Engagement Insights Report

ACOLA – Ensuring Occupations are Responsive to People with Disability

August 2022

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Executive Summary

Consultation and engagement was undertaken to test with people with disability and their carers if they believe these 5 key action areas described in Australian Council of Learned Academies (ACOLA) Report *Ensuring Occupations are Responsive to People with Disability*, would improve the disability responsiveness of people in occupations such as doctors, teachers or police.

A mixed methods engagement approach was used:

- A targeted, recruited, survey for people with disability across a range of disability types who have had interactions with the focal sectors.

- 10 in-depth interviews with people with disability and their carers from a range of demographic backgrounds.

- 1 focus group with young people with disability recruited to capture a diversity of demographics and disabilities.

- 1 focus group with people with intellectual disability, facilitated by the South Australian Council on Intellectual Disability (SACID).

The feedback of participants across the engagements indicates that the 5 action areas are well supported by people with a disability and their carers. **More than 50% of survey respondents rated all of the 5 key action areas as extremely or very important.**

1. Having more people with disability in leadership positions (54%)

2. Disability training is tailored to occupations (70%)

3. Improve design and delivery of training about disability (75%)

4. Understanding disability knowledge gaps (75%)

5. Leadership by governments in improving disability training (74%).

Similarly, **focus group and interview participants overwhelmingly agreed that all five action areas were very important** to improve disability responsiveness training and drive better support and experience for people with disability who engage with police, teachers and doctors.

The direction and nature of the feedback also confirms that the principles and actions outlined in Part D of ACOLA's Report *Ensuring Occupations are Responsive to People with Disability* are appropriate and align well with the feedback we heard across the engagement program.

Survey respondents, focus group and interview participants reaffirmed that the 6 key principles for disability responsiveness training (addressing bias, nothing about us without us, capability areas, quantum, fit for purpose and experiential learning) and the Action Plan themes areas are appropriate. Survey participants and interview and focus group participants felt confident that the approach will help to drive improvements to disability responsiveness training and broader awareness and inclusion of people with disability.

This feedback generally supports the structure, content and delivery of successful disability responsiveness training outlined in Part D of the ACOLA report.

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1. Participation and demographics

A total of 178 people provided feedback across the engagement program on how the actions described in Part D of ACOLA's Report would help improve the disability responsiveness of people in occupations such as police, teachers and doctors. An overview of participant demographics is below (see figure 1). More detailed demographic information is provided at **Appendix 1.**

Methods

Of the 178 people who engaged with us:

- 152 people responded to the recruited survey.

- 16 people shared their insights through 2 focus groups.

- 10 people shared their insights through 10 in-depth interviews.

We gathered feedback from a diversity of participants with lived experience of disability across the engagement program, including:

- 114 people with a disability.

- 37 who care for someone with disability.

- 27 who have disability and also care for someone with disability.

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ACOLA Participation Demographics

152 Surveys

16 Focus groups (2 groups of 8)

10 Interviews

178 Participants

90 Has a disability

27 Cares for someone with a disability and has a disability

35 Cares for someone with a disability

113 Capital city or large city

55 Regional area

10 Rural or remote

15 Aboriginal and/or Torres Strait Islander

19 Culturally and linguistically diverse

People with disability	Types of disability among respondents	People who care for someone with disability (including those who have disability and also care for someone with a disability)
10	Autism	10
20	Intellectual disability	9
5	Learning disability	5
8	ADHD	8
13	Other neurological disability	13
40	Physical disability	35
9	Blind or low vision	8
25	Deaf or hard of hearing	24
48	Psychosocial disability or mental health condition	44
2	Behavioural disability	2
9	Other	7
5	Sensory	0
5	Prefer not to say	5

Figure 1. Summary of participation.

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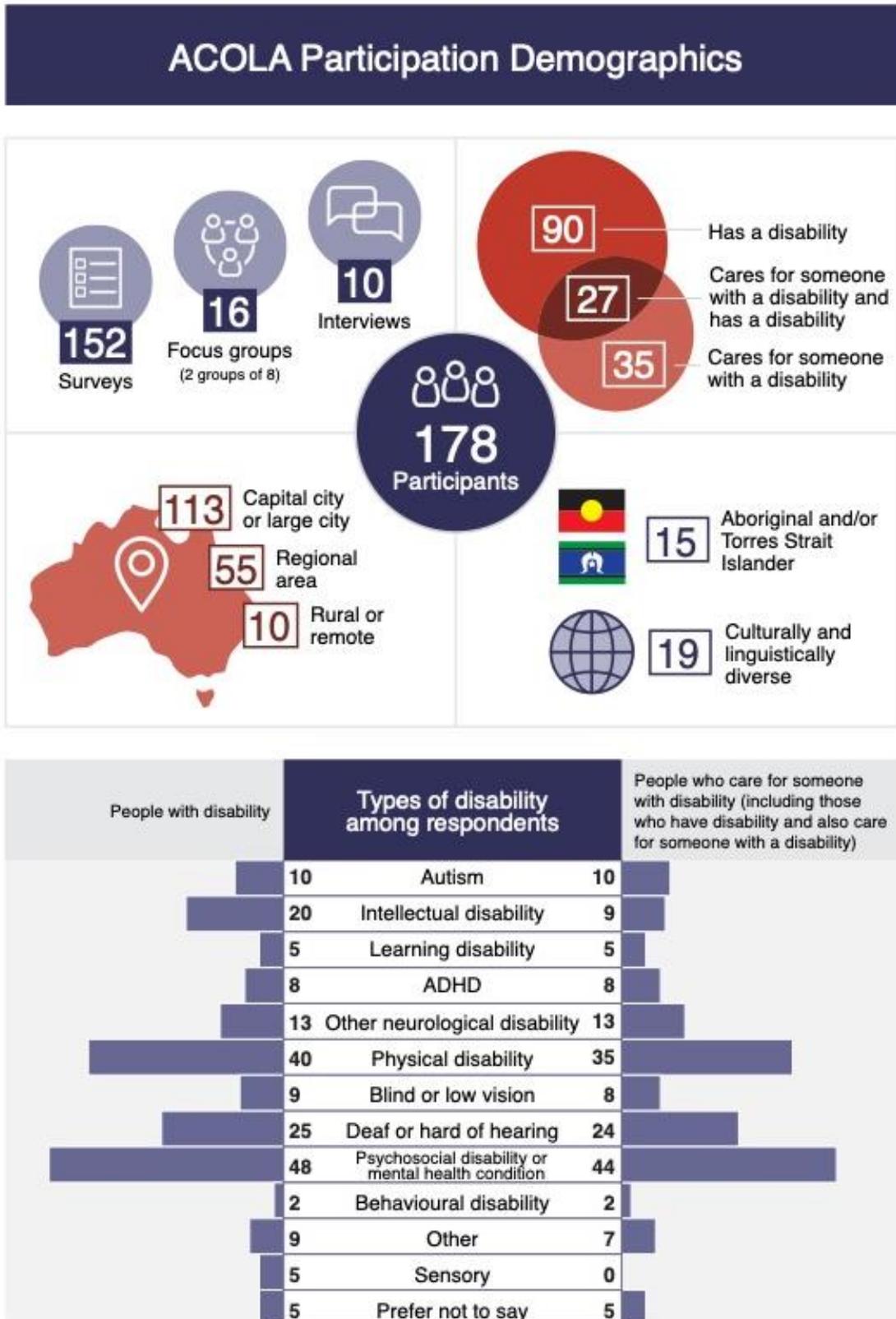
2. Participant feedback

What makes a good experience for people with disability interacting with occupations?

Focus group and interview participants were asked about good experiences they have had where they have felt supported by people in occupations (such as doctors, police, teachers), participants consistently said that this occurs when people in these professions:

- Have had specific training about disabilities and understand the nature of specific disabilities.

- Are aware of the diversity of disabilities and understand that a disability can present differently between individuals.

- Take the time to listen and ask questions to understand the needs of people with disability.

- Do not make assumptions about the person or their disability(ies).

- Extend care, respect and empathy.

- Make people with disability feel welcome, equal and included.

- Explain things clearly and help people to understand what is happening, including any options or choices they have.

- Treat people with disability as a person, not as a condition.

- Focus on their abilities.

- Are aware of and show respect for cultural needs and protocols (for example, in First Nations communities).

'With doctors, they could explain things in not medical terms. Explain it in drawings. My doctor does that for me, and I find that a lot better than just listening to lots of medical terms.'
Focus group participant with intellectual disability

'They do a good job when they don't make you feel abnormal or different by not publicly isolating you.'
Female youth focus group participant with intellectual, cognitive or neurological disability, regional QLD

'I had a good relationship with the bosses; they were kind and understanding. They supported my well-being in the workplace, and even when I ran out of sick leave, they put me on half pay and paid for psychologists. In addition, they assured me I wouldn't lose my job. It meant so much to me, having that job.'
Female interview participant with psychosocial disability, regional QLD

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What prevents people in occupations from being responsive to people with disability?

Participants were also asked what prevents people in these professions from helping support people with disability. Participants consistently stated that a lack of education about disabilities, awareness and empathy often contributed to negative experiences with people in these professions and the broader community. Feedback from participants said the following factors frequently contributed to a negative or distressing experience for them:

- Making assumptions about the individual or their disability(ies).

- Lack of awareness about disabilities and people with disability.

- Lack of respect for people with disability.

- Not enough specific disability inclusion and awareness education and training.

- Not enough time, resources, support or systems in place to support people with disability and the professions that support them.

- Intersectional issues can make it even more difficult to get appropriate support (for example, First Nations people with disability and Culturally and Linguistically Diverse people with disability).

