



**Family &
Community
Services**

Changing community attitudes toward greater inclusion of people with disabilities

A Rapid Literature Review



This Rapid Review was
prepared for:

Disability Inclusion and Volunteering

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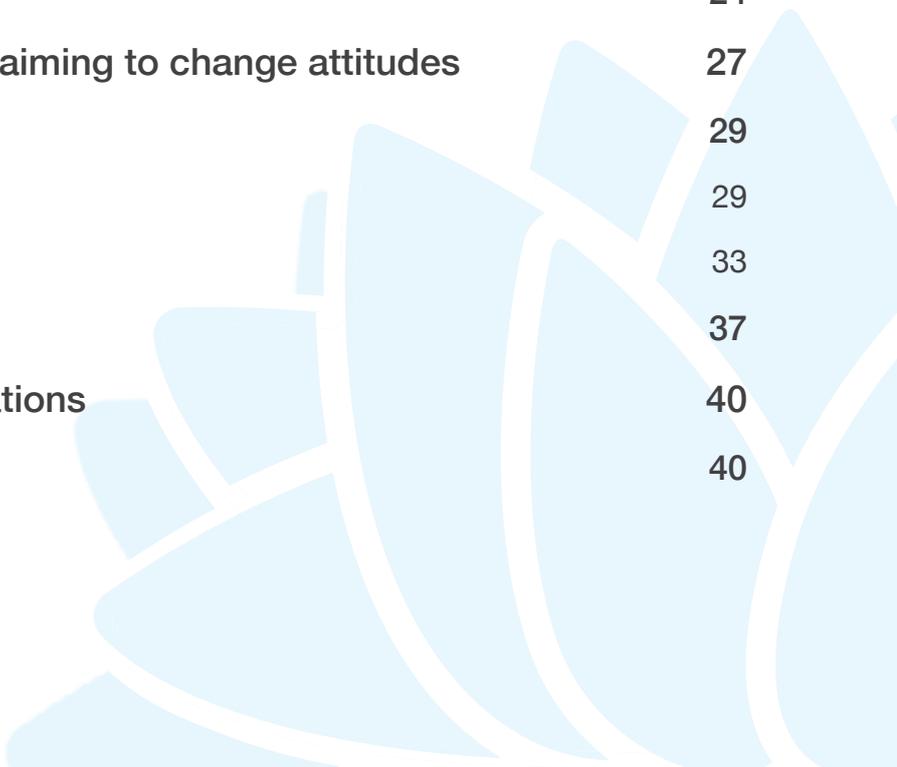
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Jigsaw creates jobs and employment pathways for
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Contents

Executive summary	5
Introduction	9
Aims	10
Method	10
Rapid review	10
Search strategy	10
Inclusion and exclusion criteria	11
Report structure	12
1. Community attitudes toward greater inclusion of people with disabilities	13
1a. Personal characteristics	14
Sociodemographic characteristics	14
Knowledge and personal experience	16
1b. Type of disability	17
1c. Employer attitudes	19
Organisation size	23
1d. Attitude change over time	24
2. Social marketing campaigns aiming to change attitudes	27
2a. Evidence for effectiveness	29
Social marketing campaigns	29
Other interventions	33
2b. Creative strategy	37
3. Discussion and recommendations	40
Attitudes	40



Contents (continued)

Social marketing campaigns	43
Recommendations	45
Limitations	47
References	49
Appendices	54
Appendix A – Examples of key social marketing campaigns	54
Appendix B – Images referred to in the literature	59
Appendix C – Examples of other social marketing materials	62

Executive Summary

Background and Aims

Attitudes toward, and beliefs about, people with disabilities are important determinants of social inclusion. Misconceptions, negative attitudes and a lack of knowledge can affect many aspects of life for people with disabilities, including employment opportunities. Existing research on community attitudes toward inclusion of people with disabilities, and employer attitudes toward workers with disabilities, indicates that stigmatisation is still prevalent. Changing negative community and employer attitudes toward people with disabilities, and challenging stigma, is likely to make a positive contribution toward greater inclusion.

