.
- Nearly two-thirds of respondents agreed that people often make fun of disabilities.

Attitudes at work and school

- About 60 percent of participants agreed that schools are accepting of people with disability.
- 45 percent agreed that workplaces are accepting of people with disability.

Attitudes and the State Disability Plan

Absolutely Everyone is Victoria's State Disability Plan for 2017-2020. The vision is for an inclusive Victoria which supports people with disability to live satisfying everyday lives. The plan identifies four pillars of an everyday life that support this vision. These are: inclusive communities; health, housing and wellbeing; fairness and safety; and contributing lives.

The first annual report of Absolutely Everybody outlined a series of indicators and measures that allow the long-term measurement of outcomes for people with disability. Improved community attitudes towards people with a disability was a key outcome of the plan, however, there was currently no data available to measure community attitudes to disability.

The Community Attitudes Survey was designed to provide a baseline understanding of attitudes for Absolutely Everyone: State Disability Plan 2017-2020. The findings directly inform the measurement of outcomes under the Inclusive Communities Pillar. As attitudes are known to influence discrimination and contribute to social exclusion, the findings of this survey are relevant to all Pillars of the Plan:

Inclusive communities

We asked about feelings toward people with disability and stereotypes of disability.

Health, housing and wellbeing

We ask about attitudes related to housing choices and personal lives of people with disability.

Fairness and safety

We asked participants some of their views related to sexual rights and other personal freedoms. We also asked about exploitation of people with disability.

Contributing lives

We report on attitudes to inclusion in the workforce and education, and to discrimination and social exclusion in these areas.

How to read this report

The Community Attitudes Survey asked participants about their own attitudes, as well as how they perceived community attitudes about disability. In the figures and text below, we report questions as they were worded to make these distinctions clear to readers.

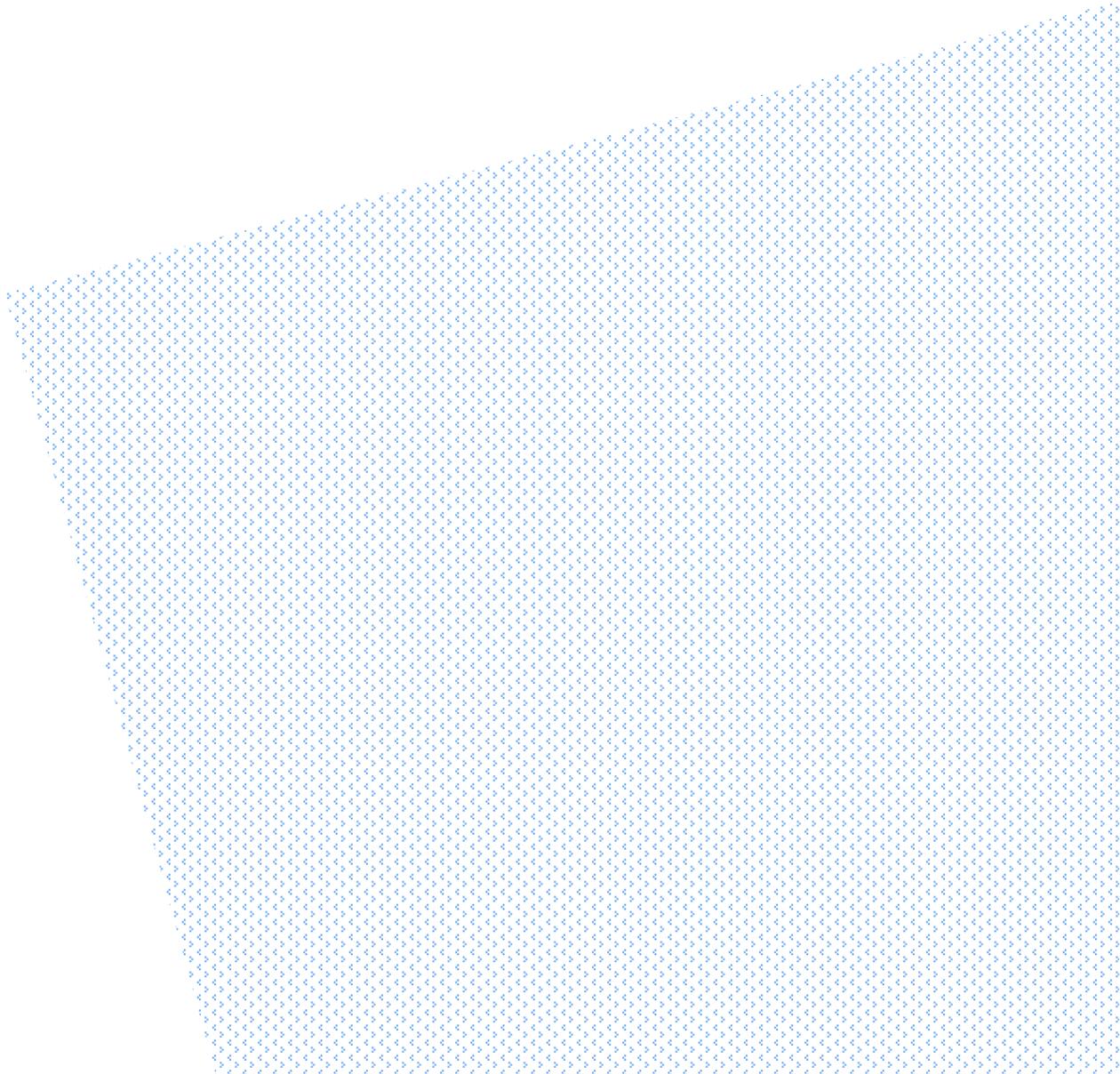
Results are divided into six sections: understanding of disability; feelings; beliefs and stereotypes; rights and entitlements; discrimination and social exclusion; and attitudes at work and school.

Notes to guide interpretation

There were 1,000 participants in the **sample**. Results are presented as weighted proportions, reported as a percent out of 100. Weighted proportions have had **survey weights** applied to make findings more representative of the Australian population.

When reading this report, pay close attention to the horizontal and vertical (x and y) axes of figures. Where proportions are reported as a percent out of 100, not all axes start at zero and go all the way to 100.

What is the Community Attitudes Survey?



How this survey was developed

This project was led by Professor Anne Kavanagh and academic staff of the Disability & Health Unit within the Centre for Health Equity, Melbourne School of Population and Global Health, the University of Melbourne. Doctor Allison Milner, Lauren Krnjacki, Anne-Marie Bollier, and co-researchers Vasiliky Kasidis, Georgia Katsikis, and Jasmine Ozge were key contributors. Co-researchers brought their lived experience and knowledge of disability to the project. The survey was designed collaboratively through a series of workshops. To guide survey development, co-researchers consulted a range of stakeholders including leaders from Disabled People's Organisations (DPOs) and other disability advocates.

What is disability?

The United Nations Convention on the Rights of Persons with Disability (UNCPRD) defines **disability** as "long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others" (United Nations 2007). This definition incorporates both the impairment itself as well as the barriers presented by society, such as discriminatory attitudes and behaviours or lack of accessibility to buildings. For example, a person with extreme near-sightedness who does not have access to corrective lenses may not be able to perform daily tasks and would be limited in opportunities for education and employment. This same person with prescription glasses would be able to perform all tasks without problems and would not experience the same limitation in opportunities for education or employment and the associated socioeconomic benefits.

Survey content

We developed survey content around key constructs identified from the literature on attitudes to disability, and related areas including mental illness stigma and racism. These constructs included understanding of disability, beliefs and stereotypes, feelings, and behaviours. Survey questions asked respondents about their personal attitudes as well as their perceptions of societal attitudes. The format of questions was mainly multiple choice or **Likert-type** (where participants were given a choice of responses on a continuum, e.g. from 'strongly agree' to 'strongly disagree'). Survey items came from a variety of sources. Some were selected from existing measures of attitudes. Others were adapted from previously conducted attitudes surveys. The rest were written by the research team with contributions from stakeholders.

Survey methodology

Participants were recruited by two methods: via the pre-existing Life in Australia Panel, a randomly sampled **probability panel** managed by the Social Research Centre (Melbourne, Victoria); and through a non-probability online panel. After 508 Victorians from the Life in Australia Panel completed the survey, the sample was 'topped up' to 1,000 Victorians with the non-probability panel. The probability panel is more representative of the population than the non-probability panel. Following survey administration, responses from the two samples were blended and calibrated to form a combined sample using statistical weights that is more representative of the Australian population.

Most participants completed the survey online, but some completed by telephone. Participants could skip questions they did not wish to answer. All were compensated \$10 for participating.

Description of the sample

There were 1,000 Victorians who participated in the Community Attitudes Survey—508 from the Life in Australia panel, and 492 from the online panel. Compared to the general population, participants in the Community Attitudes Survey had the same ratio of males to females, were slightly younger, and were more likely to have completed university (see Table 1, university completion not shown).

Table 1. Sample demographics compared to Australian population benchmark.

	Victorian sample	Benchmark ¹
	%	%
Base (n)	1,000	
Gender		
Male	49.5	49.1
Female	50.4	50.9
Age		
18-24 years	12.4	12.3
25-34 years	22.1	19.3
35-44 years	22.6	17.2
45-54 years	14.9	16.8
55-64 years	11.4	14.8
65-74 years	10.5	11.1
75+ years	6.1	8.5

¹ Australian Bureau of Statistics, 3101.0 - Australian Demographic Statistics, June 2017

One-third of participants were unemployed or not seeking work. One-quarter did not complete high school, and 36 percent had earned a Bachelor's degree or higher (Table 2). About one-third of participants had a disability. This is higher than the 18% disability prevalence observed in the Survey of Disability, Ageing and Carers (ABS, 2015), but an estimated prevalence around 30 percent is common for many population-based surveys asking only a short set of questions about disability—as was the case here.

Table 2. Sample employment and age demographics.

Demographics	%
Sample (n)	1,000
Employment in the last week	
Yes, worked for payment	61.4
Yes, unpaid or volunteer	7.3
Did not have job	31.7
Secondary Education	
Not completed high school	26.8
Completed high school	73.2
Degree Education	
No degree	63.8
Degree (Bachelor or higher)	36.2

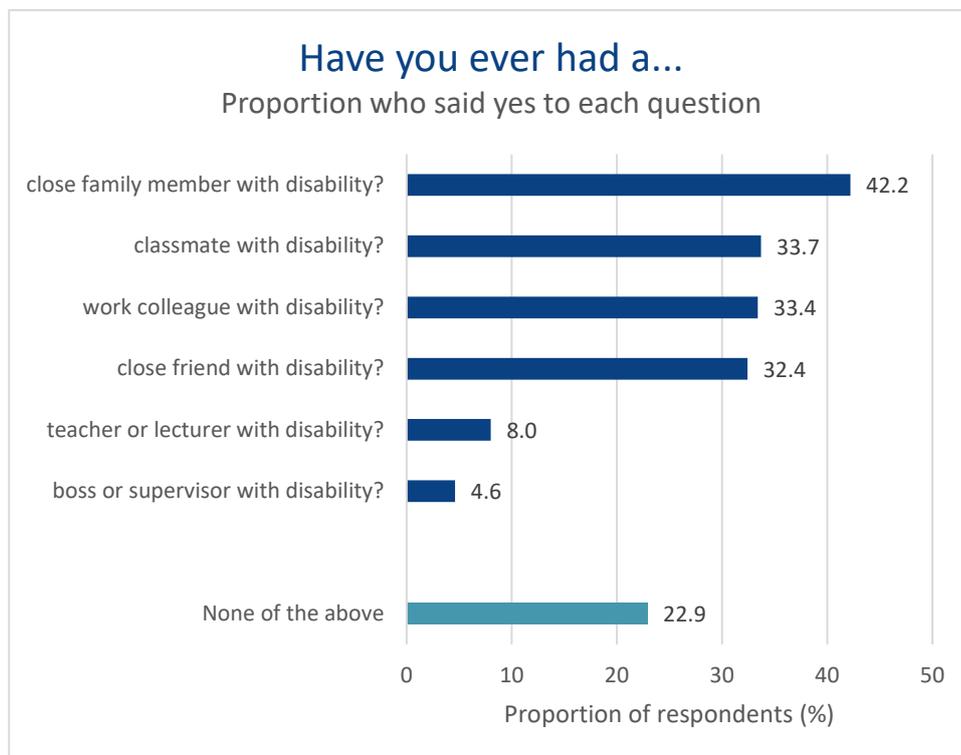
Understanding of disability

The State Disability Plan notes that future actions to change attitudes about disability will involve raising community awareness. To inform these efforts, it is useful to understand how much contact people have had with people with disability. Contact can be a predictor of awareness of, knowledge about, and attitudes toward people with disability.