  '*When they put you down or direct you in a different direction for what you originally came in for assistance. You see the doctor for one specific need, and instead, they disregard it, they point out your insecurities.*'
  Female youth focus group participant with a sensory disability, metropolitan WA

  '*When I got bullied [at school], they didn't do anything; my sister had to help me. I had to move schools. I wish the teachers had checked in on me to see how I was going and supported me. What's the point in being a teacher if you can't support me and people like me? It was hard to move schools. I wish they had been there for my family and me and supported us. I felt lonely and scared; I didn't want to go to school. I felt like I was dealing with it all on my own. I wish they had listened to me. There needs to be more awareness around disability.*'
  Focus group participant with intellectual disability

  '*Lack of understanding and awareness feels like an attitude of "I am not trained for that, so I cannot assist". This has been more of our experience in childcare settings than hospitals.*'
  Female interview participant who is the parent of a child with a cognitive disability, regional VIC

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S D

Importance of Action Areas

We asked survey respondents to rate the importance of 5 key action areas to improve disability responsiveness for occupations. **More than 50% of survey respondents rated all of the action areas below as extremely or very important.**

6. Having more people with disability in leadership positions (54%)

7. Disability training is tailored to occupations (70%)

8. Improve design and delivery of training about disability (75%)

9. Understanding disability knowledge gaps (75%)

10. Leadership by governments in improving disability training (74%).

Respondents were also asked to rate the importance of specific actions within each action area. The majority of respondents thought that all specific actions were extremely or very important.

Survey respondents were asked to what extent they thought the action areas would improve disability responsiveness training and the associated outcomes for people with disability. **More than 60% of survey respondents** believed that the actions would probably or definitely work to achieve the desired outcomes.

Similarly, **focus group and interview participants overwhelmingly agreed that all five action areas were very important** to improve disability responsiveness training and drive better support and experience for people with disability who engage with police, teachers and doctors.

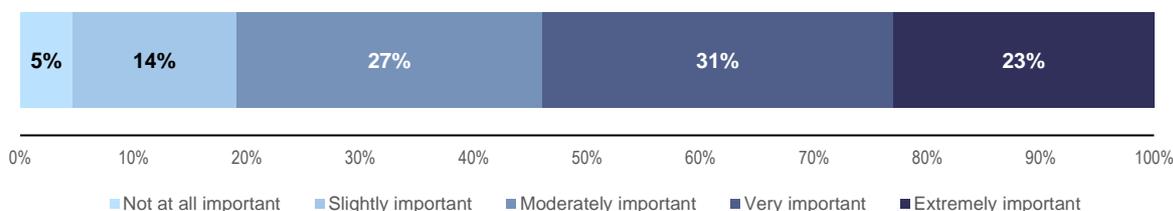Detailed feedback on the Action Areas and specific actions is provided below.

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Action Area 1: More people with disability in leadership positions

Survey responses

Survey respondents indicated that having more people with disability represented in leadership positions is an important way to improve disability education responsiveness in key professions.

More than half of the respondents (54%) said that having more people with disability in leadership positions is either very important or extremely important. Only 5% of respondents said it was not important.
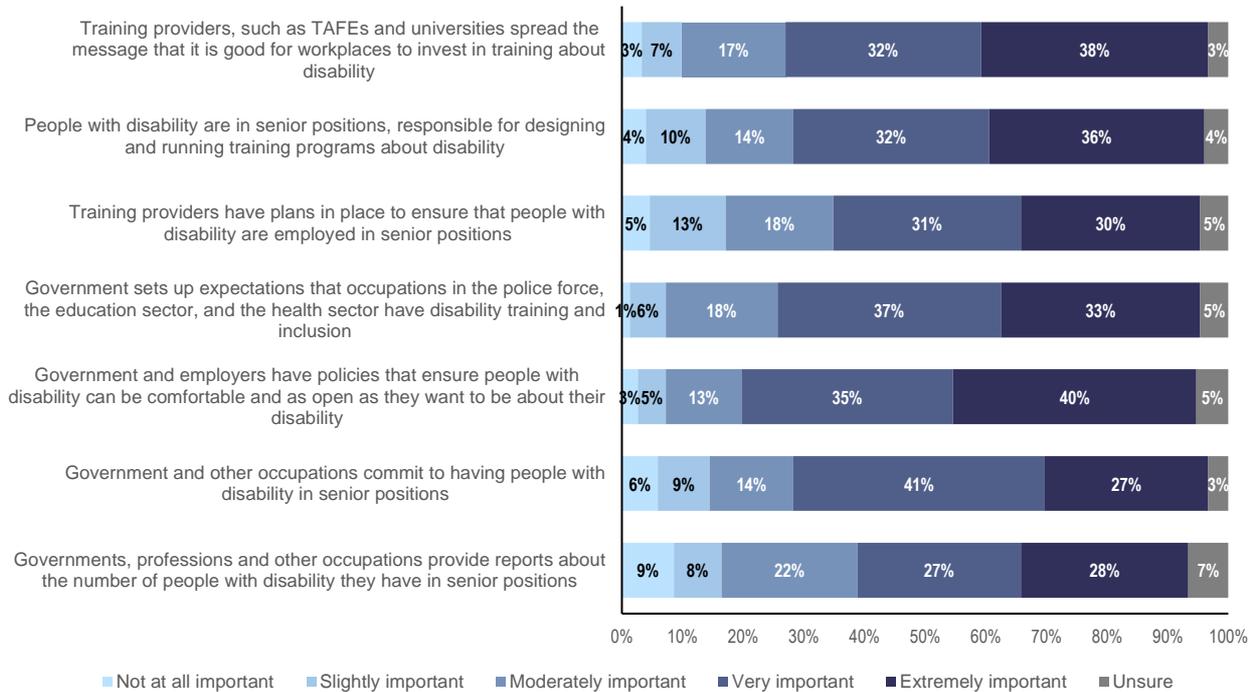
Q. How important do you think it is to have more people with disability in leadership positions? (n=152)

5%	14%	27%	31%	23%

0%   10%   20%   30%   40%   50%   60%   70%   80%   90%   100%

■ Not at all important ■ Slightly important ■ Moderately important ■ Very important ■ Extremely important

Survey respondents were asked to rate 7 key actions organisations could do to improve the number of people with disability in leadership positions. The most important actions (indicated by responses that stated they were either very important or extremely important) were in order of priority:

- Government and employers have policies that ensure people with disability can be comfortable and as open as they want to be about their disability (75% of respondents).

- Government sets up expectations that occupations in the police force, the education sector and the health sector have disability training and inclusion (70% of respondents).

- People with disability are in senior positions, responsible for designing and running training programs about disability (68% of respondents).

- Government and other organisations commit to having people with disability in senior positions (68% of respondents).

- Training providers have plans in place to ensure people with disability are employed in senior positions (62% of respondents).

- Governments, professions and other organisations provide reports on how many people with disability have been employed in senior positions (55% of respondents).

- Training providers such as TAFEs and universities spread the message that it is good for workplaces to invest in training about disability (41% of respondents).

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Q. Please rate how important you think each of the following actions are for organisations who provide training about disability (e.g., universities and other training facilities) (n=152)

|	Not at all important	Slightly important	Moderately important	Very important	Extremely important	Unsure
Training providers, such as TAFEs and universities spread the message that it is good for workplaces to invest in training about disability	3%	7%	17%	32%	38%	3%
People with disability are in senior positions, responsible for designing and running training programs about disability	4%	10%	14%	32%	36%	4%
Training providers have plans in place to ensure that people with disability are employed in senior positions	5%	13%	18%	31%	30%	5%
Government sets up expectations that occupations in the police force, the education sector, and the health sector have disability training and inclusion	1% 6%		18%	37%	33%	5%
Government and employers have policies that ensure people with disability can be comfortable and as open as they want to be about their disability	3% 5%		13%	35%	40%	5%
Government and other occupations commit to having people with disability in senior positions	6%	9%	14%	41%	27%	3%
Governments, professions and other occupations provide reports about the number of people with disability they have in senior positions	9%	8%	22%	27%	28%	7%

66% of respondents indicated that these 7 actions either probably will or definitely will lead to more people with disability in leadership positions.

Of the 31% of respondents who indicated the actions probably won't or definitely won't result in more people with disability in leadership positions, the associated open-ended responses indicate suggestions to:

- Deliver broad community education and awareness campaigns to change ableist mindsets and/or stigma about disability.

- Ensure that changes are not reduced to quotas or identified roles. Getting a job must remain merit based and deliver real and tangible improvements for people with disability.

- Provide greater support for people with disability in workplaces, including training.

Q. To what extent do you think the 7 actions described in the previous questions will result in more people with disability in leadership positions? (n=152)

Definitely won't	Probably won't	Probably will	Definitely will
5%	29%	53%	13%

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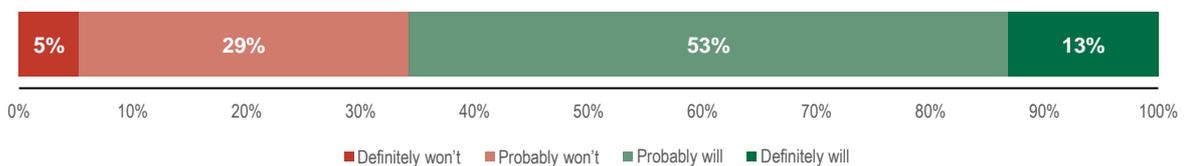
Focus group and interview responses

Participants in focus groups and interviews consistently stated that having **people with disability design, lead and deliver training** is very important.

Feedback from participants from focus groups and interviews on having more people with disability in leadership positions indicated that **increasing the accessibility of workplaces and recruitment processes** and providing **additional support for people with disability to access job markets and training to develop their leadership capacity** is important. These considerations could be included to strengthen the actions and outcomes in the Visibility theme of the Action Plan.

Key themes that emerged from participant feedback indicated that:

- Disability training should be designed and delivered by people with disability. Participants clearly stated that having lived experience is essential to design and lead effective training about specific disabilities.

- There needs to be more opportunities for people with a disability:

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

- There needs to be more opportunities for people to experience and understand some of the aspects people with a disability might experience through training programs, such as how a person with bipolar disorder or autism might experience an interview differently.