Social marketing is an approach commonly used in attempts to influence community attitudes and reduce stigma. However, the ability of such campaigns to affect long-term change in community attitudes is still unclear. More specifically, the creative components of disability inclusion campaigns that work to maximise their effectiveness has received very little attention from the marketing discipline.

This report summarises the results of a rapid review of recent (2011–2016) literature on community and employer attitudes toward inclusion of people with disabilities. It also reviews key social marketing campaigns that aimed to improve attitudes toward inclusion of people with disabilities, including evaluations of their effectiveness, in order to provide evidence-based recommendations for future social marketing campaigns.

Specifically, the following research questions are addressed:

1. What does recent (2011–2016) research tell us about community attitudes toward inclusion of people with disabilities?
 - a. Do attitudes vary according to personal characteristics (for example, age, gender, knowledge about disabilities)?
 - b. Do attitudes vary according to type of disability (for example, mental illness, physical disability, intellectual disability)?
 - c. What attitudes are held by employers toward the inclusion of people with disabilities in the workplace?
 - d. Is there evidence that attitudes are changing over time?
2. What are the predominant social marketing campaigns/approaches/strategies for producing attitude change?
 - a. Which have been most effective, and why?
 - b. What is the impact of using different creative strategies?
3. What evidence-based recommendations can be derived for future campaigns seeking to change community attitudes toward greater inclusion of people with disabilities?



Executive Summary (continued)

Key Findings

Community attitudes

Recent research supports earlier findings that community attitudes toward inclusion of people with disabilities are generally positive, but tend to be paternalistic. When disabilities are perceived as more severe, stigmatising attitudes, anxiety and discomfort are also more likely to emerge. Research identifies more negative attitudes toward individuals with mental illness (particularly schizophrenia) than toward individuals with other intellectual or developmental disabilities, and that people with physical disabilities experience the least stigma. This is hypothesised to be due to common perceptions that people with mental illnesses are unpredictable and potentially dangerous. People with an intellectual disability are also often perceived as less capable than they actually are. Thus, increasing knowledge of intellectual disabilities is likely to help to allay any anxiety and discomfort caused by high levels of general ignorance within the community.

Socio-demographic characteristics are also associated with more positive or negative attitudes toward inclusion of people with disabilities. More negative attitudes tend to be held by males, older people and those with lower levels of education. Personal contact with people who have disabilities is consistently highlighted as an important catalyst for positive attitude change. Importantly, this contact must be positive, because negative experiences (particularly in childhood) contribute to more negative attitudes in adults. The positive effect of contact is more likely when the person with a disability is perceived by the audience as credible and relatable, and of equal or higher status to themselves.

Employer attitudes

Employers are more likely to hold positive attitudes toward employees with disabilities if they have previous experience employing them. Employers cite a strong work ethic, punctuality, dedication to the job, lower turnover and the diversity they add to the workplace as benefits of hiring people with disabilities. Negative employer attitudes, on the other hand, typically involve perceptions that people with disabilities are absent from work more often, fear of a negative impact on work performance and productivity, the perceived high costs associated with accommodating people with disabilities, fear of a potentially negative reaction from other staff members or customers in response to hiring a person with a disability, and the perceived risk of litigation if the employee is dissatisfied. The key message emerging from the literature is that employers need to believe that an individual with a disability can be the best person for the job, and that a focus on job matching increases the chances of successful job placements. Again, negative employer attitudes and stigma are more associated with mental illness than other types of disability. Smaller organisations are more likely than larger organisations to hold negative attitudes toward employing people with disabilities, possibly because the perceived risks are higher and successful matching is harder because of fewer positions available.

Executive Summary (continued)

Changes in attitudes over time

A lack of evidence relating to whether attitudes are changing over time was apparent from the review. Although some studies have tracked changes in the way people with disabilities are portrayed in the media, and legislative changes have required a shift toward inclusivity, statistical data indicating significant attitude change in the community is scarce. The few studies that have investigated this issue have tended to focus on attitudes associated with mental illness. Attitudes toward mental illness appear to have either changed slightly in a positive direction, or have remained the same. However, there is some suggestion that attitudes toward people with severe mental illness, such as schizophrenia, may have worsened. Employer attitudes toward workers with a disability do not appear to have changed significantly, but this could be attributable to increasing concerns relating to the costs of accommodating workers with disabilities which have emerged in recent years.