We asked survey participants about several types of contact they may have had with people with disability. We also asked what they thought the prevalence of disability was in Australia.

Contact with people with disability

Most participants reported some form of contact with people with disability. Over 40 percent of participants had ever had a close family member (sibling, parent, or child) with disability. About one-third had ever had a classmate, work colleague, or close friend with disability. Only 8 percent had ever had a

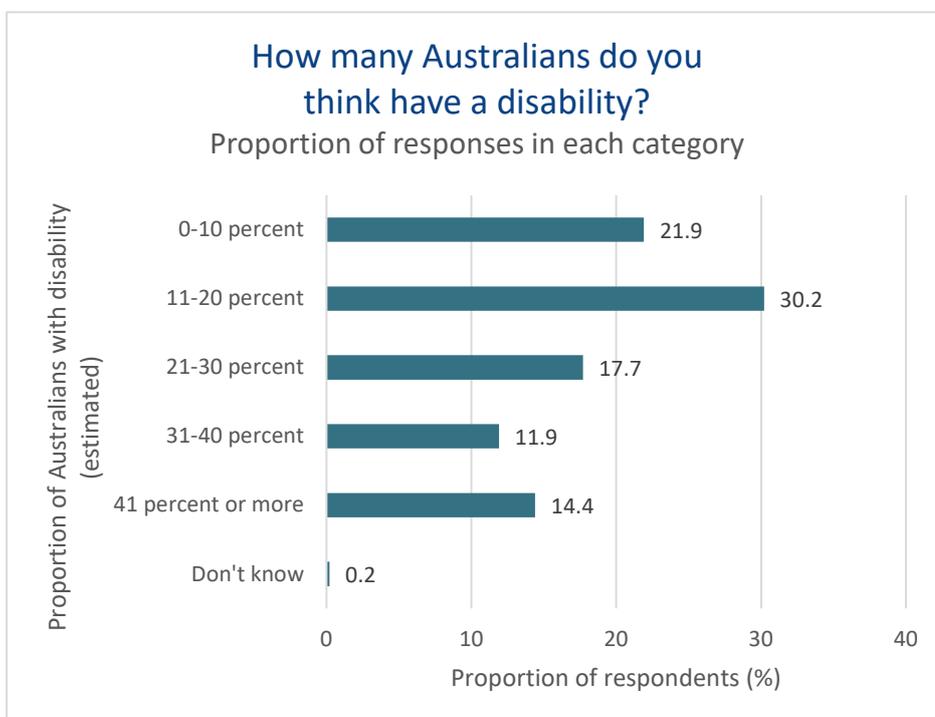


teacher or lecturer with disability, and fewer than 5 percent had ever had a boss or work supervisor with disability.

Two-thirds of respondents said that they know someone with a disability (see Appendix B). One-third had lived with a person with disability, and 14 percent were currently a carer for a person with disability (see Appendix B).

Estimated disability prevalence

Most participants thought that disability prevalence in Australia fell somewhere between 0 and 30 percent. About one-third of respondents estimated disability prevalence to be within the range of 11 to 20 percent. Responses were roughly in line with national estimates. Estimates of disability prevalence in Australia vary depending on the measure used, ranging from 18 to 35%.¹



¹The official national estimate from a comprehensive assessment is 18% (SDAC) but this ranges up to 35% when assessed using a short series of questions (PSS, GSS, HILDA) (ABS, 2015; ABS, 2014; ABS, 2016; Melbourne Institute, 2016).

Feelings toward people with disability

From our consultations with people with disability and organisations who represent them, it was clear that many people experience discomfort or uncertainty around Victorians with disability. Other community members may feel pity, awkwardness, or even fear. Whether such feelings result from deeply-held beliefs or immediate responses, they form the basis of and reinforce many harmful attitudes toward people with disability.

To explore the relationships between feelings and attitudes, we asked participants how they thought other people feel about people with disability.

Questions about pity and avoidance

Participants were asked how likely they thought people were to pity people with seven disability types. In another question, they were asked how likely they thought people were to avoid them. They responded to each question on a 5-point scale from “very unlikely” to “very likely.”

High pity, low avoidance

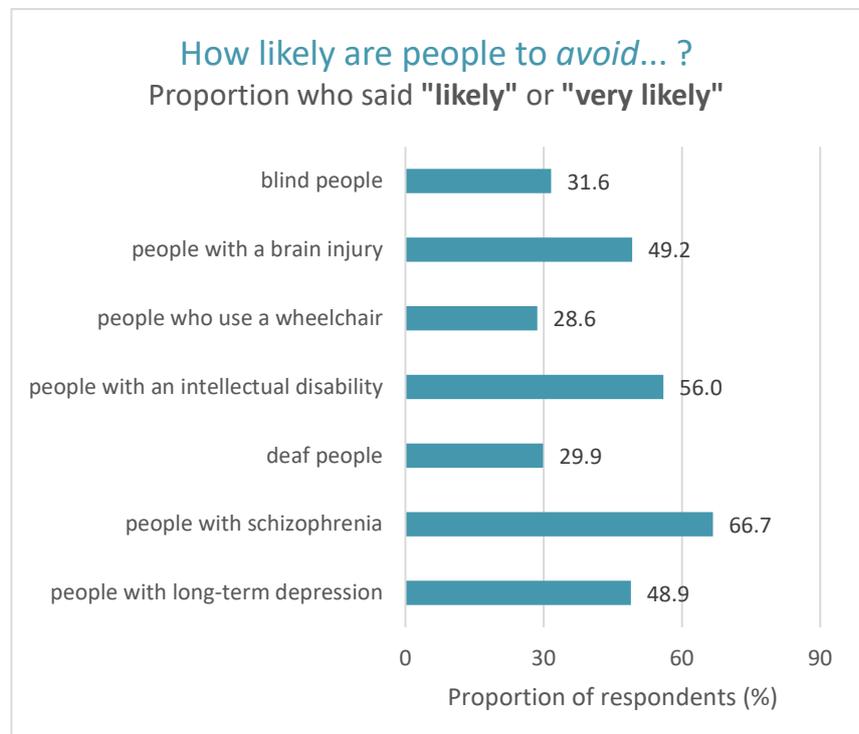
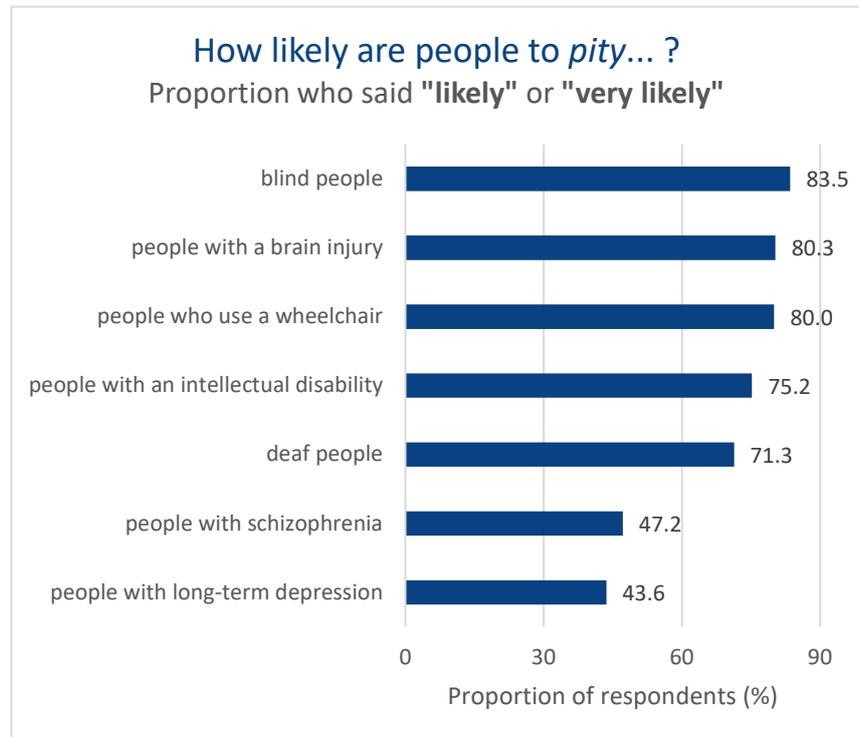
Over two-thirds of participants saw blind people, deaf people, and people who use a wheelchair as likely to be pitied, whereas only one-third saw them as likely to be avoided.

Low pity, high avoidance

Fewer than half of participants said that people are likely or very likely to pity people with schizophrenia or long-term depression. On the other hand, about half of participants said that people are likely to avoid people with long-term depression, and three-quarters said that people are likely to avoid people with schizophrenia.

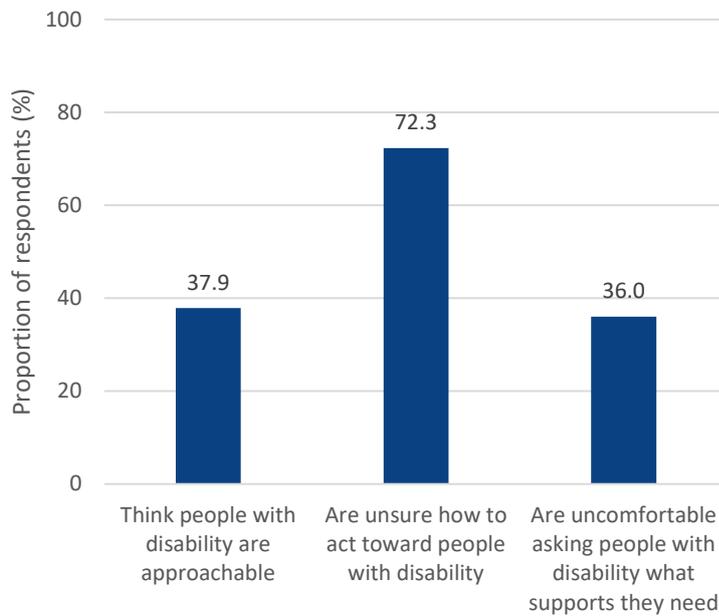
High pity, high avoidance

More than half of participants also said that people are likely or very likely to avoid people with a brain injury and people with an intellectual disability. However, over three-quarters of participants said that people are likely to pity those with a brain injury or intellectual disability—much higher proportions of people than those who said people are likely to pity people with mental health problems.



Interactions with people with disability

Proportion who **agree** or **strongly agree** that people without disability...



Interactions with people with disability

2 out of 5 participants agreed or strongly agreed that people without disability think people with disability are approachable. Nearly three-quarters of respondents agreed that people without disability are unsure how to act toward people with disability. About one-third agreed or strongly agreed that people without disability are uncomfortable asking people with disability what supports they need.

Beliefs and stereotypes

Misconceptions about people with disability are widespread. While some beliefs and stereotypes are specific to certain disability types, others are more ubiquitous. For example, many people see the experience of disability as a tragedy. Another common stereotype is that people with disability contribute less and take more from society than people without disability.