- Governments should provide more opportunities for people with disability to be involved in the training and run the training:

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

- Training designed and delivered by people with disability provides opportunities to employ people with disability:

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

However, one participant highlighted that the need for disability responsiveness training also needs to be balanced with what is achievable and scalable across workplaces of different sizes and sectors:

  '*I think it's very important, but I appreciate that it's sometimes difficult for people with these jobs to be appropriately trained given that there aren't many people with disabilities.*'

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Furthermore, sometimes people with conditions don't want to be the "lab rat" used for everyone to be trained.
Male youth focus group participant with a sensory disability, regional QLD

We asked participants whether the representation of people with disability in leadership positions should be increased. Some of the changes suggested to improve people with disability in leadership positions include:

- Design more inclusive ways to recruit people with disability:

  'There needs to be a different way to apply for a job. For example, writing a cover letter can be impossible for some people with a disability. A 20-minute chat might be way better about what they can bring to the role.'
  Female interview participant with a sensory disability, metropolitan WA

- Improve the accessibility of documentation to apply for jobs and ensure a willingness to make reasonable adjustments to provide support as needed.

- Ensure sufficient support and resources are available (including funding):

  'I think making education more accessible to disabled people would really help. Maybe more scholarships or special considerations for disabled people to access further education. This could really encourage more people to aim higher and not let their disability define their lives, as they no longer feel like their disability will hold them back.'
  Female youth focus group participant with a physical disability, regional VIC

- Provide training for people with disability to feel confident to apply for jobs and to progress in their careers:

  'Potentially having leadership roles designed to allow people with a disability to enter into the leadership role. Programs would need to be designed appropriately.'
  Female youth focus group participant with a sensory disability, metropolitan WA

  'More general access to training with more variety, as well as more clarity on what roles require what skills so that those with disabilities can decide for themselves what they believe they're able to do so that the training can work around them to improve their training.'
  Male youth focus group participant with a physical, sensory, intellectual and psychosocial disability, regional QLD

- Ensure that workplace leaders are supportive and empathetic.

- Commit to employing people with disability, for example, through inclusion policies and potentially quotas.

  'Governments have disability advisory groups. This is a great place to find leaders across all jobs.'
  Male interview participant with a psychosocial and sensory disability, metropolitan QLD

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- Commit to accessibility in employment and workplaces - remove the barriers to inclusive workplaces:

  'Provide accessibility champions in the workplace to support people with disability in the workplace and to educate and raise awareness about disabilities across the organisation.'
  Female interview participant with a sensory disability, metropolitan WA.

- Ensure there is ongoing consultation to understand the needs of people with disability.

One participant in the intellectual disability focus group indicated that educating people about disability would be a career they would enjoy:

> *'My dream job is to train people in disability. Not to be a teacher but to teach people in roles such as support workers how to help people with a disability.'*

Some participants in the youth focus group highlighted that while having people with disabilities in leadership positions is important, it should not be a forced initiative. Instead, it was emphasised that ensuring the voices of people with disability are heard is more important:

> *'Personally, I don't think having people with disabilities in leadership roles is as important as simply having their voices heard. Even just a committee who can advise leaders on everyday issues for people with disabilities.'*
> **Male youth focus group participant with a sensory disability, regional QLD.**

> *'It's very important that they do, but it shouldn't be made to seem like a forced inclusivity thing, as it's kinda insulting when that happens. The voices idea is more suited to what I believe.'*
> **Male youth focus group participant with a neurological disability, regional QLD.**

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

Participants also suggested a need for broader community education, awareness and visibility of people with disability to shift the discourse towards ability. Participants made the following suggestions and observations:

- *'Increase people in parliament with a disability.'*

- *'Have more people with disability as leaders in training and in professions. It may inspire younger people with disability to take up those professions.'*

- *'Many are unwilling to disclose their disability because it will be seen as a weakness.'*

- *'Make sure that people making decisions have an obligation to ensure that people with disability have the ability to access and contribute to society.'*

- *'We need to break down the stereotypes about people with disability and move towards greater inclusion of people with a disability into society and their communities.'*
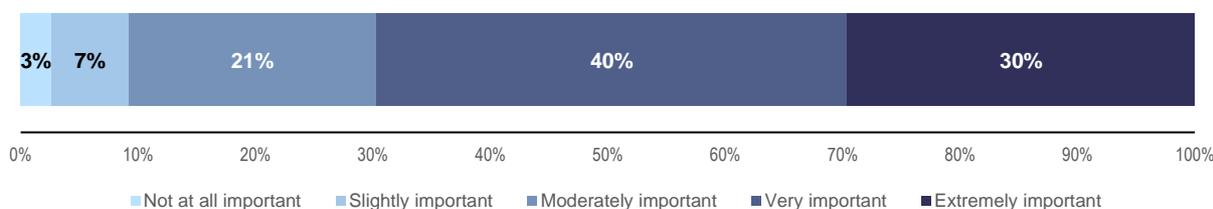
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Action area 2: Disability training is tailored to occupations

Survey responses

Survey respondents rated how important it is for training for occupations such as doctors, teachers and police to include specific training about disability and inclusion.

70% of respondents said that specific disability and inclusion training is very important or extremely important. Only 3% of respondents said it was not important.
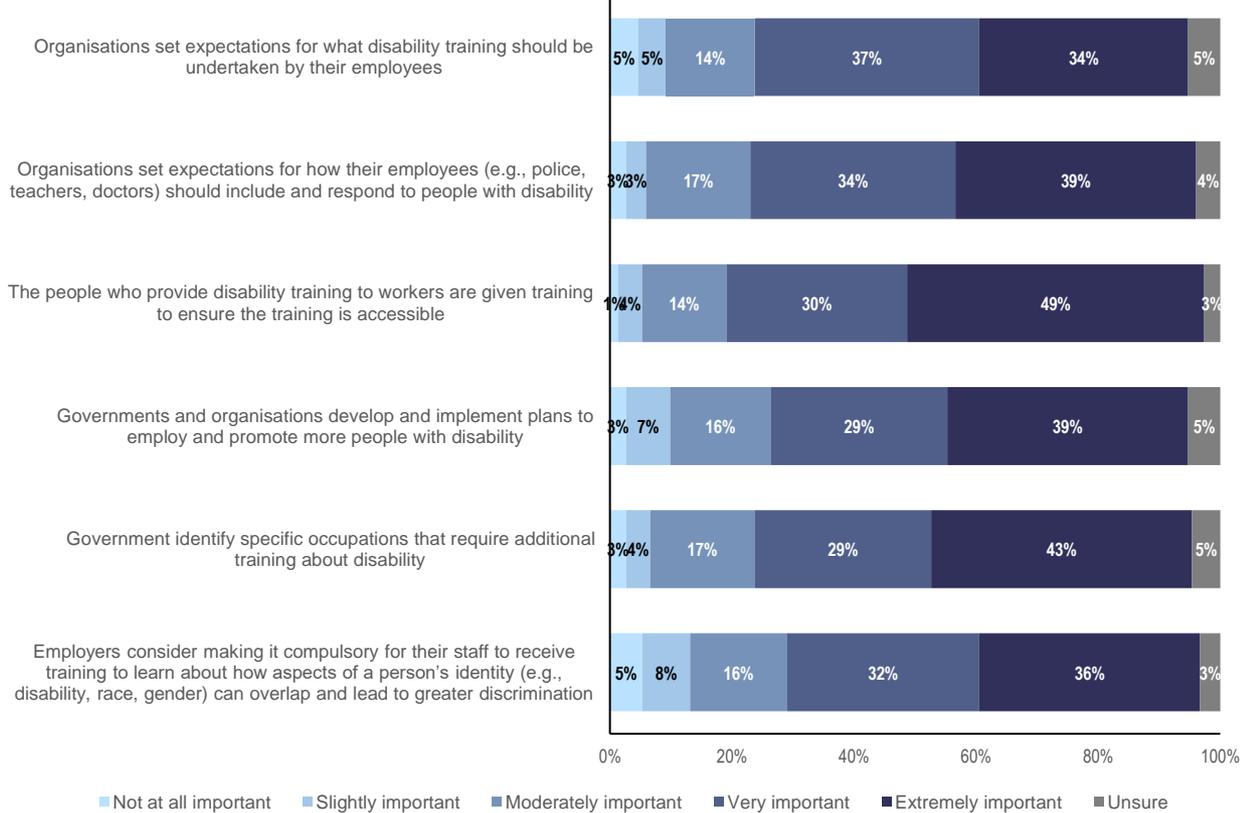
Q. How important do you think it is that training for occupations such as doctors, teachers, and police includes specific training about disability and inclusion?
(n=152)

3%	7%	21%	40%	30%

0%   10%   20%   30%   40%   50%   60%   70%   80%   90%   100%

■ Not at all important ■ Slightly important ■ Moderately important ■ Very important ■ Extremely important

Survey respondents were asked to rate 6 key actions organisations could do to ensure staff receive specific training about disability and inclusion. The most important actions (indicated by responses that stated they were either very important or extremely important) were, in order of priority:

- The people who provide disability training to workers are given training to ensure the training is accessible (79%).

- Organisations set expectations about how their employees should include and respond to people with disability (73%).

- Government identifies specific occupations that require additional training on disability responsiveness (72%).

- Organisations set expectations for what disability training should be undertaken by their employees (71%).

- Government and organisations develop and implement plans to employ and promote more people with disability (68%).

- Employers consider making it compulsory for their staff to receive training to learn about how aspects of a person's identity can overlap and lead to greater discrimination (68%).