Social marketing campaigns

There are few publicly available evaluations of social marketing campaigns that aim to address stigma and negative attitudes toward the inclusion of people with disabilities. Of those that have been evaluated, some of the more successful were the 'Time to Change' campaign in the UK, the 'Like Minds, Like Mine' campaign in New Zealand and the 'See Me' campaign in Scotland, which achieved high penetration of the market to positively influence attitudes. These campaigns received national exposure and utilised multiple communication channels and a range of creative strategies. Key messages focused on similarities

between the everyday people that appeared in the communications who had a disability, and the rest of the community. The profile of the New Zealand campaign was further elevated by engaging local and international celebrities to act as spokespeople.

Across the majority of campaigns, whether evaluated or not, a number of common themes were evident. These included positive message framing with a focus on ability and competence, the key message that people with disabilities are just like everyone else, the use of spokespeople who tell their own story, depictions of positive interactions between people with disabilities and others (for example, a friend, family members or workplace colleagues), and a challenge to evaluate one's own attitude toward inclusion of people with disabilities and/or that of others.

Comparisons of the different creative strategies used in social marketing campaigns relating to people with disabilities demonstrate that negatively framed appeals that aim to elicit negative emotions (for example, pity or guilt) were less effective than positively framed messages designed to elicit positive emotions (for example, inspiration or pride). They also revealed that 'protest' appeals (for example, citing injustice and demanding action) were effective in some cases, but if presented too forcefully, risked alienating the audience and reducing empathy for people with disabilities. Less stigmatising attitudes tend to be elicited in communications that feature individuals perceived as attractive and well-dressed than for people with dysmorphic facial features. Differences according to gender of the person appearing in the advertisement have also

Executive Summary (continued)

been reported, with responses to advertisements featuring a woman with a disability producing more negative attitudes than images featuring a man with a disability. Finally, research on the framing of news stories about elite Paralympic athletes revealed more positive attitudes resulting from stories that clearly depict crowd support for the athlete, and also those that focus on the performance and achievements of the athlete, rather than their own individual needs.

Recommendations

Evidence-based recommendations for future campaigns seeking to change community attitudes toward greater inclusion of people with disabilities include:

1. co-creation of campaigns, incorporating feedback and input from people with disabilities
 2. multifaceted campaign strategies, including social marketing techniques, alongside carefully planned opportunities for contact between key target groups and people with disabilities
 3. strategic selection of target segments, considering groups within the community that hold particularly negative attitudes, groups that have the potential to influence others as agents of change, and the sizes of different segments
 4. positive framing of messages, including normalised portrayals of people with disabilities, focusing on ability rather than disability, the use of personal stories of success, challenging people to identify stigmatising beliefs in themselves and/or others, and being specific about what individuals can do to challenge stigma and/or promote inclusion
 5. depictions of interactions between people with disabilities and able-bodied people, to promote the belief that people with disabilities are just like everyone else
 6. strategic selection of a diverse range of spokespeople, including both everyday people and well-known identities
 7. ongoing campaign evaluation and monitoring of key variables of interest to assess the short- and long-term impact on attitudes toward inclusion of people with disabilities.
- Additional recommendations more specifically related to the inclusion of people with disabilities in employment include:
8. reducing the barriers and perceived risks associated with employing people with disabilities by increasing knowledge and dispelling misconceptions
 9. promoting the benefits of employing people with disabilities, including their work ethic, commitment and productivity, and the positive impact of having a diversified workforce
 10. focusing on creating a good match between employers and employees and the potential for win-win outcomes, and encourage both parties to have a flexible approach to employment opportunities
 11. providing opportunities for contact between employers and workers with disabilities, such as education programs for employers or work experience programs for potential employees
 12. customising marketing messages according to organisation size, emphasising the benefits pertinent to small, medium and large organisations
 13. including the perspectives of other employers when presenting success stories, in order to communicate the benefits of the employment arrangement from the employers' standpoint.