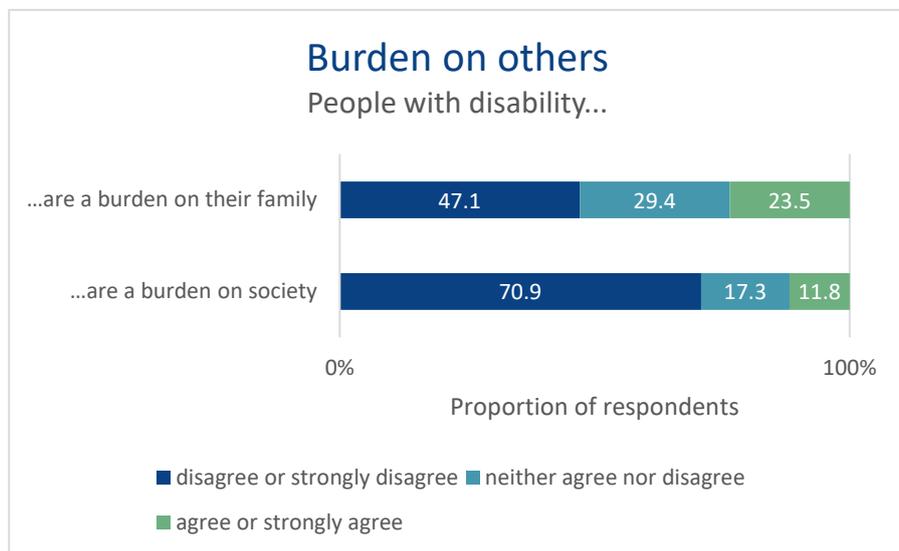
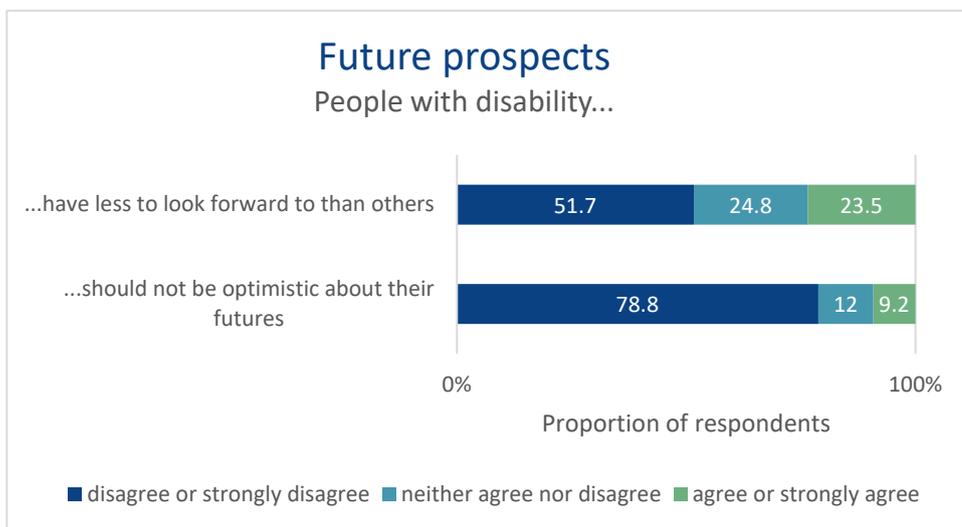
We wanted to see if Victorians rejected or supported some of these commonly held beliefs and stereotypes about disability.

Future prospects

Nearly one-quarter of participants agreed or strongly agreed that people with disability have less to look forward to than others. Another quarter neither agreed nor disagreed.

While ten percent of participants agreed

that people with disability should not be optimistic about their futures, nearly 80 percent disagreed or strongly disagreed that people with disability should not be optimistic.



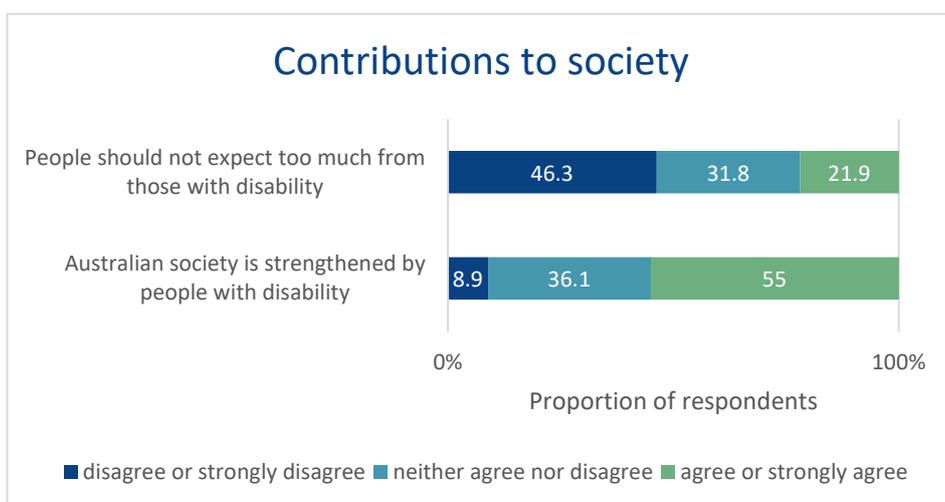
Burden on others

A small minority (12 percent) of participants agreed that people with disability are a burden on society. Over twice as many (24 percent) agreed that people with disability are a burden on their family. Fewer than half *disagreed* that people with disability are a burden on their family.

Contributions to society

Almost one in ten participants disagreed or strongly disagreed that Australian society is strengthened by people with disability. Twenty percent agreed that people should not expect too much from those with a disability. Thirty percent neither agreed nor

disagreed that Australian society is strengthened by people with disability, and that people should not expect too much from those with disability.

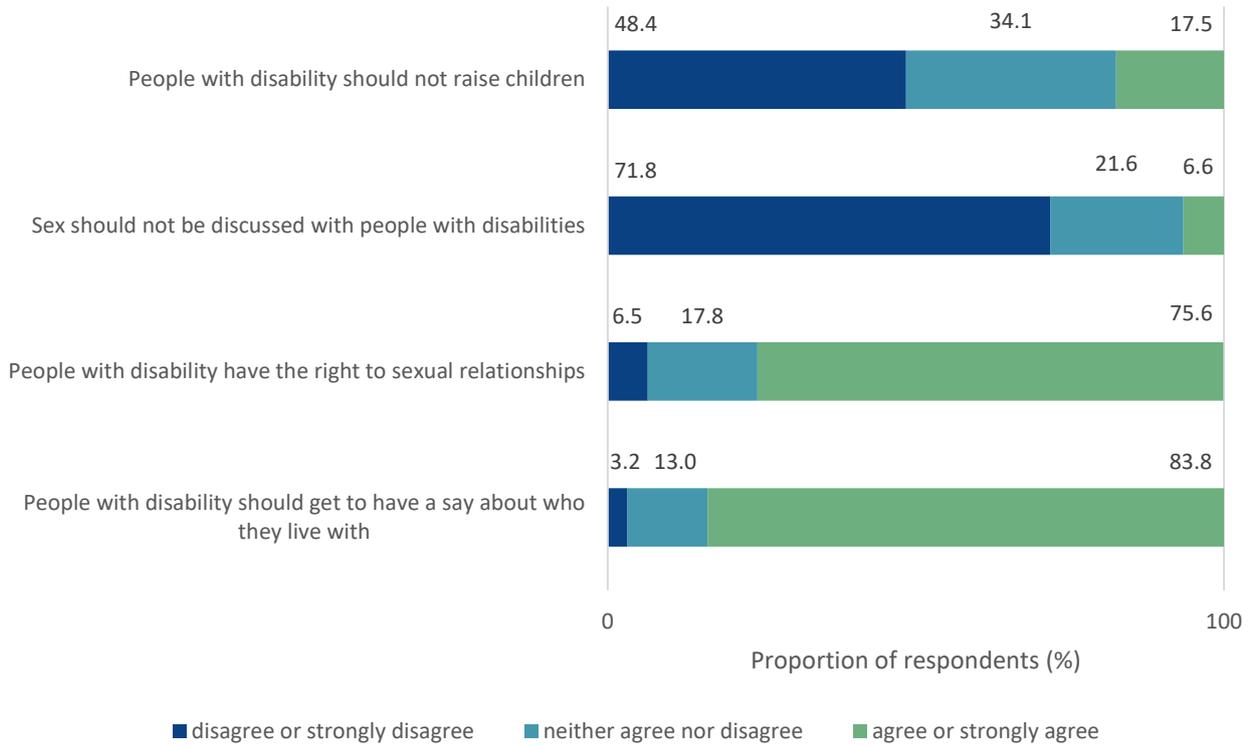


Fairness and respect

Community members may not see people with disability as equally deserving of the rights and opportunities that others enjoy.

We asked participants about some of their views related to families, relationships, and other personal freedoms.

Fairness & Respect: Children, Sexual Relationships and Housing



Raising children

Nearly 20 percent of participants agreed or strongly agreed that people with disability should not raise children, and a further 34 percent neither agreed nor disagreed with this statement.

Sexual relationships

Only 6.6 percent of participants agreed or strongly agreed that sex should not be discussed with people with disability; about one in five neither agreed nor disagreed. Over three-quarters agreed or strongly agreed that people with disability have the right to sexual relationships.

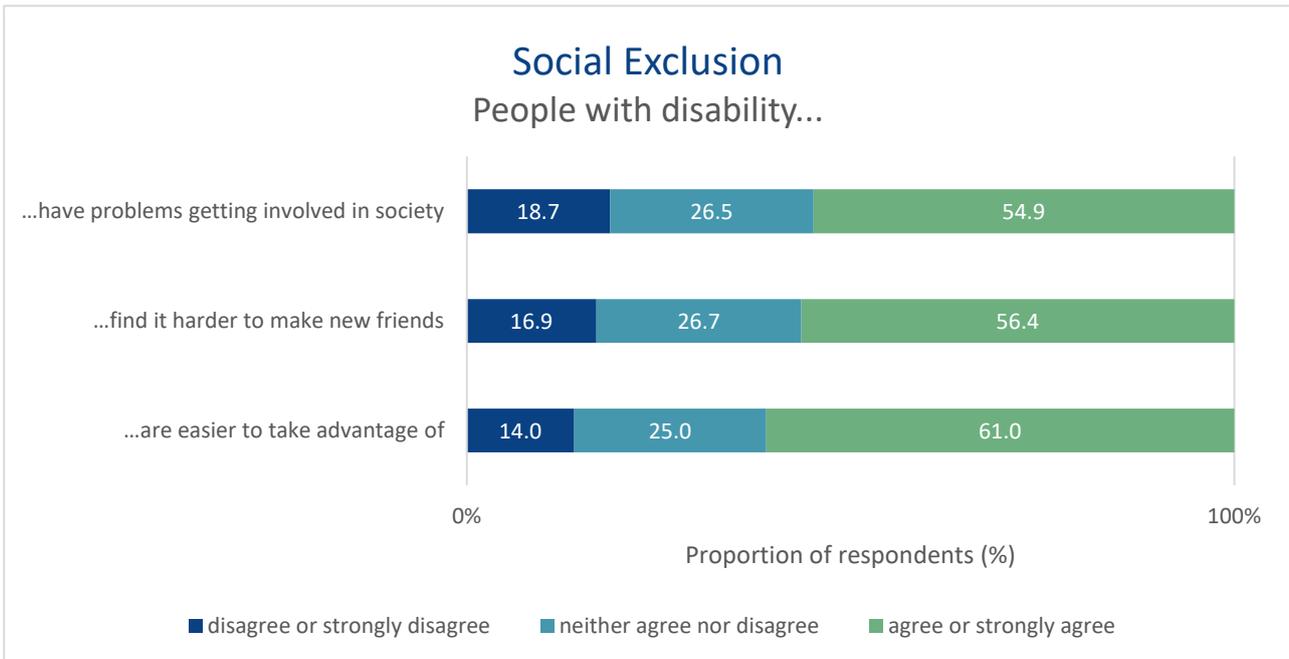
Housing choices

A strong majority (83.8 percent) of participants agreed or strongly agreed that people with disability should get to have a say about who they live with.

Discrimination and social exclusion

It is widely acknowledged that attitudes are connected to acts of discrimination and social exclusion. While it can be difficult to tease out the direction of these relationships, we understand that these factors are mutually reinforcing.

We asked participants about different types of discrimination against people with disability in the community. We also asked about their perceptions of opportunities for social participation.