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Q. Please rate how important you think each of the following actions are for ensuring more occupations receive specific training about disability and inclusion (n=152)

Action	Not at all important	Slightly important	Moderately important	Very important	Extremely important	Unsure
Organisations set expectations for what disability training should be undertaken by their employees	5%	5%	14%	37%	34%	5%
Organisations set expectations for how their employees (e.g., police, teachers, doctors) should include and respond to people with disability	3%	3%	17%	34%	39%	4%
The people who provide disability training to workers are given training to ensure the training is accessible	1%	4%	14%	30%	49%	3%
Governments and organisations develop and implement plans to employ and promote more people with disability	3%	7%	16%	29%	39%	5%
Government identify specific occupations that require additional training about disability	3%	4%	17%	29%	43%	5%
Employers consider making it compulsory for their staff to receive training to learn about how aspects of a person's identity (e.g., disability, race, gender) can overlap and lead to greater discrimination	5%	8%	16%	32%	36%	3%

Legend: Not at all important · Slightly important · Moderately important · Very important · Extremely important · Unsure
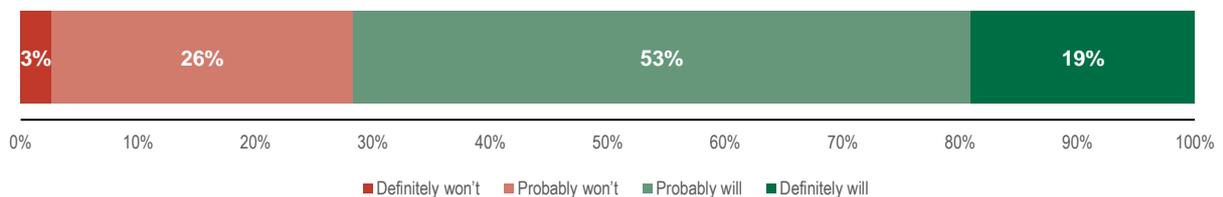
72% of respondents indicated that these 6 actions either probably will or definitely will lead to improved outcomes in disability awareness and responsiveness across key professions.

Of the 29% of respondents who indicated the actions probably won't or definitely won't result in more occupations receiving specific training about disability and inclusion, the associated open-ended responses indicate:

- A need for broader education and awareness for occupations and the general public, including starting disability awareness education at schools.

- The uptake of disability awareness many not be consistent across sectors.

Q. To what extent do you think the 6 actions described in the previous questions will result in more occupations receiving specific training about disability and inclusion? (n=152)

Definitely won't	Probably won't	Probably will	Definitely will
3%	26%	53%	19%

Legend: Definitely won't · Probably won't · Probably will · Definitely will

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Focus group and interview responses

Participants consistently agreed that it is **very important that training for jobs (like doctors, teachers and police) include specific training about disability and inclusion**. The key themes that emerged from participant feedback include:

- Specific training is needed to educate professions about the different types of disabilities and how to engage with people with disability about their needs.
  'If they are working with someone with disability, how will they know to support them if they don't know about disabilities? They should learn how to understand the different ways that people communicate. Some people can't talk, but they can still communicate. Listen to us; take the time. Don't pretend to understand when you don't.'
  Focus group participant with an intellectual disability.

- People with disability need to codesign training with people in these professions.

  'It's really important. I get misunderstood a lot, and sometimes, because of the way I think, it can be hard to understand, or I might take things too literally. People might think I'm just being rude.'
  Male interview participant with physical, intellectual and psychosocial disability, regional ACT.

  'I think having people with disabilities design these training programs is the best way to have self-determination for people with disabilities.'
  Male youth focus group participant with other disability, metropolitan ACT.

- Delivery of training about disability should be led by people with lived experience of that disability(ies):

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

- Specific training about disability and inclusion should be compulsory:

  'This should be a key part of job training to build a culture of inclusion in workplaces.'
  Male interview participant with a psychosocial and sensory disability, metropolitan QLD.

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

- Engage specific disability organisations to deliver training and identify gaps in knowledge unique to each place/person.

Participants shared some personal examples of why specific training is necessary and how society and language have changed within society over time to reduce stereotypes and stigma:

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'I had an incident with depression with police. They did not understand they were not helping the situation. They pulled me aside and said, "why are you depressed? You have people around you who love you". They did not understand where I was at that time. You can't just snap out of depression. They meant well; they just did not know how to help me and what my needs were at that time.'
Male interview participant with physical, intellectual and psychosocial disability, regional ACT.

'For example, in the 1980s, the gay community stood up for themselves [against the violence happening towards the gay community]. This began to change when the police were trained about LGBTIQ+ rights, and the gay community applied pressure for the culture to change. Perhaps there aren't enough people with disability to apply this same pressure'.
Male interview participant with a physical disability, metropolitan VIC.

Some participants indicated that all public-facing professions should have compulsory disability responsiveness training. However, other participants stated that there should be a focus on key professions:

'Every single job that has anything to do with a customer-facing role designed, led, and delivered by people with disability.'
Female interview participant with a sensory disability, metropolitan WA.

'The jobs that need the training include childcare, nurses, police and corrections.'
Female interview participant who is the parent of a child with a cognitive disability, regional VIC.

One participant highlighted how disability responsiveness training would help to relieve an implied onus of responsibility to educate others about their disability(ies) and needs:

'Yes, training would be greatly appreciated, so it doesn't feel like you as the disabled person has to train them each time you meet someone new to your needs.'
Female youth focus group participant with intellectual, cognitive or neurological disability, regional Queensland.
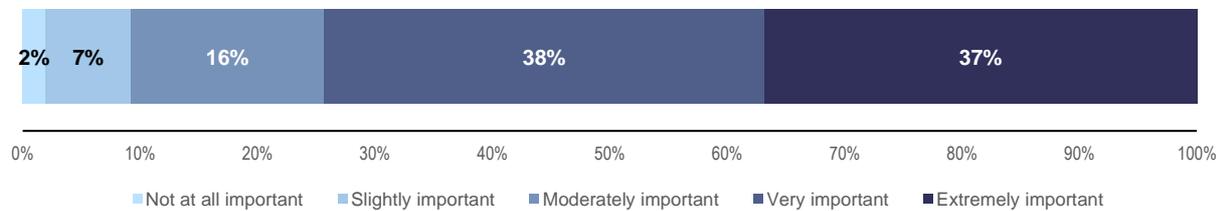
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Action area 3: Improve the design and delivery of training about disability

Survey responses

Survey respondents rated how important it is that people with disability have confidence in the training provided to occupations such as doctors, teachers and police about disability and inclusion.

75% of respondents said that confidence in disability and inclusion training is either very important or extremely important. Of this figure, 70% of respondents said it was very important or extremely important. Only 2% of respondents indicated that it was not important.

Q. How important do you think it is that people with disability have confidence in the training provided to occupations (e.g. doctors, teachers, police) they interact with? (n=152)

2%	7%	16%	38%	37%

0%   10%   20%   30%   40%   50%   60%   70%   80%   90%   100%

■ Not at all important ■ Slightly important ■ Moderately important ■ Very important ■ Extremely important
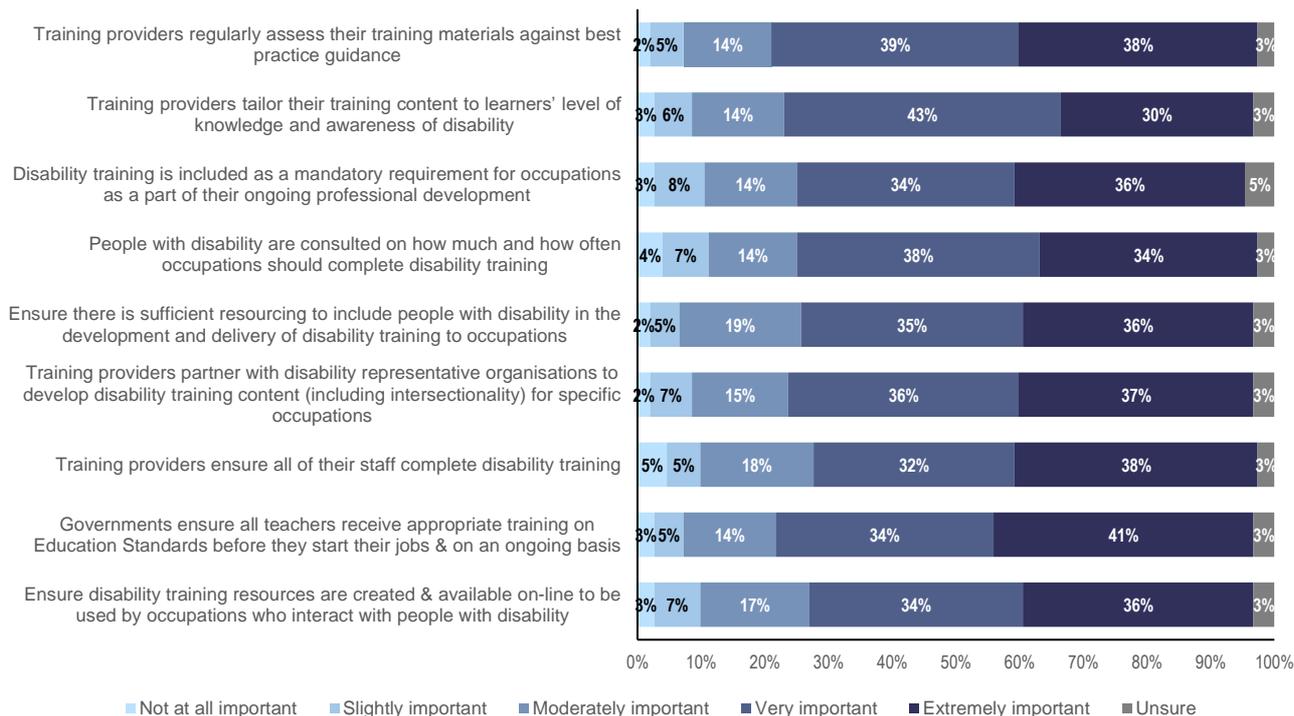
Survey respondents were asked to rate the importance of 9 key actions to ensure that people with disability have confidence in the training provided to these professions. Respondents indicated that all of the responses were very important. The most important actions (indicated by responses that stated they were either very important or extremely important) were in order of priority:

- Training providers regularly assess their training materials against best practice guidance (77%).

- Governments receive appropriate training on Education Standards before they start their jobs and on an ongoing basis (75%).

- Training providers partner with disability representative organisations to develop disability training content (including intersectionality) for specific occupations (73%).

- Training providers tailor their training content to the learners' level of knowledge and awareness of disability (73%).

- People with disability are consulted about how much and how often occupations should complete disability training (72%).

- Ensure there is sufficient funding to include people with disability in the development and delivery of disability training to occupations (71%).

- Training providers ensure all of their staff complete disability training (70%).