Introduction

Community attitudes toward inclusion of people with disabilities are important determinants of social inclusion. Research indicates that negative social attitudes are a critical barrier to full participation in economic and social life for people with disabilities (Deane, 2009). Furthermore, some types of disability (for example, mental illness) tend to be associated with less favourable community attitudes and higher barriers to inclusion and participation (Thompson, Fisher, Purcal, Deeming & Sawrikar, 2011). Changing existing negative attitudes toward people with disabilities is therefore likely to contribute to reducing these barriers.

Stigma has been described as ‘one of the most disabling factors for people with disabilities’ (Walker & Scior, 2013, p. 2200). In terms of employment, stigmatisation of people with disabilities has the potential to seriously negatively affect the individual’s quality of life. Figures indicate that approximately 18 per cent of Australians report having a disability. This group is also significantly less likely to participate in the workforce than the general population, contributing to greater economic and social disadvantage (Milner, LaMontagne, Aitkin, Bentley & Kavanagh, 2014). The importance of employment extends beyond financial considerations. Work is crucial in the construction of a sense of personal identity, provides opportunities to explore and display personal talents, skills and abilities, and can assist people to ‘find meaning’ in their life (Nota, Santilli, Ginevra & Soresi, 2014). This illustrates the positive impact of work life on psychological functioning. Furthermore, evidence suggests that the deleterious effects of unemployment

and economic inactivity on the mental health of people with disabilities is more pronounced than for people without disabilities (Milner et al., 2014). This underscores the importance of promoting inclusion of people with disabilities in employment. However, employer beliefs regarding the cost of accommodating people with disabilities, absenteeism and perceptions that people with psychological disabilities may be unpredictable and violent mean that employers are often resistant to including people with disabilities in their workforce (Amir, Strauser & Chan, 2009; Hunt & Hunt, 2004). Decisions to recruit and employ people with disabilities also often depend on the attitudes or stereotypes held by employers (Scior, 2011). Thus, specifically targeting employer attitudes to people with disabilities may reduce resistance and remove some of the barriers to employment.

Despite the body of knowledge available on attitudes toward inclusion of people with disabilities (for example, Thompson et al., 2011), there is little evidence to guide the creative development of social marketing campaigns that are effective in changing attitudes of the general population or specific target groups such as employers. For this reason, the following rapid review will summarise and integrate recent research on community and employer attitudes toward inclusion of people with disabilities. It will also provide an analysis of evaluated social marketing (and other) campaigns aimed at changing attitudes toward people with disabilities, in order to identify key strategic and creative factors that increase campaign effectiveness. Finally, evidence-based recommendations for future campaign development are provided.

Introduction (continued)

Aims

The aim of this rapid literature review is to provide evidence-based recommendations for campaigns aiming to change community attitudes toward greater inclusion of people with disabilities, particularly in employment. In order to achieve this, three research questions are posed:

1. What does recent (2011–2016) research tell us about community attitudes toward inclusion of people with disabilities?
 - a. Do attitudes vary according to personal characteristics (for example, age, gender, knowledge about disabilities)?
 - b. Do attitudes vary according to type of disability (for example, mental illness, physical disability, intellectual disability)?
 - c. What attitudes are held by employers toward inclusion of people with disabilities in the workplace?
 - d. Is there evidence that attitudes are changing over time?
2. What are the predominant social marketing campaigns/approaches/strategies for producing attitude change?
 - a. Which have been most effective, and why?
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3. What evidence-based recommendations can be derived for future campaigns seeking to change community attitudes toward greater inclusion of people with disabilities?

Method

Rapid review

The project utilised a rapid review methodology. Rapid reviews streamline traditional systematic review methods in order to achieve a synthesis of evidence within a short timeframe. Streamlining is achieved, while still enabling the key evidence to be synthesised in a rapid review, through introducing restrictions at the literature searching and data extraction stages of the process. Such strategies may include limitations on date and language of publication, the number of electronic databases searched and searches of unpublished literature. Importantly, evidence comparing rapid reviews and full systematic reviews has found that the overall conclusions do not vary significantly (Cameron et al., 2008). As such, rapid reviews aim to provide a succinct, usable, and highly targeted integration of key research findings within a short timeframe, rather than an exhaustive description of all data available (Ganann, Ciliska & Thomas, 2010).