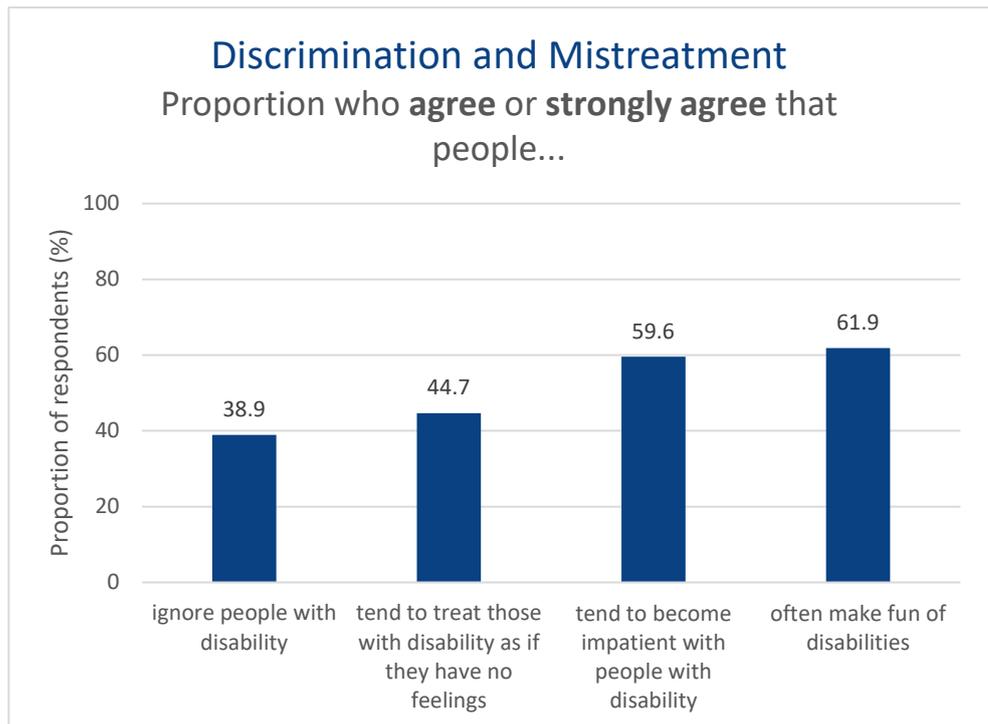
Social exclusion

Most participants agreed or strongly agreed that people with disability have problems getting involved in society, find it harder than people without disability to make new friends, and are easier to take advantage of than their non-disabled counterparts. One in four participants neither agreed nor disagreed with these statements, and only a minority (fewer than 20 percent) disagreed.

Discrimination and mistreatment

Two out of every five participants agreed or strongly agreed that people without disability ignore people with disability. A similar proportion agreed that people tend to treat those with disability as if they have no feelings.

An even higher proportion of participants—about three in five—agreed or strongly agreed that people tend to become impatient with people with disability. About the same proportion agreed that people often make fun of disabilities.

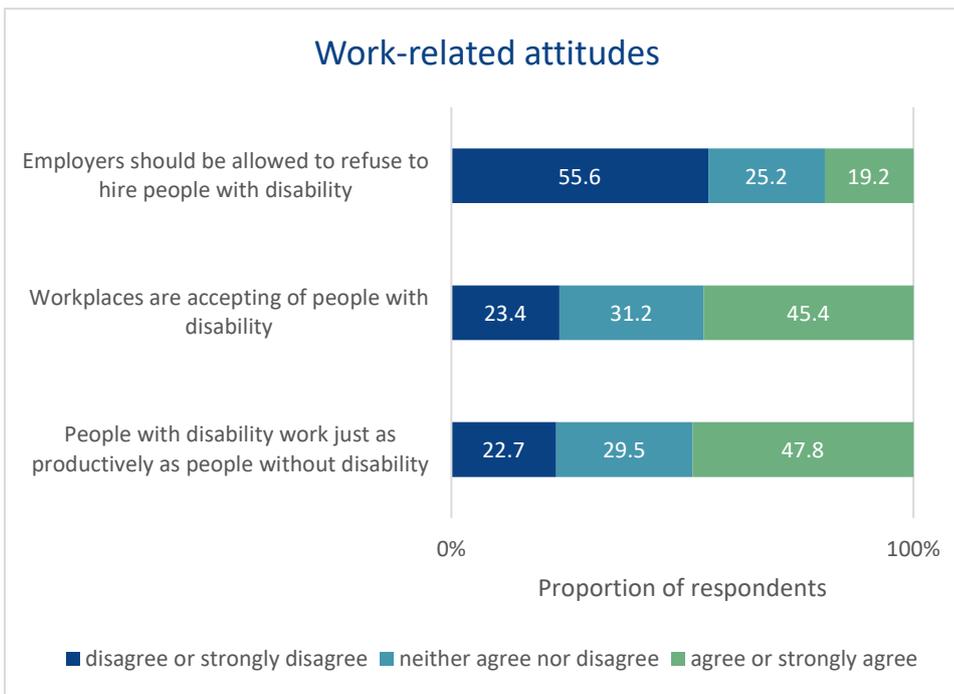


Attitudes at work and school

Two of the most important settings where attitudes impact the lives of people with disability are schools and workplaces. Historically, people with disability have been segregated from these domains and deprived of equal opportunities to learn and contribute to the economy. Today, people with disability still experience barriers to full inclusion in education and work.

We asked participants their attitudes about discrimination and social exclusion in schools and workplaces.

Work-related attitudes



Work-related attitudes

One in five participants agreed or strongly agreed that employers should be allowed to refuse to hire people with disability. A further one in four neither agreed nor disagreed.

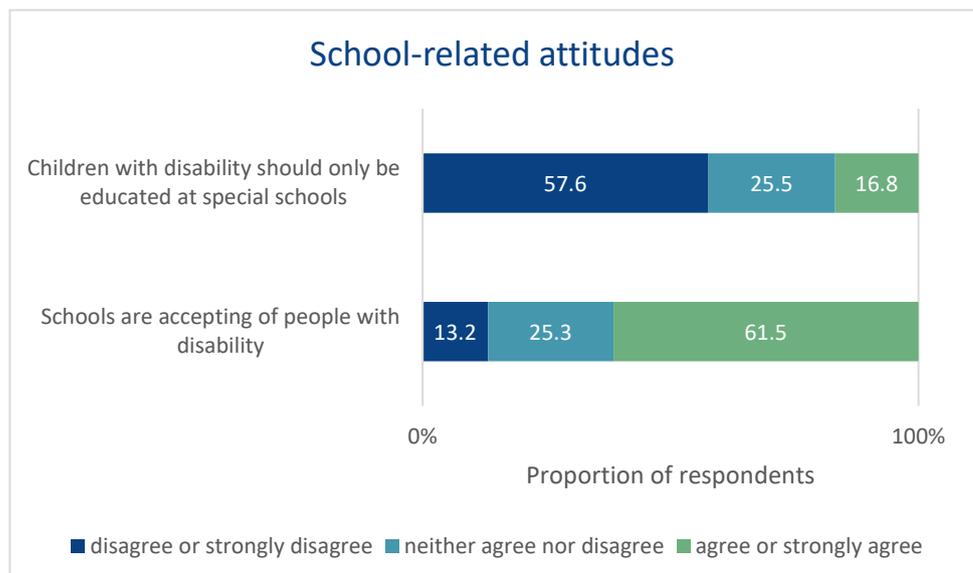
Fewer than half of participants agreed that workplaces are accepting of people with disability. Just under half agreed that

people with disability work as productively as people without disability. Over one-quarter neither agreed nor disagreed with these statements, and close to one-quarter disagreed or strongly disagreed.

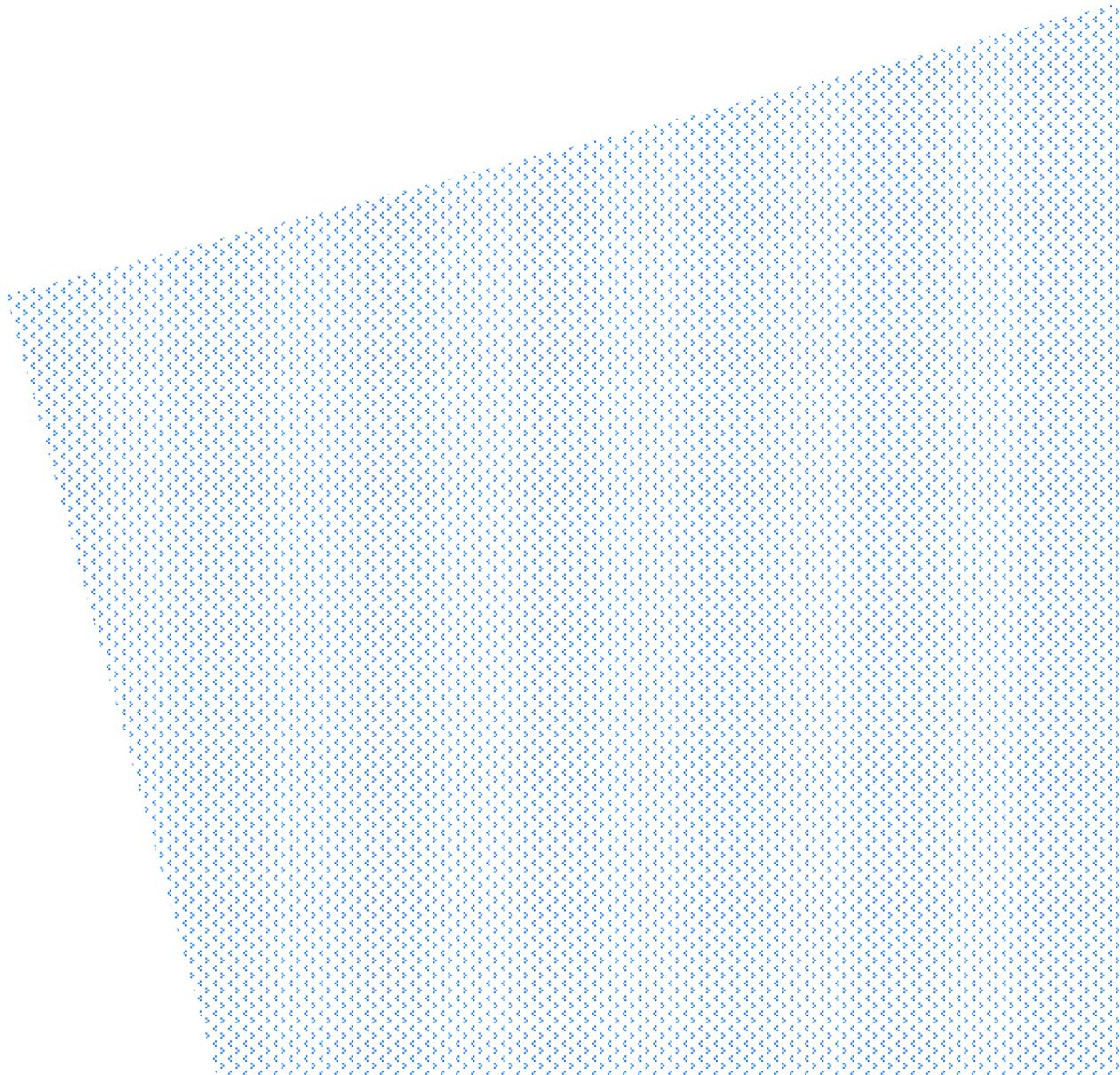
School-related attitudes

Most participants disagreed or strongly disagreed with the statement that children with disability should only be educated at special schools; a minority (16.8 percent) agreed or strongly agreed.

Three in five respondents agreed or strongly agreed that schools are accepting of people with disability, and a further one in four neither agreed nor disagreed.



Discussion



Inclusive attitudes

Throughout the survey, most respondents had inclusive attitudes when they were asked directly about their own opinions. For instance, three-quarters of participants agreed that people with disability have the right to sexual relationships, and just as many *disagreed* with the belief that sex should not be discussed with people with disability. Still, in a fully inclusive Victoria, we would hope for everybody to respond on the inclusive side of statements like these.

Awareness of harmful attitudes

Participants demonstrated understanding that other people's attitudes toward people with disability can be exclusionary. This was especially apparent where questions asked about other people's actions toward people with disability. For instance, almost half of respondents agreed that people tend to treat people with disability like they have no feelings. Three out of five agreed that people often make fun of disabilities and that people tend to become impatient with people with disability.

Neutral responses

A minority of individuals gave responses that reflect overtly exclusionary attitudes. Depending on the question, the proportion of respondents with harmful attitudes ranged from fewer than five percent to about 20 percent. On most questions, a larger proportion of respondents chose the neutral response category (e.g. "neither agree nor disagree") rather than the exclusionary one. For example, fewer than 20 percent of respondents agreed with the statement, "People with disability should not raise children," whereas 35 percent neither agreed nor disagreed. While those in the neutral response category did not explicitly endorse the exclusionary attitude, they also chose *not* to support the more inclusive attitude (in this case, "disagree or strongly disagree").