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- Disability training is included as a mandatory requirement for occupations as part of their ongoing professional development (70%).

- Ensure disability training resources are created and available online to be used by occupations that interact with people with disability.

Q. Please rate how important you think each of the following actions are for ensuring people with disability have confidence in the training provided to people in occupations they interact with (n=152)

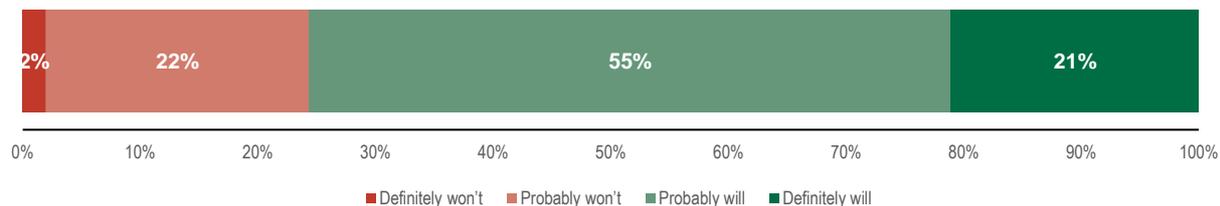|	Not at all important	Slightly important	Moderately important	Very important	Extremely important	Unsure
Training providers regularly assess their training materials against best practice guidance	2%	5%	14%	39%	38%	3%
Training providers tailor their training content to learners' level of knowledge and awareness of disability	3%	6%	14%	43%	30%	3%
Disability training is included as a mandatory requirement for occupations as a part of their ongoing professional development	3%	8%	14%	34%	36%	5%
People with disability are consulted on how much and how often occupations should complete disability training	4%	7%	14%	38%	34%	3%
Ensure there is sufficient resourcing to include people with disability in the development and delivery of disability training to occupations	2%	5%	19%	35%	36%	3%
Training providers partner with disability representative organisations to develop disability training content (including intersectionality) for specific occupations	2%	7%	15%	36%	37%	3%
Training providers ensure all of their staff complete disability training	5%	5%	18%	32%	38%	3%
Governments ensure all teachers receive appropriate training on Education Standards before they start their jobs & on an ongoing basis	3%	5%	14%	34%	41%	3%
Ensure disability training resources are created & available on-line to be used by occupations who interact with people with disability	3%	7%	17%	34%	36%	3%

76% of respondents indicated that these 9 actions either probably will or definitely will ensure that people with disability have confidence in the training provided to people in occupations they interact with.

Of the 24% of respondents who indicated the actions probably won't or definitely won't ensure people with disability have the confidence in the training provided to people in occupations they interact with, the associated open-ended responses indicate:

- Government needs to prioritise sufficient and sustainable resources are allocation to ensure the outcomes are achieved.

- The attitude of the individual and empathy toward people with disability is important.

Q. To what extent do you think the 9 actions described in the previous question will ensure that people with disability have confidence in the training provided to people in occupations they interact with? (n=152)

2%	22%	55%	21%

0%   10%   20%   30%   40%   50%   60%   70%   80%   90%   100%

■ Definitely won't   ■ Probably won't   ■ Probably will   ■ Definitely will

Focus group and interview responses

Participants consistently indicated that it was **essential for people with disability to inform the design and delivery of training about disability responsiveness**. The key themes that emerged from participant feedback include:

- People with disability are best placed to design and deliver training on disability responsiveness:

  'If you don't ask people with disability to have input, you will miss important and valuable information that able-bodied people would never think of.'
  Female Aboriginal interview participant who is a carer for a grandchild with a disability, remote QLD.

  'The best training is if companies employ people with disability, and they are well represented in workplaces.'
  Male interview participant with a physical disability, metropolitan VIC.

- Disability responsiveness training should be culturally appropriate:
  'Aboriginal people should design training for Aboriginal people with disability.'
  Male Aboriginal interview participant with psychosocial disability and carer for his brother with a disability, regional QLD.

- Training about disability responsiveness should be fun and experiential:
  'Training should be done in a fun way - you don't remember anything from boring training. Include role play to allow students to feel what it's like to have a disability. If you can't feel it, you can't understand it.'
  Male interview participant with a physical disability from a culturally and linguistically diverse (CALD) background, regional VIC.

- Training about disability responsiveness should be dynamic and designed in a way that people can access training in manageable ways:
  'Also having a somewhat fluid structure, so that it can be adapted to adjust to different needs when they arise.'
  Male youth focus group participant with a physical, sensory, intellectual and psychosocial disability, regional QLD.

  'It may not even need to be a separate course and instead little add-ons for each section, done by someone who has first-hand experience with a disability of sorts.'

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Female youth focus group participant with a physical disability, regional VIC.

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

- Training should open up the lines of communication and understanding between people with disability and the professions that support them:
'Open up lines of communication between professions and people with disability so they can come back and ask a question. What about a hotline where professions can call and ask to clarify.'
Female interview participant with a sensory disability, metropolitan WA.

'Everyone is different, and even disability presents differently. [The training can] provide the basis for a conversation about needs.'
Male interview participant with physical, intellectual and psychosocial disability, regional ACT.

Participants overwhelmingly agreed that they would have a greater sense of trust in disability responsiveness training that was designed and delivered by people with disability as well as the professionals who have been trained by people with lived experience.

Some participants spoke about the frequency and ongoing nature of training and how disability responsiveness training could form part of continuing professional development programs:

'I think if they had a certificate just like people trained in CPR/First Aid. But I don't know how practical that is on a large scale.'
Male youth focus group participant with a sensory disability, regional QLD.

'Regular training, twice a year is pretty standard in most jobs to have professional development, and I think this training is needed.'
Female interview participant who is the parent of a child with a cognitive disability, regional VIC.

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

'It could be like first aid certification, where you have to update your skills and understanding [about disability responsiveness] regularly.'
Male youth focus group participant with a physical, sensory, intellectual and psychosocial disability, regional QLD.

'Yes, absolutely. Maybe a program designed by the government could be implemented into these workplaces.'
Female youth focus group participant with a sensory disability, metropolitan WA.

One participant also highlighted that training about culture and community is important, particularly for young professionals working in rural and remote communities:

'Show professionals how to fit into a community as well. It's hard to be sent out to remote communities straight from Uni. They have no life experience, let alone experience of the

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unique issues of people with disability in rural and remote communities.'
Female Aboriginal interview participant who is a carer for a grandchild with a disability, remote QLD.
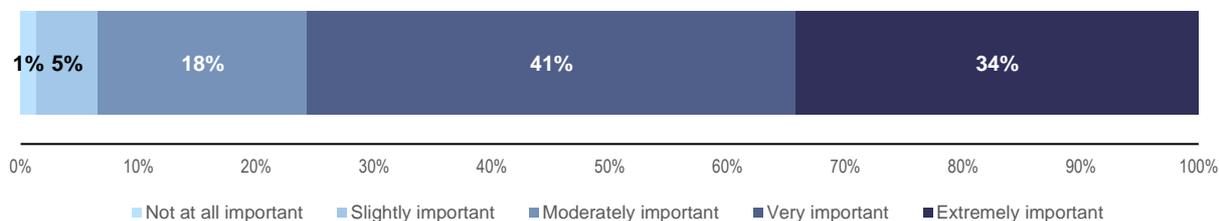
Action area 4: Understanding disability knowledge gaps

Survey responses

Survey respondents rated how important it is that professionals such as doctors, teachers and police have the tools and knowledge to include people with disability.

75% of respondents said having the tools and knowledge to include people with disability is either very important or extremely important. Of this figure, 70% of respondents said it was very important or extremely important. Only 1% of respondents indicated that it was not important.
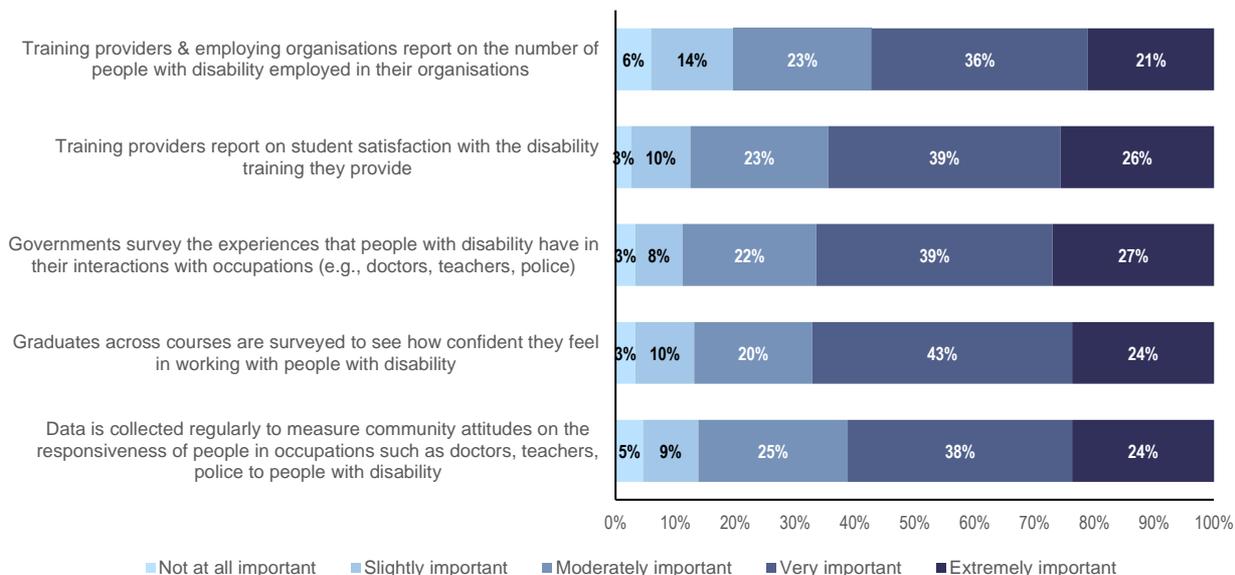
Q. How important do you think it is that professional in these occupations have the tools and knowledge to include people with disability? (n=152)

1% 5%	18%	41%	34%

0%   10%   20%   30%   40%   50%   60%   70%   80%   90%   100%

■ Not at all important ■ Slightly important ■ Moderately important ■ Very important ■ Extremely important

Survey respondents were asked to rate the importance of 5 key actions to ensure that professionals in these occupations have the tools and knowledge to support people with disability. The most important actions (indicated by responses that stated they were either very important or extremely important) were, in order of priority:

- Graduates across courses are surveyed to see how confident they feel in working with people with disability (67%).