Search strategy

The search strategy employed various psychology, business and multidisciplinary academic databases (for example, PsychInfo, Scopus, Proquest Central, ABI/INFORM Complete), and was augmented with grey and academic literature identified via search engines (for example, Google Scholar) and searches of known Australian and international databases and websites with relevant data (for example, National Disability Authority, Disability Employment Australia). Reference lists of the included articles/reports were scanned in order to retrieve any omitted research with relevance

Introduction (continued)

to the research questions. To capture social marketing campaign materials that may have been subject to evaluation, Google image searches were also utilised.

Key terms for searches included combinations of the following words:

- disability, disabled
- attitudes, perceptions, beliefs, discrimination, stigma
- employer, employment, work, workplace
- social marketing, marketing, advertising, media
- evaluation, effectiveness, efficacy, outcome
- inclusion, access
- strategy, intervention, campaign.

Additionally, when searches yielded a number of relevant results, the term ‘Australia’ was used to narrow the search and prioritise inclusion of Australian studies.

Inclusion and exclusion criteria

The review was guided by the following inclusion and exclusion criteria for the material found.

- Research Question 1 focused on literature published between 2011–2016, because research prior to this is assumed to have been included in the scoping project document produced by Thompson et al. (2011). Exceptions were made for research pre-2011 if: (1) it provided insight or context that is important for understanding subsequent studies included in this review; (2) it was relevant and was not included in the review by Thompson et al. (2011); or (3) it comprised an integral part of a (post-2011) literature review included in this rapid review.
- Research Questions 2 and 3 focused on literature published between 2000 and 2016, because these topics were not covered in detail in the review by Thompson et al. (2011).
- Articles with Australian data, and those evaluating specific campaigns, were prioritised over those simply describing a campaign or approach. However, the literature search revealed that there have been very few systematic evaluations of disability attitude change campaigns. Given the lack of robustly designed evaluative research in this area, relatively broad inclusion criteria were followed.
- The review includes academic and grey literature from Australia as a priority, but international literature was also included when it was considered directly relevant to the research questions. International disability campaigns provided useful insights which may be transferrable to the Australian context, and the scarceness of literature on evaluated social marketing campaigns made it necessary to include international literature.
- Articles featuring information on segmentation and targeting of messages to different audiences were also highlighted in the review, because this provides important information about which marketing strategies are likely to maximise effectiveness for a given target group.
- A number of retrieved articles addressed stigma toward psychological disability. These were deemed relevant for inclusion, although it was noted that these approaches may not fully represent the diversity of people with all types of disabilities.

Introduction (continued)

- Excluded articles were those deemed low relevance to the research questions (for example, literature about parents' attitudes toward their child's disability or literature about attitudes of people with disabilities), editorials, opinion pieces and commentaries. Also, literature focusing on systemic/organisational-level policies, rather than individual attitude change, was deemed low relevance.
- Literature about other interventions (for example, educational interventions), which are not strictly social marketing interventions, but do contain relevant learnings about attitude change, were included.

The search strategy yielded 48 items for inclusion in the rapid review.

Report structure

This review is structured in accordance with the aims and research questions posed.

Community attitudes to inclusion of people with disabilities are considered first, social marketing campaigns aimed at producing attitude change are considered second, and a summary of recommendations for future campaigns is provided last. Where relevant, critiques of the included studies are included, to allow assessment of the quality of evidence.

1. Community attitudes toward greater inclusion of people with disabilities

Attitudes of the general population toward greater inclusion of people with disabilities have been documented previously in a scoping review provided by Thompson et al. (2011). The majority of studies reviewed display a moderately positive attitude and overall ‘goodwill’ toward people with disabilities. The general public tended to display awareness of disability and were willing to interact with people with disabilities on a social level (for example, as neighbours or friends). Despite these favourable attitudes, one Australian study (Wallace, 2004; cited in Thomson et al., 2011) found that a sizeable minority of people (17–20 per cent) reported being uncomfortable working with people with disabilities (schizophrenia), and felt that people with disabilities were not as capable in the workplace as people without disabilities. Furthermore, other studies have identified general discomfort within the population with people who have disabilities (Yazbeck, McVilly & Parmenter, 2004; cited in Thompson et al., 2011).