Because this was a strictly quantitative survey, we can only speculate why so many participants selected neutral responses. Participants may have felt they lacked knowledge to respond one way or the other. Some might have been wary to generalise about the groups of people that questions referred to (e.g. *all* people with disability or *all* people in the community). For others, the neutral category might have offered a way to be 'politically correct' without having to provide an overtly inclusive answer—in other words, their true attitudes may have been more discriminatory than they were willing to show in the survey. It is likely that a combination of these factors contributed to the high degree of neutral responses.

Perceived burden

While only 12 percent of participants agreed that people with disability are a burden on society, twice as many agreed that they are a burden on their family. Historically, Australian policy has largely concentrated the financial and other resource costs of supporting people with disability at the household level. The National Disability Insurance Scheme (NDIS) was designed to alleviate much of this pressure on families and improve opportunities for people with disability to contribute to society. As NDIS coverage increases, perceptions of the burden that people with disability place on their families may change (Australian Government 2013).

Perceived vulnerability

Three out of five participants agreed that people with disability are easier to take advantage of than people without disability. This suggests that a large proportion of the community sees people with disability as vulnerable. Helping community members respect alternative attributes to vulnerability, such as resilience, may be important to reduce discrimination and mistreatment of people with disability.

Less to look forward to

Most participants disagreed with the statement, “People with disability should not be optimistic about their future.” On the other hand, only half disagreed with the statement, “People with disability have less to look forward to than others.” These statements are conceptually compatible, so it is curious that there was such a large discrepancy in responses. Future qualitative research could help shed light on this apparent contradiction.

Attitudes at school and in the workplace

Many participants did not agree that schools and workplaces are accepting of people with disability. Furthermore, nearly one in five agreed that children with disability should *only* be educated in special schools, and that employers should be allowed to refuse to hire people with disability—even though such discrimination is illegal (Australian Government 2017). Fewer than half of participants agreed that people with disability work as productively as people without disability. These responses suggest that Victorian’s attitudes may have significant negative repercussions for people with disability in education and employment settings.

People with disability have a long history of exclusion and segregation in education. However, a growing body of evidence shows that inclusive schools—in which children with disability learn and socialise alongside children without disability—are beneficial to *all* children in promoting social skills and personal development (Cologon 2013). Similarly, in the workplace, people often overestimate how much it costs to support people with disabilities and underestimate how much people with disability contribute. Evidence shows that employment costs can actually be lower for employees with disability than for those without disability, and that people with disability have lower workers compensation costs than other employees (Graffam, Shinkfield et al. 2002).

Variation in attitudes by disability type

In this survey, attitudes seemed to vary according to impairment types. People with sensory impairments (i.e. Blind) and physical impairments (i.e. use a wheelchair) were viewed more favourably. People had higher levels of pity and stated they were less likely to avoid people with these conditions. People with intellectual or psychological impairments were viewed less favourably, with more people more likely to avoid those with conditions such as: Schizophrenia, Depression, Intellectual disability and brain injuries. This is consistent with existing research which shows that people with psychological and intellectual impairments are more socially excluded and more commonly experience; precarious housing, low incomes, unemployment (Kavanagh, Krnjacki et al. 2015), poor quality jobs (Anthony, Krnjacki et al. 2016), poor social support (Mithen, Aitken et al. 2015) and experiences of discrimination (Krnjacki, Priest et al. 2018).

State disability plan

The results of this survey provide the first estimates of community attitudes to disability in Victoria. There is an awareness that harmful attitudes exist and that they limit social inclusion of people with disability. There is much work to be done to realise the vision of an Inclusive Victoria. Key areas for change and suggestions for future monitoring are highlighted below.

Key areas for change

- The prevalence of neutral responses across this survey suggests that many Victorians are persuadable in their attitudes. Attitude-change efforts should aim to steer those sitting ‘on the fence’ in the more inclusive direction.
- Many participants felt that people are unsure how to act toward people with disability.
 - Victorians may need resources and training to help them interact with people with disability in appropriate ways—such as *when* and *how* to ask people with disability what supports they need (even if they are already comfortable asking).
- Participants thought that pity toward people with many different disability types was common. Disability advocates have suggested that pity is not a positive attitude, as it reinforces portrayals of disability as a tragedy. Alternative narratives should be promoted.
- The greater avoidance of people with psychosocial and intellectual disabilities may relate to stereotypes about them (e.g. that they are “crazy,” incompetent or violent). Victorians may benefit from more balanced information about people with these disabilities.
- Exclusionary attitudes related to work and education should be targeted for improvement.
 - Messaging to the community should emphasize benefits: For example, including children with disability in mainstream education creates opportunities for *all* children to develop social-emotional skills.
- Greater inclusion of people with disability in schools and workplaces may help community members feel more comfortable around people with disability, navigate interactions more competently, and improve overall attitudes toward people with disability.

Future monitoring

Future monitoring of attitudes is important to track any potential improvements. We recommend five measures to monitor under the State Disability Plan as key indicators of Victorian attitudes:

For the following agree-disagree statements:

1. People are unsure how to act toward people with disability.
2. People with disability are a burden on society.
3. People with disability are a burden on their families.
4. Children with disability should only be educated at special schools.
5. Employers should be allowed to refuse to hire people with disability.

Aim to observe...

- a *reduction* in the proportion of Victorians who agree or strongly agree.
- an *increase* in the proportion of Victorians who disagree or strongly disagree.

Limitations of this research

This study was limited by several factors:

- *Generalizability.*

Approximately half of Victorian participants in the sample came from a probability panel (Life in Australia), while the other half were recruited via an online panel. The online panel is less representative of the population than the probability panel. Although these differences were statistically accounted for through blending and weighting, survey findings may not be generalizable.

- *Social desirability bias.*

Social desirability bias was a key concern in developing this survey. Social desirability refers to the tendency of people to answer questions in socially acceptable ways, rather than how they truly think or feel. It is impossible to know how much our findings were skewed by social desirability bias. We attempted to minimize it here by asking about respondents' attitudes both directly and indirectly. Therefore, in addition to asking about personally-held attitudes, we also asked for their thoughts on a) other people's attitudes toward people with disability, and b) the experiences of people with disability in society.

- *Questions about other people's attitudes.*

Related to our strategies to minimise social desirability bias, many questions in this survey asked about how participants perceived other people's attitudes and behaviours. This question format limits our understanding of respondents' own attitudes; we cannot know if participants saw themselves as like or unlike other people.

- *"People with disability" does not refer to one clearly defined group of people.*

Not everyone understands disability the same way—that is, what 'counts' as disability in terms of impairment type, duration, level of impact, and other factors. Because this survey was designed to measure overall attitudes about people with disability (rather than specific disability types), we do not know exactly what disabilities participants had in mind when they answered questions. Furthermore, individual questions may have called to mind specific conditions/impairments but not others. Findings should therefore be interpreted with this important limitation in mind.

Glossary

Disability

The United Nations Convention on the Rights of Persons with Disability (UNCPRD) defines disability as “long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others” (United Nations 2007). This definition incorporates both the impairment itself as well as the barriers presented by society, such as discriminatory attitudes and behaviours or lack of accessibility to buildings. While the UNCPRD definition is not the only way to understand disability, it is relevant to both the State Disability Plan and the Community Attitudes Survey because of its emphasis on social exclusion.

Discrimination

Discrimination refers to unfavourable treatment or denial of equal opportunity to an individual, or a group of people, based on their background or personal characteristics (Australian Human Rights Commission 2018). According to the UNCPRD, disability-based discrimination is “any distinction, exclusion or restriction on the basis of disability which has the purpose or effect of impairing or nullifying the recognition, enjoyment or exercise, on an equal basis with others, of all human rights and fundamental freedoms.” These rights and freedoms include reasonable accommodation, accessible transport and public spaces, and education and employment (United Nations 2007). Victorian and federal laws prohibit many forms of discrimination against people with disability (Australian Human Rights Commission n.d.).

Likert-type

Likert-type scales are commonly used in surveys and were developed to measure attitudes. They typically consist of five or seven points that can be ordered or ranked, however the distance between responses cannot be measured numerically. Examples of Likert-type scales include “never – rarely – sometimes – often – always” and “strongly disagree – disagree – neither agree nor disagree – agree – strongly agree.” Most questions in the Community Attitudes Survey used Likert-type scales (Sullivan and Artino 2013).

Probability panel

Probability panels like the Life in Australia panel use random probability-based sampling methods to recruit participants. This methodology ensures that results are generalisable to the population that participants are sampled from (Social Research Centre 2018).

Sample

Usually, it is not practical to collect data from every individual in a population. Instead, we collect data from randomly selected individuals. Ideally, the sample should be representative of the entire population we want to study. When the sample is representative, findings can be generalised to the population.

Social desirability bias

Social desirability occurs when respondents answer questions based on what they think is socially acceptable, rather than how they truly think or feel. Social desirability *bias* is the skew or distortion of results caused by this tendency to provide “socially desirable” responses. Social desirability bias is difficult to avoid, but it can be minimised through survey design and administration methods (Lavrakas 2008).

Social exclusion

Social exclusion refers to processes that prevent individuals from full participation in all aspects of life. It is driven by unequal power dynamics across cultural, economic, political and power dimensions. Exclusion processes lead to unjust distribution of and access to resources. Social exclusion and attitudes are closely related; attitudes underpin and reinforce the unequal power dynamics that lead to social exclusion (Popay 2010).

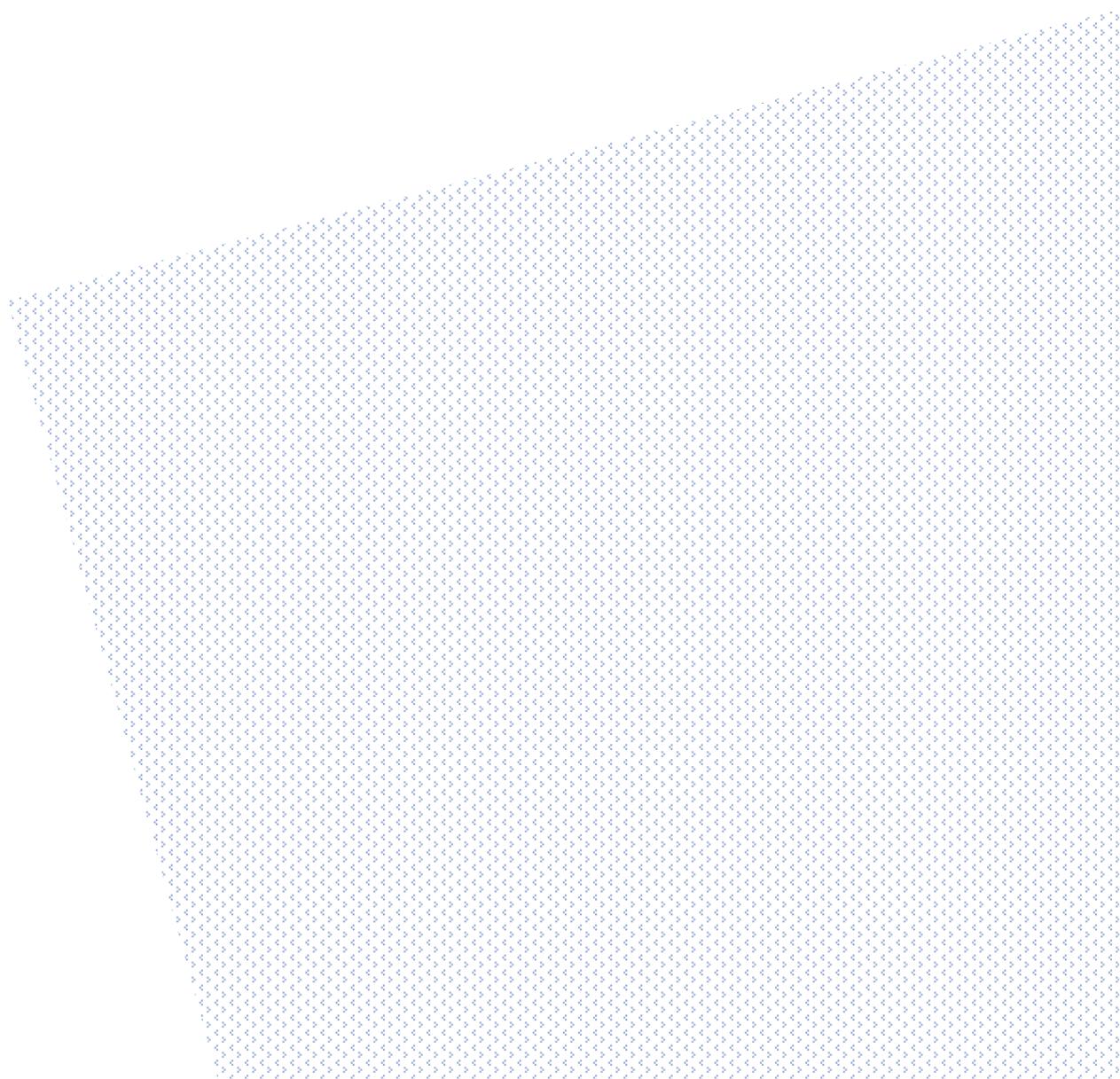
Survey weights

A survey weight is a numerical value applied to each case in the data. When we statistically analyse survey data, we often apply weights to correct for under-sampling or over-sampling of people with certain demographic characteristics. By applying weights, the estimates we generate from the data are more representative of the population that we have weighted to. If we did not apply weights then our estimates might be biased and lead to incorrect conclusions about the population (Pfeffermann 1996).