- Governments survey the experiences that people with disability have in their interactions with occupations such as police, doctors and teachers (66%).

- Training providers report on student satisfaction with the disability training they provide (65%).

- Data is collected regularly to measure community attitudes on the responsiveness of people in occupations such as police, doctors and teachers, to people with disability (62%).

- Training providers and employing organisations report on the number of people with disability employed in their organisations (57%).

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Q. Please rate how important you think each of the following actions are for
ensuring professionals in these occupations (e.g. police, teachers, and doctors)
have the tools and knowledge to include people with disability (n=152)

| Action	Not at all important	Slightly important	Moderately important	Very important	Extremely important
Training providers & employing organisations report on the number of people with disability employed in their organisations	6%	14%	23%	36%	21%
Training providers report on student satisfaction with the disability training they provide	3%	10%	23%	39%	26%
Governments survey the experiences that people with disability have in their interactions with occupations (e.g., doctors, teachers, police)	3%	8%	22%	39%	27%
Graduates across courses are surveyed to see how confident they feel in working with people with disability	3%	10%	20%	43%	24%
Data is collected regularly to measure community attitudes on the responsiveness of people in occupations such as doctors, teachers, police to people with disability	5%	9%	25%	38%	24%

76% of respondents said that these 5 actions either probably will or definitely will ensure that professionals in these occupations have the tools and knowledge to include the needs of people with disability.

Of the 23% of respondents who indicated the actions probably won't or definitely won't ensure professionals in these occupations have the tools and knowledge to include people with disability, the associated open-ended responses indicate:

- Disability responsiveness training should be made mandatory to ensure they have the tools and knowledge to support people with disability.

- More disability awareness programs to reduce stigma and perceptions for occupations and the community.

Q. To what extent do you think the 5 actions described in the previous question
will ensure professional in these occupations have the tools and knowledge to
include people with disability? (n=152)

Definitely won't	Probably won't	Probably will	Definitely will
3%	20%	57%	19%
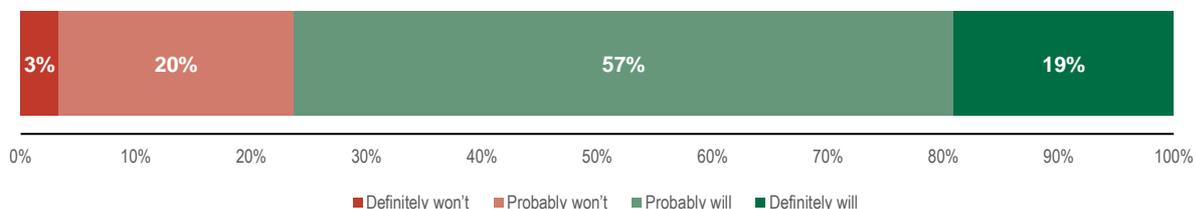
Focus group and interview responses

Participants agreed that it is **very important to understand what people in professions do not know about disabilities**:

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

One participant highlighted that while understanding the knowledge gaps of people in these professions is vital, there are still gaps in identifying roles that people with a disability can feel comfortable to perform:

> *'I think it's paramount, as even with specialised training, some disabilities will prevent those with them from doing certain roles either effectively or at all, so it's incredibly important that a role be found for those with disabilities that they can perform, are comfortable doing and can be happy with.'*
> **Male youth focus group participant with a physical, sensory, intellectual and psychosocial disability, regional QLD.**

Participants suggested that open and respectful communication will be important to make people feel comfortable building their knowledge about disabilities and asking what people with disability need to feel supported:

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

> *'Educate people to ask people with disability questions respectfully. We need to get rid of that stigma of talking and asking questions about people's disability. We need to change that, or we will always have knowledge gaps.'*
> **Female Aboriginal interview participant who is a carer for a grandchild with a disability, remote QLD.**

> *'Get people to use the social model of disability rather than the medical model of disability. The medical model is more of a deficit model – what can't a person with disability do. The social model provides a flexible approach. It gives people tools to improve the way they include people with disability.'*
> **Male interview participant with a psychosocial and sensory disability, metropolitan QLD.**

One participant also noted that while having the knowledge and skill to support people with disability is important, the attitude and motivation of the individual are significant factors to improve the experience for people with disability:

> '*You can teach people the same knowledge and skills, but it depends on motivation and biases as to whether they take it onboard and apply it.'*
> **Female interview participant who is the parent of a child with a cognitive disability, regional VIC.**

> *'People like doctors, teachers, and police should be role models to younger people. Seeing them treat disabled people with respect and being accommodating will help younger disabled people feel normal and more comfortable. But definitely treating us the*

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same as everyone else while being happy to help and normalising catering to our needs.'
Female youth focus group participant with a physical disability, regional VIC.

Similarly, one focus group participant observed that while making disability responsiveness training compulsory is one approach, there could be unintended consequences if broader education and awareness about people with disability is not addressed:

'*I really liked a point previously brought up about forced inclusion which sometimes makes the person feel worse than they did to start with. I think people with disabilities should be integrated just as anyone else would.'*
Male youth focus group participant with a sensory disability, regional QLD.

Other participants in the focus group indicated that these professions have a duty of care to support people with disability and meet their needs:

'*If [people in these professions] don't know how to include people with disability they are not doing their job.'*
Female interview participant with psychosocial disability, regional Queensland.

'*It's important as not all people with disability have the skills to ask for what they need. They need others like these professions to help them.'*
Female interview participant who is the parent of a child with a cognitive disability, regional VIC.

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

In terms of knowing if the actions to improve disability responsiveness are working, participants said:

- People with disability should be asked if it is working:

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

- People with a disability could be prompted to provide feedback on the extent of the disability responsiveness they experienced through a survey and/or testimonials to drive continuous improvement:

  "*Perhaps a government survey that speaks to disabled people who are in a given role, as well those who were previously in those roles and those around those people, in order to gauge thoughts from those who have experienced how a company includes or did not include them. Or even just a google-style employee review.'*
  Male youth focus group participant with a physical, sensory, intellectual and psychosocial disability, regional QLD.

- Communities (both geographic and disability-specific) should also be asked if things are changing for the better:

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'Go out to communities and ask them - because quite often the answers are unique to a place or a certain group'. For example, a group of people with autism will not give you the same answers as a group of people with a physical disability.'
Female Aboriginal interview participant who is a carer for a grandchild with a disability, remote QLD.

'Have advocates speak up at seminars and trainings on behalf of people with disability.'
Focus group participant with intellectual disability.

- When complaints or claims of discrimination lodged by people with disability start to reduce:

'Compare & contrast the complaint rate for people in this group before and after.'
Male youth focus group participant with a sensory disability, regional QLD.

- Through better reporting, monitoring and improvement:

'Having more centralised ways of having disability complaints when things go wrong and monitoring that.'
Female interview participant with a sensory disability, metropolitan WA.

- When workplaces and society reflect greater inclusion and visibility of people with a disability:

'I'll know it's working when I can walk into a room, and I can see that the level of awareness has significantly risen.'
Male Aboriginal interview participant with psychosocial disability and carer for his brother with a disability, regional QLD.
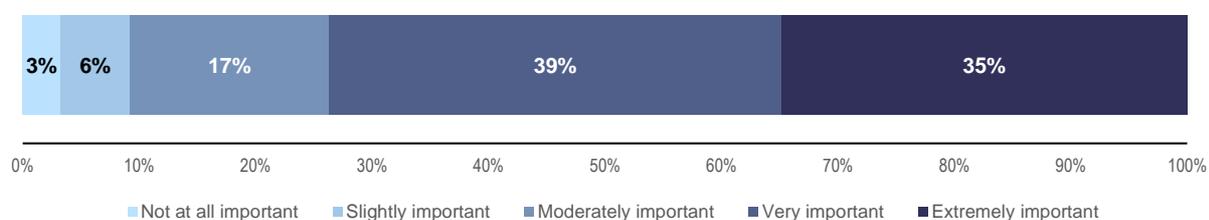
Action area 5: Leadership by governments to improve disability training

Survey responses

Survey respondents rated how important it is that Australian governments work together to improve disability training and progress an inclusive society.