Research available in the years following Thompson et al.’s (2011) review supports and extends these findings. A systematic review (Scior, 2011) of 75 papers addressing lay attitudes toward people with an intellectual disability revealed generally positive attitudes toward inclusion across most aspects of life. People with disabilities perceived to be more mild (less severe) were also less likely to experience social distance than those with more severe disabilities. Some studies have suggested that the source of negative or paternalistic lay attitudes to people with an intellectual disability was discomfort and anxiety. Furthermore, provision of even minimal information about the capabilities of people with disabilities has been found to result in more

positive attitudes. Thus, alleviating anxiety and providing information about people with an intellectual disability may be an effective strategy to counter negative attitudes.

Although only ‘explicit’ (that is, consciously accessible, self-reported) attitudes were examined across most of the studies included in Scior’s (2011) systematic review, analysis suggests that social desirability bias had only a modest effect on reported attitudes toward people with disabilities (by measuring the distance between implicit and explicit attitudes). In most cases, social desirability was found to be unrelated to attitudes, and so results were deemed unlikely to be subject to bias. Nevertheless, Scior (2011) notes that gauging real-life responses to people with disabilities would add credibility to research on the topic, because attitudes often do not translate to real-world scenarios and behaviour.

Given concern regarding the validity of explicit attitude measures in predicting behaviour toward people with disabilities, it is important to consider other means of measuring attitudes. The Implicit Attitudes Test (IAT: Greenwald, McGhee & Schwartz, 1998) has been widely used in disability research. Implicit attitudes are thought to be automatically activated beliefs, which are not under conscious control and so are free from social desirability bias. The IAT is a computerised method of accessing these attitudes (for more on the IAT method, see Greenwald et al., 1998). Wilson and Scior (2014) provided a systematic review of implicit attitude toward people with intellectual and physical disabilities, and uncovered less positive community attitudes than previous reported research. Across all 17 studies included, moderate to strong preferences

1. Community attitudes toward greater inclusion of people with disabilities (continued)

for people without disability over people with a physical or intellectual disability were evident. Contrary to the findings of Scior (2011), only a weak association between implicit and explicit attitudes was found, suggesting that social desirability bias may be widespread in the literature. More negative implicit attitudes were prevalent across different nationalities (for example, American, German, Chinese) and participant groups (for example, health service workers, university students) included in the studies.

Taken together, the results of recent systematic reviews indicate generally positive (but sometimes paternalistic) explicit attitudes toward people with disabilities. Anxiety and fear regarding disease and ill health, as well as a lack of familiarity with people with disabilities, were cited as potential reasons for negative attitudes (Scior, 2011; Wilson & Scior, 2014). However, results identifying differences between explicit and implicit attitudes indicate that results should be interpreted with caution, because of the potential for social desirability bias in responses.

More specific differences in attitudes can be found via examination of the personal characteristics of the audience. The following section examines this possibility, with the aim of providing insight regarding the potential for market segmentation and targeting of messages.

1a. Personal characteristics

Sociodemographic characteristics

Overall, evidence from recent research suggests that negative attitudes toward people with disabilities are more often held by males than females, older people than younger people, and those with lower educational status than those more highly educated (Morin, Rivard, Crocker, Boursier & Caron, 2013). For example, results from a cross-sectional survey of 129 individuals attending a US disability conference indicated that men and older adults (over the age of 50 years) tended to report more negative attitudes toward intellectual disability than women and younger people (Goreczny, Bender, Caruso & Feinstein, 2011). Older people were significantly more likely to believe that people with disabilities do not participate in healthy behaviours (diet and exercise), should not have a final say in decisions affecting their lives, should not be trusted to operate vehicles, are not capable of competent decision making, and do not tend to get married and have children. It was speculated that younger people may have had more exposure to anti-stigma campaigns throughout their schooling than older people, and as a consequence may hold more positive attitudes (Goreczny et al., 2011).