References

- Anthony, D. L., L. Krnjacki, A. Milner, P. Butterworth and A. Kavanagh (2016). "Psychosocial job quality in a national sample of working Australians: A comparison of persons working with versus without disability." *SSM: Population Health*, Vol 2, Iss , Pp 175-181 (2016)(175-181): 175.
- Australian Bureau of Statistics (ABS) (2014). *General Social Survey: Summary Results, Australia, 2014*, cat. no. 4159.0, from <http://www.abs.gov.au/ausstats/abs@.nsf/mf/4159.0>.
- Australian Bureau of Statistics (ABS) (2015). *Survey of Disability, Ageing and Carers, Australia: Summary of Findings, 2015*, cat. no. 4430.0, from <http://www.abs.gov.au/ausstats/abs@.nsf/Latestproducts/4430.0Main%20Features202015>.
- Australian Bureau of Statistics (ABS) (2016). *Personal Safety Survey, Australia, 2016*, cat. no. 4906.0, from <http://www.abs.gov.au/ausstats/abs@.nsf/mf/4906.0>.
- Australian Government (2013). National Disability Insurance Scheme Act (NDIS). 20, Federal Register of Legislation.
- Australian Government (2017). Disability Discrimination Act 1992 (amended). 135, Federal Register of Legislation.
- Australian Human Rights Commission (n.d.). "A quick guide to Australian discrimination laws." from https://www.humanrights.gov.au/sites/default/files/GPGB_quick_guide_to_discrimination_laws_0.pdf.
- Australian Human Rights Commission (2018). "Discrimination." from <https://www.humanrights.gov.au/quick-guide/12030>.
- Cologon, K. (2013). Inclusion in education: towards equality for students with disability - Issues paper. Sydney, Institute of Early Childhood, Macquarie University and Children with Disability Australia.
- Findler, L., Vilchinsky, N. and S. Werner (2007). "The Multidimensional Attitudes Scale toward persons with disabilities (MAS): construction and validation." *Rehabilitation Counseling Bulletin* **50**(3): 166-176.
- Graffam, J., A. Shinkfield, K. Smith and U. Polzin (2002). "Employer benefits and costs of employing a person with a disability." *Journal of Vocational Rehabilitation* **17**: 261-263.
- Kavanagh, A. M., L. Krnjacki, Z. Aitken, A. D. LaMontagne, A. Beer, E. Baker and R. Bentley (2015). "Intersections between disability, type of impairment, gender and socio-economic disadvantage in a nationally representative sample of 33,101 working-aged Australians." *Disabil Health J* **8**(2): 191-199.
- Krnjacki, L., N. Priest, Z. Aitken, E. Emerson, G. Llewellyn, T. King and A. Kavanagh (2018). "Disability-based discrimination and health: findings from an Australian-based population study." *Australian And New Zealand Journal Of Public Health* **42**(2): 172-174.
- Lavrakas, P. J. (2008). "Social desirability." *Encyclopedia of Survey Research Methods*. Thousand Oaks, SAGE.
- Melbourne Institute (2016). *The Household, Income and Labour Dynamics in Australia Survey: Selected Findings from Waves 1 to 14*. Melbourne, Melbourne Institute: Applied Economic & Social Research with the Commonwealth of Australia. From https://melbourneinstitute.unimelb.edu.au/__data/assets/pdf_file/0007/2155507/hilda-statreport-2016.pdf.
- Mithen, J., Z. Aitken, A. Ziersch and A. M. Kavanagh (2015). "Inequalities in social capital and health between people with and without disabilities." *Social Science & Medicine* **126**: 26-35.
- Pfeffermann, D. (1996). "The use of sampling weights for survey data analysis." *Stat Methods Med Res.* **5**(3): 239-261.
- Popay, J. (2010). *Understanding and tackling social exclusion*. Great Britain, SAGE: 295.
- Pruett, S. R. and F. Chan (2006). "The development and psychometric validation of the Disability Attitude Implicit Association Test." *Rehabilitation Psychology* **51**(3): 202-213.
- Social Research Centre (2018). "Life in Australia Panel." from <https://www.srcentre.com.au/services/life-in-australia-panel>.
- Sullivan, G. M. and A. R. Artino, Jr. (2013). "Analyzing and interpreting data from likert-type scales." *Journal Of Graduate Medical Education* **5**(4): 541-542.
- United Nations (2007). Convention on the rights of persons with disabilities: resolution adopted by the General Assembly, 24 January 2007, A/RES/61/106.
- Victorian Government (2016). *Absolutely Everyone: State Disability Plan 2017-2020*. Melbourne, Department of Health and Human Services.

Appendices



Appendix A. Community Attitudes Survey: questionnaire items administered to participants

DISABILITY ATTITUDES

Q1. Which of the following people would you consider as having a disability?

Please select all that apply.

A person who...?

[RANDOMISE STATEMENTS 1-10]

1. Has HIV/AIDS
2. Has severe arthritis
3. Is blind
4. Has a broken leg, using crutches while it heals
5. Has cancer
6. Has a diagnosis of depression
7. Has Down syndrome
8. Has severe facial disfigurement
9. Has extreme fatigue
10. Has chronic pain
11. None of these ^
98. (Don't know) / Not sure ^
99. (Refused) / Prefer not to say ^

Q2. In Australia, how many people out of 100 do you think have a disability?

1. 0 to 10
2. 11 to 20
3. 21 to 30
4. 31 to 40
5. 41 to 50
6. 51 to 60
7. 61 to 70
8. 71 to 80
9. 81 to 90
10. 91 to 100
98. (Don't know) / Not sure
99. (Refused) / Prefer not to say

Q3. Please indicate how much you agree or disagree with the following statements:

[RANDOMISE STATEMENTS]

- a) People with disability find it harder than others to make new friends
- b) People with disability have problems getting involved in society
- c) People with disability are a burden on society
- d) People with disability are a burden on their family
- e) People often make fun of disabilities
- f) People with disability are easier to take advantage of (exploit or treat badly) compared with other people
- g) People tend to become impatient with those with disability
- h) People tend to treat those with a disability as if they have no feelings
- i) Sex should not be discussed with people with disability
- j) People should not expect too much from those with disability
- k) People with disability should not be optimistic (hopeful) about their future
- l) People with disability have less to look forward to than others

- 1. Strongly agree
- 2. Agree
- 3. Neither agree or disagree
- 4. Disagree
- 5. Strongly disagree
- 98. (Don't know) / Not sure
- 99. (Refused) / Prefer not to say

Q4. How likely are other people to pity...?

[RANDOMISE STATEMENTS]

- a) People with an intellectual disability
- b) Blind people
- c) People with long-term depression
- d) Deaf people
- e) People who use a wheelchair
- f) People with a brain injury
- g) People with schizophrenia

- 1. Very likely
- 2. Somewhat likely
- 3. Neither likely nor unlikely
- 4. Somewhat unlikely
- 5. Very unlikely
- 98. (Don't know) / Not sure
- 99. (Refused) / Prefer not to say

Q5. Please indicate how much you agree or disagree with the following statements:

People without disability...?

[RANDOMISE STATEMENTS]

- a) Are unsure how to act toward people with disability
- b) Are comfortable asking people with disability what supports they need
- c) Are inspired by people with disability
- d) Think people with disability are approachable
- e) Ignore people with disability

1. Strongly agree
2. Agree
3. Neither agree or disagree
4. Disagree
5. Strongly disagree
98. (Don't know) / Not sure
99. (Refused) / Prefer not to say

[MULTI-RESPONSE]

Q6. Please imagine yourself in the scenario described below and answer the question that follows. There are no right or wrong answers.

How would you react if a child with an intellectual disability, who needed extra attention from the teacher, was placed in the same class as your child (or a relative or friend's child)?

Would you...?

[RANDOMISE 1-4]

1. Explain to your child (or relative or friend's child) that people have different needs
2. Encourage your child (or relative or friend's child) to include the child in activities
3. Be happy that your child (or relative or friend's child) had the opportunity to learn about different needs
4. Worry that your child (or relative or friend's child) might receive less attention from the teacher than they need (because the teacher is too busy helping the child with intellectual disability)
5. None of these ^
98. (Don't know) / Not sure ^
99. (Refused) / Prefer not to say ^

Q7. Please indicate how much you agree or disagree with the following statements.

People believe that people with disability...?

[RANDOMISE STATEMENTS]

- a) Work just as productively as non-disabled people
- b) Have the right to have sexual relationships
- d) Should not raise children

1. Strongly agree
2. Agree
3. Neither agree or disagree
4. Disagree
5. Strongly disagree
98. (Don't know) / Not sure
99. (Refused) / Prefer not to say

[MULTI-RESPONSE]

Q8. Please imagine yourself in the scenario described below and answer the question that follows. There are no right or wrong answers.

How would you react if a work colleague told you privately that they have multiple sclerosis (MS), would you...?

[RANDOMISE 1-6]

1. Ask them more about it
2. Be more likely to avoid this colleague
3. Worry that you'll have to do more work
4. Be willing to take on more work to support this colleague
5. Feel obliged to tell your supervisor
6. Feel obliged to tell your colleagues
7. None of these ^
98. (Don't know) / Not sure ^
99. (Refused) / Prefer not to say ^

Q9. Please indicate how much you agree or disagree with the following statements.

[RANDOMISE STATEMENTS]

- a) Australian society is strengthened by people with disability
 - b) Workplaces are accepting of people with disability
 - c) Schools are accepting of people with disability
 - d) People with disability have the same access to health services as others in Australia
-
1. Strongly agree
 2. Agree
 3. Neither agree or disagree
 4. Disagree
 5. Strongly disagree
 98. (Don't know) / Not sure
 99. (Refused) / Prefer not to say

Q10. This section asks your opinion of people's behaviour.

How likely are other people to avoid...?

[RANDOMISE STATEMENTS]

- a) People with an intellectual disability
 - b) Blind people
 - c) People with long-term depression
 - d) Deaf people
 - e) People who use a wheelchair
 - f) People with a brain injury
 - g) People with schizophrenia
-
1. Very likely

2. Somewhat likely
 3. Neither likely nor unlikely
 4. Somewhat unlikely
 5. Very unlikely
98. (Don't know) / Not sure
99. (Refused) / Prefer not to say

Q11. Please indicate how much you agree or disagree with the following statements.

[RANDOMISE STATEMENTS]

- a) Adults with disability should get to have a say about who they live with
- c) Children with disability should **only** be educated at special schools
- g) Employers should be allowed to refuse to hire people because they have a disability
- h) People with disability receive enough money from the government to live on

1. Strongly agree
 2. Agree
 3. Neither agree or disagree
 4. Disagree
 5. Strongly disagree
98. (Don't know) / Not sure
99. (Refused) / Prefer not to say

INFO. The following section asks questions about your experiences and circumstances related to disability.

Q12. Do you have a disability or long-term health condition that has lasted or is likely to last 6 months or more?

1. Yes
 2. No
98. (Don't know) / Not sure
99. (Refused) / Prefer not to say

Q13. Do you know anybody else who has a disability?

1. Yes
 2. No
98. (Don't know) / Not sure
99. (Refused) / Prefer not to say

Q14. In your lifetime, have you ever **worked or volunteered** for a charity or an organisation that supports, cares for, or advocates for people with disability?

1. Yes

- 2. No
- 98. (Don't know) / Not sure
- 99. (Refused) / Prefer not to say

Q15. In your lifetime, have you ever **donated money** to a charity or an organisation that supports, cares for, or advocates for people with disability?