74% of respondents said that it is either very important or extremely important for Australian governments to work together to achieve this goal. Only 3% of respondents indicated that it was not important.
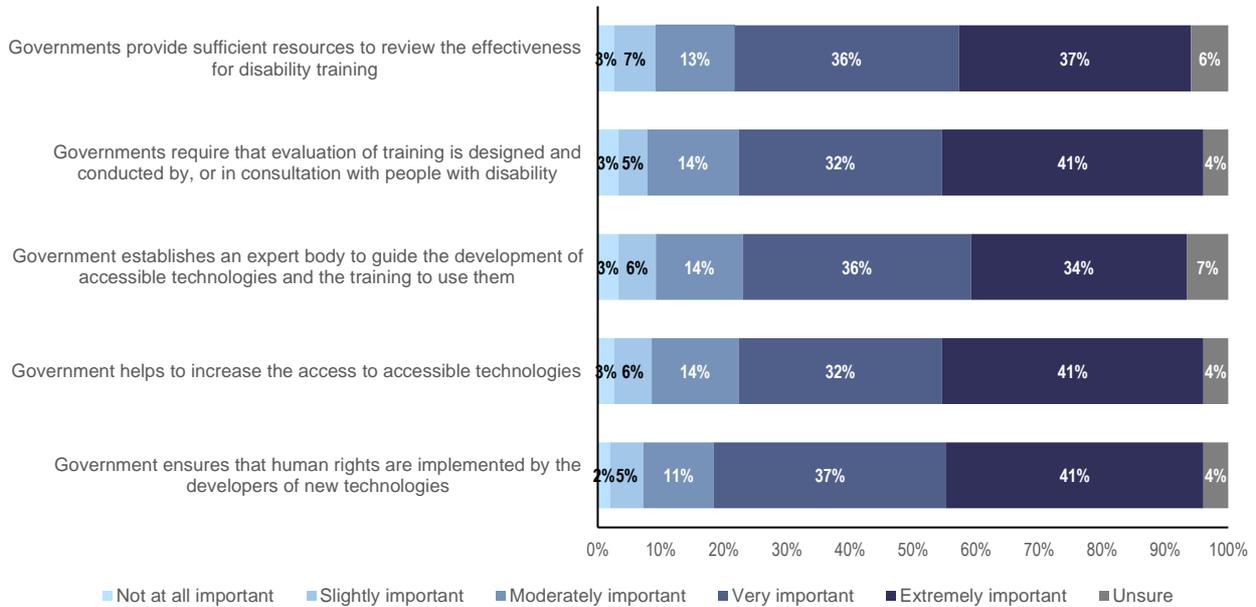
Q. How important do you think it is for Australian governments to work together to improve disability training and progress an inclusive society? (n=152)

3%	6%	17%	39%	35%

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

■Not at all important   ■Slightly important   ■Moderately important   ■Very important   ■Extremely important

Survey respondents were asked to rate the importance of 5 key actions to ensure that Australian governments can work together to improve disability training and inclusiveness. Respondent indicated that all of the actions were well supported. The most important actions (indicated by responses that stated they were either very important or extremely important) were, in order of priority:

- The Government ensures that human rights are implemented by the developers of new technologies (78%).

- Governments require that evaluation of training is designed and conducted by or in consultation with people with disability (73%).

- Government helps to increase the access to accessible technologies (73%).

- Governments provide sufficient resources to review the effectiveness of disability training (73%).

- Government establishes an expert body to guide the development of accessible technologies and the training to use them (70%).

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Q. Please rate how important you think each of the following actions are for ensuring Australian governments work together to improve disability training and progress an inclusive society (n=152)

Action	Not at all important	Slightly important	Moderately important	Very important	Extremely important	Unsure
Governments provide sufficient resources to review the effectiveness for disability training		7%	13%	36%	37%	6%
Governments require that evaluation of training is designed and conducted by, or in consultation with people with disability		5%	14%	32%	41%	4%
Government establishes an expert body to guide the development of accessible technologies and the training to use them		6%	14%	36%	34%	7%
Government helps to increase the access to accessible technologies		6%	14%	32%	41%	4%
Government ensures that human rights are implemented by the developers of new technologies	2%	5%	11%	37%	41%	4%

■ Not at all important ■ Slightly important ■ Moderately important ■ Very important ■ Extremely important ■ Unsure
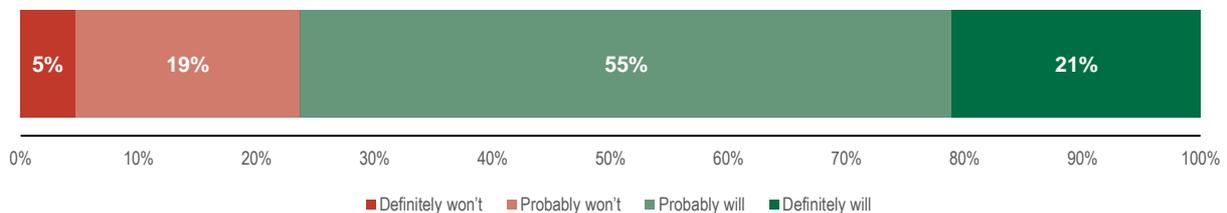
76% of respondents said that these 5 actions probably will or definitely will improve opportunities for Australian governments to work together to improve disability training and progress an inclusive society.

Of the 24% of respondents who indicated the actions probably won't or definitely won't result in Australian governments working together to improve disability training and progress an inclusive society, the associated open-ended responses indicate:

- People with a disability need to be listed to and heard by Governments. More ongoing consultation with people with disability is needed.

- Governments need to just take action to improve the inclusion of people with disability.

Q. To what extent do you think the 5 actions described in the previous question will result in Australian governments working together to improve disability training and progress an inclusive society? (n=152)

Definitely won't	Probably won't	Probably will	Definitely will
5%	19%	55%	21%

■ Definitely won't ■ Probably won't ■ Probably will ■ Definitely will

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Focus group and interview responses

Participants agreed that it is **very important for governments to work together to improve disability responsiveness training**. However, many were unclear about how it could be practically achieved, recognising there are different roles and responsibilities across the tiers of government:

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

'Very important! Come to a SACID workshop, and observe how to talk to people with disability, and how to treat them. Listen to us and give us time to speak. Spread the awareness.'
Focus group participant with an intellectual disability.

Several participants noted the importance of government, particularly federal government, taking a leadership role in implementing disability responsiveness training across their workforce:

'Responsibility should be at the Federal level as they are ultimately best placed to advocate for all other levels of government to be accountable.'
Male Aboriginal interview participant with psychosocial disability and carer for his brother with disability, regional QLD.

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

'Governments can model greater visibility for people with disability.'
Female interview participant with a sensory disability, metropolitan WA.

'Every political party in the UK has a disability advisor that works with the party so that by the time politicians are in government they are already trained.'
Male interview participant with a physical disability from a culturally and linguistically diverse (CALD) background, regional VIC.

Clear lines of accountability and funding was highlighted as a priority to support the implementation of disability responsiveness training and to ensure equitable distribution of these initiatives and support for regional and remote people and communities:

'Outcomes have to be tangible.'
Male Aboriginal interview participant with psychosocial disability and carer for his brother with disability, regional QLD.

'It should be compulsory in certain areas. It would probably be difficult to maintain it across a really large scale, so perhaps in more specific fields like education, and healthcare. It would be amazing to be included in all workplaces though. I'm just not sure whether that

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would be difficult to maintain, especially in the quality of the training.'
Female youth focus group participant with a physical disability, regional VIC

'We have to stop the different levels of government from fighting over the funding and make sure there is fair and equitable distribution of funding across regional areas.'
Female Aboriginal interview participant who is a carer for a grandchild with a disability, remote QLD.

Other mechanisms such as legislation and policy to support implementation were also suggested to support broad uptake of disability responsiveness training:

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

There were suggestions about what government and organisations could do to support implementation:

'*Talking to each other and coming to an agreement on how they will work together and what they will each do to improve it.'*
Female interview participant with psychosocial disability, regional Queensland.

'I think it would be beneficial to professions that work closely alongside those who are disabled (like teachers and doctors).'
Female youth focus group participant with an intellectual cognitive or neurological disability, metropolitan SA.

'Ideally more transparency – governments working together, national delivery rather than state by state, needs are the same regardless of where you live, so the training shouldn't be any different.'
Female interview participant who is the parent of a child with a cognitive disability, regional VIC.

'An extra page on MyGov with all this information and resources would be an easy and efficient way to get this info out and give a homepage for easy access.'
Male youth focus group participant with a physical, sensory, intellectual and psychosocial disability, regional QLD.

'Just take action!'
Female interview participant with a sensory disability, metropolitan WA.

Participants indicated that people with disability could also support implementation in the following ways:

'*Provide feedback, keep talking, show up, be willing to take the jobs and do the work when it's available. People with disability could be more open and get into these positions where you are doing this education work. Also designing and delivering training.'*
Male interview participant with physical, intellectual and psychosocial disability, regional ACT.

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

- *'Provide incentive training, including better and more secure employment opportunities on completion of advanced training for people with disabilities.'*

- *'I think reducing stigma and stereotypes surrounding disabilities would be really important. Whether that is included in training or not would just be incredibly important as disabled people are often spoken down to.'*

- *'Perhaps have the support/training program with constant change and improvement with input from employees with disabilities. Also, having someone in charge of answering any questions, both for people with disability and the broader workforce, and providing any special support required.'*

- *'Perhaps specific training for support workers (i.e. training for that specific disability) in addition to a generic training program.'*

- *'Maybe designated inclusivity positions like a HR person.'*

- *'Allowing them to talk about their experiences in other workplaces, schools and allow their employer, manager to take constructive criticism and help them make the workplace more assessable and safer.'*

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

- *'I had a manager with no respect for me. I explained that I couldn't read or write, and they didn't help me. They would send me a text that I couldn't read. I would call them and ask to explain, and they wouldn't. I had to report to HR.'*

- *'Lots of people have support workers. We need respect from them and the company as well. Talk to us. At the doctors, talk to us, not our support person. Respect and training are very important.'*

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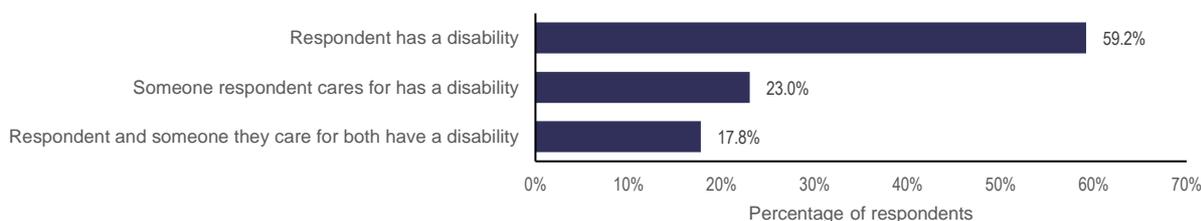
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Appendix 1 – Demographic Information