Women were significantly more likely to believe that people with disabilities could make a valuable contribution to a workplace, should have access to adequate healthcare and related services, should live in the community rather than in an institution, and that it is not right to laugh at people with an intellectual disability (Goreczny et al., 2011). The authors hypothesise that this could be explained by the comparatively high prevalence of women in human service professions, and their

1. Community attitudes toward greater inclusion of people with disabilities (continued)

greater rate of contact with people with disabilities as a result. However findings of this study should be considered in light of the fact that the sample is biased toward more favourable attitudes and higher pre-existing knowledge of disability issues (participants were all attending a disability conference). Results are therefore not necessarily generalisable to the wider community.

Scior (2011) noted that mixed results relating to gender have been documented, with some studies discounting gender differences or finding that effects were not significant once other sociodemographic variables were accounted for. According to Morin et al. (2013), both males and females may hold negative attitudes to a degree, but the nature of these attitudes may differ according to gender. Morin et al. (2013) replicated and extended findings regarding the effect of gender using a large Canadian sample. A random selection of 1605 participants was surveyed over the telephone about people with an intellectual ability. Findings showed that men tended to hold more negative attitudes associated with 'discomfort' (for example, personal feelings of anxiety, embarrassment and insecurity), whereas women held more negative attitudes relating to 'knowledge of capacity' (for example, the ability of the individual to handle money, make decisions and walk about town unaccompanied). In this sense, it may be that while men and women both hold negative attitudes to some extent, the source of and motivations for these attitudes differ. It is possible that measures of attitudes more generally may not capture these more subtle distinctions, and that multidimensional measures of attitudes are required to access these nuances. This could explain the mixed results (noted by Scior, 2011)

regarding the link between gender and attitudes toward people with disabilities.

Recent Australian research (Page & Islam, 2015) supports international research (for example, Scior, 2011; Scior, Potts & Furnham, 2013) that identifies education level as a factor associated with attitudes toward people with disabilities. They surveyed a predominantly female, mixed university student/general community sample, and found that higher levels of education were related to positive attitudes toward people with an intellectual disability. Results of Page and Islam (2015) also support a gender and age difference, with women and younger people tending to display more positive attitudes. However, the results of this study were again based on a cross-sectional design and a convenience sample mainly comprised females (81 per cent).

Thus, while current international and Australian evidence suggests that sociodemographic factors may play a part in determining attitudes toward people with disabilities, more Australian research is required that utilises non-university student samples, and employs multidimensional attitude measures that are capable of identifying subtle attitudinal differences. Furthermore, since much of the research in the area focuses on attitudes toward people with an intellectual disability, the extent to which these findings apply to other types of disabilities is unknown. This issue is considered in Section 1b.

1. Community attitudes toward greater inclusion of people with disabilities (continued)

Knowledge and personal experience

One of the most powerful methods of changing negative attitudes toward people with disabilities is personal contact and interaction with stigmatised people (Scior, 2011; Vaughan & Hansen, 2004). The efficacy of contact interventions tends to be maximised when contact is structured and the person acting as a contact (individual/s with disability) is perceived by the audience (individual/s without disability) as being of equal, or possibly greater, status than themselves (Vaughan & Hansen, 2004).

Contact with people with an intellectual disability has been demonstrated to be a strong and consistent predictor of positive attitudes toward them. Importantly, contact must be perceived as positive in order to change attitudes (Scior, 2011). Positive contact is thought to allay anxieties relating to disability, increase willingness to engage in social interactions and improve perceptions of capabilities. However, contact that is perceived as negative (especially occurring during childhood) has been shown to promote negative attitudes during adulthood (Scior, 2011). Australian evidence (discussed earlier) also suggests that the quality (not just the frequency) of contact with people with an intellectual disability is a determining factor in the development of positive attitudes (Page & Islam, 2015). Facilitating positive and meaningful experiences with people with an intellectual disability was thus recommended as a means of changing community attitudes. Conversely, other international studies have demonstrated that a lack of contact with people with disabilities (schizophrenia and intellectual disabilities) is related to increased desire for social distance (Scior et al., 2013).