- 1. Yes
- 2. No
- 98. (Don't know) / Not sure
- 99. (Refused) / Prefer not to say

Q16. Do you currently care for a person with disability? This includes being employed as a carer.

- 1. Yes
- 2. No
- 98. (Don't know) / Not sure
- 99. (Refused) / Prefer not to say

Q17. Have you ever lived with another person who has a disability?

- 1. Yes
- 2. No
- 98. (Don't know) / Not sure
- 99. (Refused) / Prefer not to say

[MULTI-RESPONSE]

Q18. Have you ever had a...?

Please select all that apply.

(READ OUT ONE BY ONE)

- 1. Close friend with disability
- 2. Close family member (i.e. sibling, parent, child) with disability
- 3. Work colleague with disability
- 4. Boss or work supervisor with disability
- 5. Teacher or lecturer with disability
- 6. Classmate with disability

- 7. None of the above ^

98. (Don't know) / Not sure ^
99. (Refused) / Prefer not to say ^

DISABLED. The next question is about whether a long-term health condition or disability restricts your everyday activities.

A long-term health condition is one that has lasted, or is expected to last, 6 months or more. Examples of long-term health conditions that might restrict your everyday activities include severe asthma, epilepsy, mental health condition, hearing loss, arthritis, depression, autism, kidney disease, chronic pain, speech impairment, stroke.

Disability is a general term that covers:

- Impairments in body structures or functions (for example, loss or abnormality of a body part)
- Limitations in everyday activities (such as difficulty bathing or managing daily routines)
- Restrictions in participation in life situations (such as needing special arrangements to attend work)

Q19. For each of the following activities, do you need help / supervision, have difficulty, or use aids / equipment / medications?

[RANDOMISE STATEMENTS]

- a) **Self-care** e.g. showering or bathing; dressing or undressing; toileting; eating food
- b) **Mobility** e.g. moving around the house; moving around outside the home; getting in or out of a chair; using public transport
- c) **Communication** e.g. understanding or being understood by other people, including people you know; using a telephone
- d) **Learning, applying knowledge** e.g. keeping focused on things; learning new things; solving problems; making decisions
- e) **Managing things around the home** e.g. getting groceries; preparing meals; doing washing or cleaning; taking care of pets
- f) **Managing tasks and handling situations** e.g. managing daily routine; managing time; planning activities; coping with pressure or stressful situations
- g) **Personal relationships** e.g. making friends; meeting new people; showing respect to others; coping with feelings and emotions
- h) **Community life** e.g. participating in sports, leisure or religious activities; being part of a social club or organisation

- 1. Always / sometimes need help and / or supervision
- 2. Have difficulty but don't need help and / or supervision
- 3. Don't have difficulty but use aids / equipment / medications
- 4. Have no difficulty

98. (Don't know) / Not sure
99. (Refused) / Prefer not to say

SCHOOL. The next question is about whether a long-term health condition or disability affects your participation in education, including school or another educational institution (such as TAFE, university, or skills centre).

Your participation in education is considered to be affected if you:

- Are attending a special school / institution or special class, or
- Need special support or equipment to learn, or
- Need special access or transport arrangements, or
- Need special assessment procedures, or
- Frequently need time off (one day per week or more), or
- Are unable to attend the school/institution full-time or at all

Q20. Does a long-term health condition or disability affect your participation in education?

1. Yes
 2. No
98. (Don't know) / Not sure
99. (Refused) / Prefer not to say

WORK. The next question is about whether a long-term health condition or disability affects your participation in work.

Your participation in work is considered to be affected if you:

- Need your employer to provide special equipment, modify the work environment or make special arrangements, or
- Need a support person at work, or need ongoing assistance / supervision, or
- Receive assistance from a disability job placement service, or
- Frequently need time off work, or are unable to work full-time or at all

Q21. Does a long-term health condition or disability affect your participation in work? Work includes paid employment and / or volunteering.

1. Yes
 2. No
98. (Don't know) / Not sure
99. (Refused) / Prefer not to say

Appendix B. Community Attitudes Survey: complete results, Victorian sample compared to participants in other states

NOTE: Asterisks (*) denote that 95% confidence intervals did not overlap between 'Victorian' and 'Other states' samples.

Table 1. Sample characteristics (weighted proportions)

	Victoria (all) n=1,000 %	Other states n=1,561 %
Interview mode		
Phone	11.3	22.9
Web	88.7	77.2
Gender		
Male	49.5	49.5
Female	50.4	50.4
Other	0.1	<0.1
Refused	<0.1	<0.1
Region		
Capital city	76.8	64.2
Rest of state	21.6	34.6
Unable to determine	1.6	1.2
SEIFA		
Most disadvantage	12.0	15.8
Quartile 2	14.3	18.1
Quartile 3	17.0	22.6
Quartile 4	27.9	17.5
Least disadvantage	27.1	24.6
Unable to establish	1.6	1.4
Age group		
18-34 years	34.5	26.7
35-54 years	37.5	34.5
55-74 years	21.9	28.2
75 or older	6.1	10.6
Unknown	<0.1	<0.1

Country of birth		
Australia	74.8	74.2
Mainly Non-English speaking background	18.7	13.5
Mainly English-speaking background	6.1	12.1
Refused	0.3	0.2
ATSI status		
Aboriginal	0.8	3.6
Torres Strait Islander	<0.1	0.2
Both Aboriginal and Torres Strait Islander	0.0	0.2
No	99.1	95.4
Don't know	0.0	0.1
Refused	0.0	0.4
Household structure		
Person living alone	17.3	16.3
Couple only	20.5	26.5
Couple w/ non-dependent child(ren)	11.2	7.2
Couple w/ dependent child(ren)	27.1	21.9
Couple w/ dependent & non-dependent	3.6	5.5
Single parent w/ non-dependent child(ren)	3.3	2.7
Single parent w/ dependent child(ren)	2.8	4.3
Single parent w/ dependent & non-d.	1.2	0.6
Non-related adults sharing household	5.5	6.8
Other household type	6.5	7.7
Don't know	0.2	0.2
Refused	1.0	0.4

Table 2. Question 1. Proportion (weighted) of respondents who would consider the following persons as having a disability.

A person...	Victoria (all) n=1,000 %	Other states n=1,561 %
Who is blind	84.9*	90.8*
Who has Down syndrome	80.6	84.3
Who has severe arthritis	68.4*	77.0*

Who has chronic back pain	60.0*	67.8*
Who has a broken leg and is using crutches while it heals	48.8	48.7
Who has extreme fatigue	45.0	50.0
Who has a diagnosis of depression	44.2	47.0
Who has severe facial disfigurement	43.9	44.9
Who has cancer	40.8	47.2
With HIV/AIDS	31.0	31.1

*95% Confidence Intervals do not overlap, suggesting that estimates for Victoria are meaningfully different from other states.

Table 3. Question 2. Proportion (weighted) of respondents who think disability prevalence in Australia is...

	Victoria (all) n=1,000 %	Other states n=1,561 %
0-10 percent	21.9	26.9
11-20 percent	30.2	28.0
21-30 percent	17.7	18.0
31-40 percent	11.9	9.7
41 percent or greater	18.0	16.9
Don't know	0.2	0.5
Refused	0.0	<0.1
Total	100.0	100.0

Table 4. Question 3. Attitudes to Disability Scale (Power et al., 2010)

Item	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Total
	%	%	%	%	%	%
People with a disability find it harder than others to make new friends						
Victoria, n=999	2.2	14.7	26.8	46.2	10.2	100.0
Other states, n=1,553	2.1	16.6	27.1	45.3	8.8	100.0
People with a disability have problems getting involved in society						
Victoria, n=998	2.5	16.2	26.5	47.0	7.9	100.0
Other states, n=1,556	2.6	18.7	23.0	47.2	8.5	100.0
People with a disability are a burden on society						
Victoria, n=999	30.8	40.1	17.2	9.9	1.9	100.0
Other states, n=1,557	29.9	44.9	16.0	7.6	1.6	100.0
People with a disability are a burden on their family						
Victoria, n=1,000	13.9	33.2	29.5	19.9	3.6	100.0
Other states, n=1,555	15.2	29.5	29.8	23.0	2.5	100.0
People often make fun of disabilities						
Victoria, n=1,000	2.6	14.0	21.6	50.4	11.5	100.0
Other states, n=1,558	3.2	17.2	18.6	49.7	11.4	100.0
People with a disability are easier to take advantage of (exploit or treat badly) compared to other people						
Victoria, n=997	2.1	12.0	25.0	49.4	11.6	100.0
Other states, n=1,558	2.9	11.2	23.4	48.5	14.0	100.0
People tend to become impatient with those with a disability						
Victoria, n=998	2.2	13.7	24.5	51.4	8.2	100.0
Other states, n=1,559	1.5	13.2	20.3	54.7	10.3	100.0
People tend to treat those with disability as if they have no feelings						

Victoria, n=998	4.2	24.1	27.0	36.4	8.3	100.0
Other states, n=1,555	6.4	30.0	22.1	32.9	8.6	100.0
Sex should not be discussed with people with disabilities						
Victoria, n=1,000	26.9	44.9	21.6	5.3	1.3	100.0
Other states, n=1,555	30.2	47.3	15.7	4.7	2.0	100.0
People should not expect too much from those with a disability						
Victoria, n=999	10.9	35.4	31.8	18.5	3.4	100.0
Other states, n=1,557	13.0	40.9	26.1	17.9	2.0	100.0
People with a disability should not be optimistic (hopeful) about their future						
Victoria, n=999	38.2	40.6*	12.0	7.0	2.2	100.0
Other states, n=1,559	37.4	49.3*	7.6	5.0	0.7	100.0
People with a disability have less to look forward to than others						
Victoria, n=1,000	18.3	33.4	24.8	19.8	3.7	100.0
Other states, n=1,555	17.4	37.6	20.9	21.3	2.7	100.0

*95% Confidence Intervals do not overlap, suggesting that estimates for Victoria are meaningfully different from other states.

Table 5. Question 4. How likely are other people to pity...?

Disability type	Very unlikely	Unlikely	Neither likely nor unlikely	Likely	Very likely	Total
	%	%	%	%	%	%
Blind people						
Victoria (n=999)	1.7	4.2	10.7	45.5	38.0	100.0
Other states (n=1,557)	2.1	5.9	7.8	42.2	41.9	100.0
People with a brain injury						
Victoria (n=998)	1.1	5.6	13.0	44.0	36.3	100.0
Other states (n=1,555)	2.3	5.3	9.0	44.6	38.8	100.0
People who use a wheelchair						
Victoria (n=999)	2.0	4.6	13.4	50.1	29.9	100.0
Other states (n=1,555)	2.6	7.4	11.9	45.1	33.0	100.0

Deaf people						
Victoria (n=999)	2.1	8.7	17.9	48.0	23.3	100.0
Other states (n=1,555)	3.4	11.0	15.7	47.9	22.1	100.0
People with an intellectual disability						
Victoria (n=999)	2.0	9.0	13.8	49.9	25.3	100.0
Other states (n=1,557)	2.7	7.3	12.6	50.8	26.8	100.0
People with schizophrenia						
Victoria (n=995)	6.2	21.6	25.0	33.9	13.3	100.0
Other states (n=1,550)	5.5	22.0	23.0	36.8	12.8	100.0
People with long-term depression						
Victoria (n=998)	6.8	22.8	26.8	33.0	10.6	100.0
Other states (n=1,553)	6.1	27.2	21.8	34.6	10.2	100.0

Table 6. Question 5. People without disability...

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Total
	%	%	%	%	%	%
Are unsure how to act toward people with disability						
Victoria (n=999)	0.7	6.5	20.5*	56.4	15.9	100.0
Other states (n=1,560)	0.6	6.2	14.0*	62.6	16.6	100.0
Are uncomfortable asking people with disability what supports they need						
Victoria (n=999)	3.4	30.3	30.4	30.7	5.3	100.0
Other states (n=1,556)	3.4	32.9	26.4	31.9	5.3	100.0
Are inspired by people with disability						
Victoria (n=999)	2.2	9.5	29.4	50.9	8.1	100.0
Other states (n=1,555)	0.7	9.9	27.4	51.2	10.8	100.0
Think people with disability are approachable						
Victoria (n=999)	1.4	19.0	41.6	34.9	3.0	100.0
Other states (n=1,554)						

	1.5	19.3	38.0	35.4	5.8	100.0
Ignore people with disability						
Victoria (n=999)	3.1	25.1	32.9	33.7	5.2	100.0
Other states (n=1,555)	3.3	25.2	27.9	35.1	8.6	100.0

*95% Confidence Intervals do not overlap, suggesting that estimates for Victoria are meaningfully different from other states.