Survey

We surveyed 152 people with disability or who cared for a person with disability to test whether they thought the 5 actions described in Part D of ACOLA's Report would improve disability education responsiveness for professions that support people with disability (such as doctors, police and teachers).
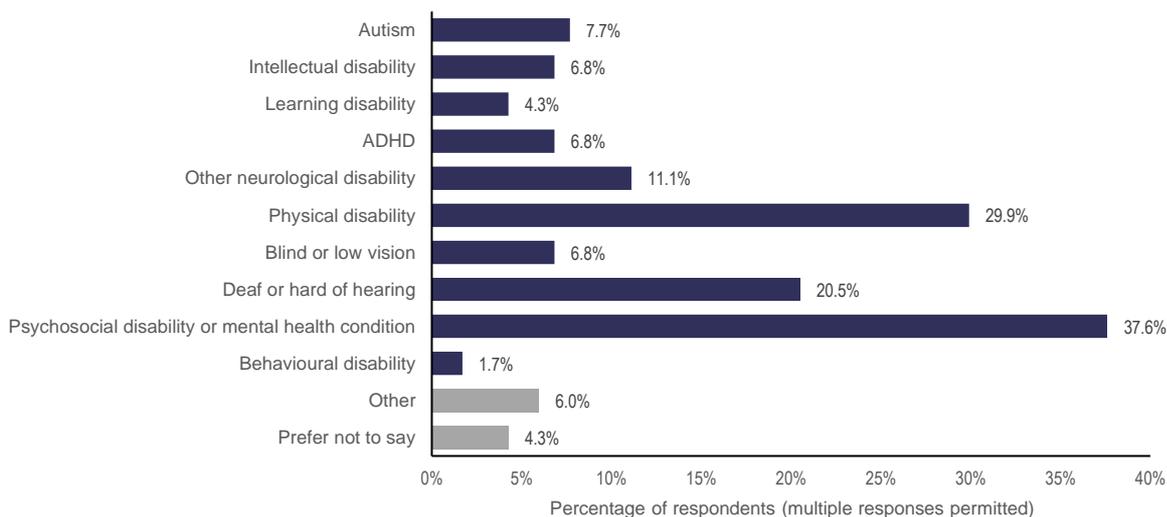
Of the 152 survey respondents:

- 59% identified as a person with disability.

- 23% care for someone with a disability.

- 18% identified as a person with disability and care for someone with disability.

Disability among respondents (n=152)

Category	Percentage
Respondent has a disability	59.2%
Someone respondent cares for has a disability	23.0%
Respondent and someone they care for both have a disability	17.8%

Percentage of respondents

Of the survey respondents with disability, the disabilities indicated included psychosocial disability or mental health condition (38%), followed by a physical disability (30%) and deaf or hard of hearing (21%).
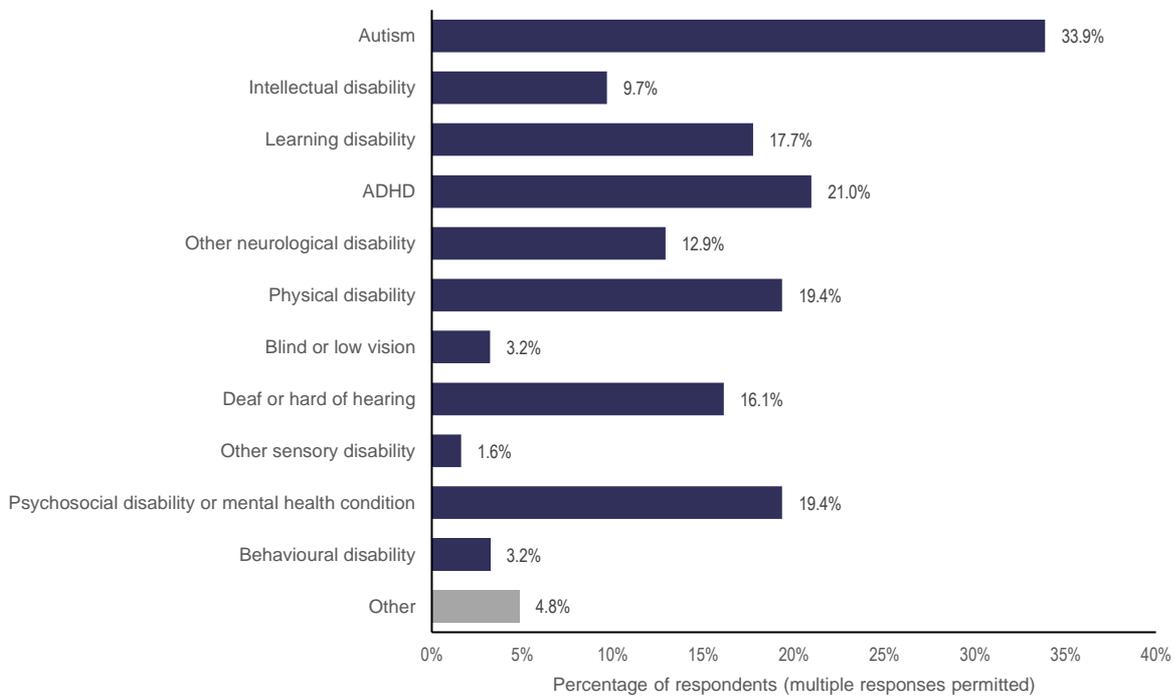
Types of disability among respondents (n=117)

Type	Percentage
Autism	7.7%
Intellectual disability	6.8%
Learning disability	4.3%
ADHD	6.8%
Other neurological disability	11.1%
Physical disability	29.9%
Blind or low vision	6.8%
Deaf or hard of hearing	20.5%
Psychosocial disability or mental health condition	37.6%
Behavioural disability	1.7%
Other	6.0%
Prefer not to say	4.3%

Percentage of respondents (multiple responses permitted)

Of the survey respondents who indicated that they care for a person with disability, the disabilities indicated included autism (34%), ADHD (21%), physical disability or psychosocial disability or mental health condition (both 19%).

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Types of disability among the people respondents care for (n=62)

Type of disability	Percentage
Autism	33.9%
Intellectual disability	9.7%
Learning disability	17.7%
ADHD	21.0%
Other neurological disability	12.9%
Physical disability	19.4%
Blind or low vision	3.2%
Deaf or hard of hearing	16.1%
Other sensory disability	1.6%
Psychosocial disability or mental health condition	19.4%
Behavioural disability	3.2%
Other	4.8%

Percentage of respondents (multiple responses permitted)

We also aimed to get a mix of demographics across geography, age and gender, as well as CALD and Aboriginal and Torres Strait Islanders. The geographic distribution of survey respondents indicated:
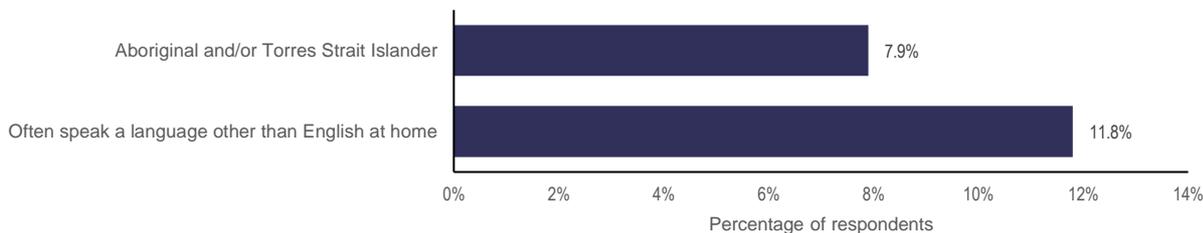
- 65% live in a capital city or large city.

- 29% live in a regional area.

- 6% live in a rural or remote area.

Geographical remoteness (n=152)

In a rural or remote area, 5.9%

In a regional area, 28.9%

In a capital city or a large city, 65.1%
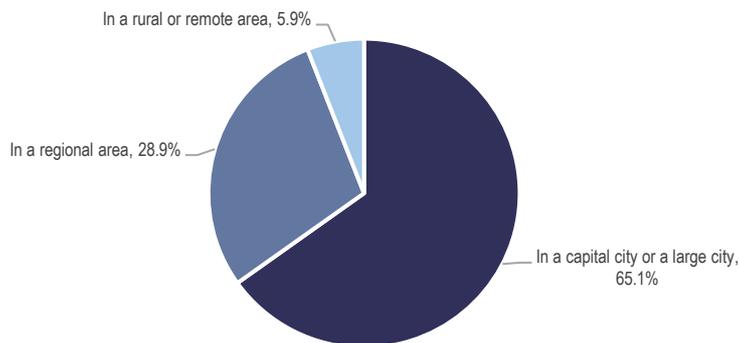
Of the 152 survey respondents, 8% identified as Aboriginal and/or Torres Strait Island and 12% identified from a culturally and linguistically diverse background.

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Specific groups respondents belong to (n=152)

Aboriginal and/or Torres Strait Islander	7.9%
Often speak a language other than English at home	11.8%

Percentage of respondents

Interviews

We interviewed 10 people with disability or people who cared for a person with disability to test whether they thought the actions described in Part D of ACOLA's Report would improve the disability responsiveness of people in occupations such as police, teachers and doctors.

Of the 10 people interviewed:

- 8 people identified as a person with disability, and 2 people identified as a carer of someone with a disability.

- 2 participants identified as Aboriginal and/or Torres Strait Islander.

- 1 participant identified as a person from a cultural and linguistically diverse background.

- 2 participants identified as LGBTIQIA+.

Geographic distribution of participants

The geographic distribution of participants included:

- 3 participants from a metropolitan area.

- 6 participants from a regional area.

- 1 participant from a rural or remote area.

Focus Groups

Focus group 1

We partnered with the South Australian Council on Intellectual Disability (SACID) to facilitate a focus group with 8 of their members.

All participants have an intellectual disability and live in South Australia. One participant identified as Aboriginal and/or Torres Strait Islander.

Focus group 2

The Social Deck facilitated a focus group with 8 young people aged 16 to 22 years of age.

Noting that participants can identify multiple disabilities, of the 8 youth focus group participants:

thesocialdeck.com.au

- 3 people identified as having a sensory disability.

- 2 people identified as having a physical disability.

- 3 people identified as having an intellectual, cognitive or neurological disability.

- 2 people indicated their disability as 'other'.

The geographic distribution of participants included:

- 1 participant from metropolitan Western Australia.

- 1 participant from regional Victoria.

- 4 participants from regional Queensland.

- 1 participant from metropolitan Australian Capital Territory.

- 1 participant from regional South Australia.