Table 7. Question 6. Please imagine yourself in the scenario described below and answer the question that follows. There are no right or wrong answers.

How would you react if a child with an intellectual disability, who needed extra attention from the teacher, was placed in the same class as your child (or a relative or friend’s child)? *Please select all that apply.*

	Victoria n=1,000 %	Other states n=1,561 %
Explain to your child¹ that people have different needs.	79.3	83.5
Encourage your child¹ to include the child in activities	74.2*	82.1*
Be happy that your child¹ had the opportunity to learn about different needs	67.5	72.3
Worry that your child¹ might receive less attention from the teacher than they need (because the child is too busy helping the child with intellectual disability)	19.8	25.4
None of these	2.5	1.2
Don't know	0.0	<0.1
Refused	0.0	<0.1
Total	100.0	100.0

¹or relative or friend’s child

*95% Confidence Intervals do not overlap, suggesting that estimates for Victoria are meaningfully different from other states.

Table 8. Question 7. Please indicate how much you agree or disagree with the following statements.

People believe that people with disability...

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Total
	%	%	%	%	%	%
Work just as productively as people without disability						
Victoria (n=999)	2.9	19.8	29.5	38.7	9.1	100.0
Other states (n=1,557)	1.7	24.5	28.6	34.6	10.7	100.0
Have the right to have sexual relationships						
Victoria (n=999)	1.0	5.5	17.8	53.3	22.3	100.0
Other states (n=1,553)	0.8	6.5	21.5	49.8	21.4	100.0
Should not raise children						
Victoria (n=999)	12.6	35.8	34.1	13.5	4.0	100.0
Other states (n=1,552)	13.8	36.2	33.7	14.6	1.7	100.0

Table 9. Question 8. Please imagine yourself in the scenario described below and answer the question that follows. There are no right or wrong answers.

How would you react if a work colleague told you privately that they have multiple sclerosis (MS)? Would you... ?
Please select all that apply.

	Victoria n=1,000 %	Other states n=1,561 %
Ask the colleague more about it	76.8*	84.5*
Be willing to take on more work to support this colleague	53.0*	61.4*
Feel obliged to tell your supervisor	10.5	9.0
Feel obliged to tell other colleagues	5.8	4.1
Worry that you'll have to take on more work	4.2	4.7
Be more likely to avoid this colleague	1.5	1.3
None of these	8.4	5.2

Don't know	<0.1%	0.0
Refused	0.0	<0.1%

*95% Confidence Intervals do not overlap, suggesting that estimates for Victoria are meaningfully different from other states.

Table 10. Question 9.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Total
	%	%	%	%	%	%
Australian society is strengthened by people with disability						
Victoria (n=999)	0.7	8.2	36.1	47.6	7.4	100.0
Other states (n=1,556)	0.8	9.5	34.0	44.9	10.8	100.0
Workplaces are accepting of people with disability						
Victoria (n=999)	3.2	20.2	31.2	41.9	3.5	100.0
Other states (n=1,552)	2.8	27.5	29.0	35.3	5.5	100.0
Schools are accepting of people with disability						
Victoria (n=999)	1.4	11.8	25.3	52.0	9.5	100.0
Other states (n=1,547)	2.2	13.1	24.6	49.7	10.3	100.0
People with disability have the same access to health services as others						
Victoria (n=999)	1.3	13.2	22.3	49.3	13.9	100.0
Other states (n=1,553)	2.6	15.4	17.2	48.9	15.9	100.0

Table 11. Question 10. How likely are other people to avoid... ?

Disability type	Very unlikely	Unlikely	Neither likely nor unlikely	Likely	Very likely	Total
	%	%	%	%	%	%
People with schizophrenia						
Victoria (n=995)	2.9	9.2	22.3*	42.0	23.7*	100.0
Other states (n=1,552)	4.7	7.6	15.5*	40.9	31.3*	100.0
People with an intellectual disability						
Victoria (n=999)	6.0	14.5	23.6	42.0	14.0	100.0
Other states (n=1,559)	5.9	13.6	18.2	48.4	13.9	100.0
People with a brain injury						
Victoria (n=998)	4.5	16.8	29.4	37.5	11.7	100.0
Other states (n=1,553)	6.6	14.6	24.8	40.6	13.4	100.0
People with long-term depression						
Victoria (n=998)	5.4	17.5	28.2	38.3	10.6	100.0
Other states (n=1,555)	5.8	15.4	25.3	39.1	14.3	100.0
Deaf people						
Victoria (n=999)	12.1	26.9	31.1	23.2	6.7	100.0
Other states (n=1,557)	11.7	24.3	28.5	29.6	5.9	100.0
Blind people						
Victoria (n=999)	10.1	26.2	32.1	25.2	6.4	100.0
Other states (n=1,558)	12.7	25.0	27.7	29.2	5.5	100.0
People who use a wheelchair						
Victoria (n=999)	11.7	28.2	31.5	23.1	5.5	100.0
Other states (n=1,560)	14.4	25.2	28.6	27.3	4.4	100.0

*95% Confidence Intervals do not overlap, suggesting that estimates for Victoria are meaningfully different from other states.

Table 12. Question 11.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Total
	%	%	%	%	%	%
Adults with disability should get to have a say about who they live with						
Victoria (n=999)	1.8	1.4	13.0	58.7	25.1*	100.0
Other states (n=1,557)	0.9	2.2	10.9	51.9	34.1*	100.0
Children with disability should only be educated at special schools						
Victoria (n=998)	19.9	37.7	25.5	12.7	4.1	100.0
Other states (n=1,556)	25.4	40.8	21.9	8.2	3.7	100.0
Employers should be allowed to refuse to hire someone because they have a disability						
Victoria (n=998)	22.1	33.5	25.2	15.0	4.2	100.0
Other states (n=1,553)	23.5	29.0	26.8	16.6	4.1	100.0
People with disability receive enough money from the government to live on						
Victoria (n=993)	14.1	32.5	37.3	13.2	2.9	100.0
Other states (n=1,538)	15.7	33.1	35.8	11.3	4.0	100.0

*95% Confidence Intervals do not overlap, suggesting that estimates for Victoria are meaningfully different from other states.

Table 13. Question 12. Do you have a disability or long-term health condition that has lasted or is likely to last 6 months or more?

	Yes	No	Refused or missing
	%	%	%
Victoria n=1,000	30.2	69.5	0.3
Other states n=1,561	32.8	66.9	0.3

Table 14. Questions 13-18. (Contact questions)

	Victoria n=1,000 %	Other states n=1,561 %
Do you know anybody else who has a disability?		
Yes	66.2	79.5
No	33.8	20.2
Refused or missing	0.0	0.4
In your lifetime, have you ever worked or volunteered for a charity or an organisation that supports, cares for, or advocated for people with disability?		
Yes	37.1	43.8
No	62.8	56.0
Refused or missing	<0.1	0.1
In your lifetime, have you ever donated money to a charity or an organisation that supports, cares for, or advocated for people with disability?		
Yes	70.1	83.4
No	29.9	16.1
Refused or missing	0.0	0.5
Do you currently care for a person with disability? This includes being employed as a carer.		
Yes	13.8	17.2
No	86.2	82.7
Refused or missing	0.0	0.1
Have you ever lived with another person who has a disability?		
Yes	34.6	38.8
No	65.4	61.2
Refused or missing	0.0	0.1
Have you ever had a close friend with disability?		
Yes	32.4*	42.5*
No	67.6*	57.5*
Have you ever had a close family member (i.e. sibling, parent, child) with disability?		
Yes		

No	42.2*	49.9*
	57.8*	50.1*

Have you ever had a work colleague with disability?

Yes	33.4	40.6
No	66.6	59.4

Have you ever had a boss or work supervisor with disability?

Yes	4.6	6.3
No	95.4	93.7

Have you ever had a teacher or lecturer with disability?

Yes	8.0	11.6
No	92.0	88.4

Have you ever had a classmate with disability?

Yes	33.7*	42.1*
No	66.3*	57.9*

I have never had a close friend, close family member, work colleague, boss/work supervisor, teacher/lecturer, or classmate with disability.

Yes	22.9*	15.8*
No	77.1*	84.2*

*95% Confidence Intervals do not overlap, suggesting that estimates for Victoria are meaningfully different from other states.

Table 15. Questions 19-21. (AIHW disability flag)

For each of the following activities, do you need help/supervision, have difficulty, or use aids/equipment/medications?	Victoria n=1,000 %	Other states n=1,561 %
Self-care e.g. showering or bathing; dressing or undressing; toileting or eating food		
Always/sometimes need help and/or supervision	5.8	5.3
Have difficulty but don't need help and/or supervision	7.3	5.8
Don't have difficulty but use aids/equipment/medications	3.7	3.3
Have no difficulty	82.9	85.4
Don't know/refused	0.2	0.2
Mobility e.g. moving around the house; moving around outside the home; getting in or out of a chair; using public transport		
Always/sometimes need help and/or supervision	6.5	7.0
Have difficulty but don't need help and/or supervision	8.1	7.4
Don't have difficulty but use aids/equipment/medications		

Have no difficulty	5.2	5.4
Don't know/refused	80.2	80.0
	<0.1	0.2
Communication e.g. understanding or being understood by other people, including people you know; using a telephone		
Always/sometimes need help and/or supervision	4.6	3.0
Have difficulty but don't need help and/or supervision	6.3	5.1
Don't have difficulty but use aids/equipment/medications	5.0	3.7
Have no difficulty	84.0	88.1
Don't know/refused	0.1	0.1
Learning, applying knowledge e.g. keeping focused on things; learning new things; solving problems; making decisions		
Always/sometimes need help and/or supervision	5.1	4.3
Have difficulty but don't need help and/or supervision	8.6	10.1
Don't have difficulty but use aids/equipment/medications	4.6	5.6
Have no difficulty	81.4	79.5
Don't know/refused	0.3	0.5
Managing things around the home e.g. getting groceries; preparing meals; doing washing or cleaning; taking care of pets		
Always/sometimes need help and/or supervision	7.3	8.0
Have difficulty but don't need help and/or supervision	9.2	8.0
Don't have difficulty but use aids/equipment/medications	5.5	3.7
Have no difficulty	78.0	80.0
Don't know/refused	<0.1	0.3
Managing tasks and handling situations e.g. managing daily routine; managing time; planning activities; coping with pressure or stressful situations		
Always/sometimes need help and/or supervision	6.5	6.6
Have difficulty but don't need help and/or supervision	9.6	10.8
Don't have difficulty but use aids/equipment/medications	6.1	7.9
Have no difficulty	77.4	74.3
Don't know/refused	0.4	0.4
Personal relationships e.g. making friends; meeting new people; showing respect to others; coping with feelings and emotions		
Always/sometimes need help and/or supervision	4.9	3.5
Have difficulty but don't need help and/or supervision	10.0	11.4
Don't have difficulty but use aids/equipment/medications	5.8	4.8
Have no difficulty	79.3	80.0
Don't know/refused	0.1	0.3
Community life e.g. participating in sports, leisure or religious activities; being part of a social club or organization		
Always/sometimes need help and/or supervision		

Have difficulty but don't need help and/or supervision	5.6	5.1
Don't have difficulty but use aids/equipment/medications	11.1	9.3
Have no difficulty	6.2	4.7
Don't know/refused	76.2	79.5
	0.1	0.4

Does a long-term health condition or disability affect your participation in education?

Yes	17.6	16.8
No	81.6	82.7
Don't know/refused	0.8	0.5

Does a long-term health condition or disability affect your participation in work? Work includes paid employment and/or volunteering.

Yes	27.4	25.2
No	72.1	74.4
Don't know/refused	0.5	0.4



Suggested citation:

Bollier AM, Krnjacki L, Kavanagh A, Kasidis V, Katsikis G and Ozge J (2018). *Survey of Community Attitudes toward People with Disability: A report for the Victorian Department of Health and Human Services*. Melbourne, VIC: Disability & Health Unit, Centre for Health Equity, University of Melbourne.



Health
and Human
Services