Evidences suggests that incorporating contact into strategies or interventions that aim to change attitudes has promise. Interventions utilising direct contact (for example, a presentation by someone with a disability) or indirect contact (for example, a film about real people with disabilities) with people with disabilities have been found to enhance attitude change. Seewooruttun and Scior (2014) provided a systematic review of 22 studies of educational interventions aimed at reducing negative attitudes toward people with an intellectual disability. Results indicated that interventions using direct and indirect contact with people with an intellectual disability tended to be successful in improving attitudes, but that data was not robust enough to justify recommendation of one type of intervention over another. Like other researchers, they also noted that research was hampered by a reliance on small convenience samples (often utilising university students – a group known to have more positive baseline attitudes toward disability), a lack of baseline and/or follow-up data and a lack of studies using multidimensional measures of attitudes.

In addition to the relationship with explicit attitudes, and its apparent utility as an intervention strategy, contact with people with disabilities is also associated with more positive implicit attitudes. In their systematic literature review, Wilson and Scior (2014) found that contact with people with disabilities had a positive influence on implicit attitudes, further supporting the relationship between these two factors.

1. Community attitudes toward greater inclusion of people with disabilities (continued)

Other studies note that the effect of contact is more nuanced, and depends on the type of disability considered. Instead of focusing on the amount of contact, Barr and Bracchitta (2015) reasoned that the type of disability may influence the link between contact and attitudes. They found that contact with people with physical disabilities did not have any effect on attitudes, but that the link was still evident for behavioural and developmental disabilities.

Overall, there is strong evidence that incorporating indirect contact into a social marketing campaign may be useful in changing attitudes toward disability. However, research to date has been unable to identify the best method of doing this, and there is a lack of well-evaluated/controlled interventions to test the effect of contact (Scior, 2011). Again, most studies identified in this section of the review were cross-sectional and utilised non-representative samples (for example, students).

1b. Type of Disability

Although much of the research identified for review examined attitudes toward people with intellectual as opposed to other types of disabilities, there was some evidence that attitudes varied according to type of disability. Generally, mental health-related disabilities are most stigmatised (particularly in terms of a desire for social distance), followed by intellectual/developmental disabilities (Scior, 2011; Scior, et al., 2013). Physical disabilities appear to be subject to the least stigma.

In an analysis of measures relating to stigmatisation of different types of disability, Werner, Corrigan, Ditchman & Sokol (2012) provide

some useful insights. They argue that one of the most common stereotypes relating to mental illness is that people with psychological disability are dangerous to others, and since behaviour is perceived as controllable, they are responsible for their own disability and actions (Werner et al., 2012). It is likely this contributes to the pervasively negative stigma associated with mental illness. On the other hand, commonly reported stereotypes relating to intellectual disability include that people with an intellectual disability may become aggressive, lack the ability to change and are more impaired intellectually and less capable than they actually are (Werner et al., 2012).

In accordance with this, Scior et al. (2013) report survey results from a large (n = 1002), ethnically diverse sample of individuals living in the UK. Results indicate that participants held ambivalent to mildly negative attitudes toward both people with schizophrenia and those with an intellectual disability, but that a desire for social distance was more salient in the case of schizophrenia, suggesting heightened stigma for this group.

It is possible that stigma toward psychological disability may not be as pronounced for particular psychological disorders (for example, ADHD compared to schizophrenia). Barr and Bracchitta (2015) surveyed 238 students at two US universities and found results consistent with earlier research: people with physical disabilities were viewed most positively and people with developmental disabilities were viewed most negatively. However, unlike other studies, they found that people with behavioural disabilities were viewed more favourably than people with a developmental disability. This result may be attributable to the specificity of the conditions presented to participants, and the perceived innocuousness of the behavioural disability

1. Community attitudes toward greater inclusion of people with disabilities (continued)

considered – they were only asked to consider vignettes of a person in a wheelchair (physical disability), a person with ADHD (behavioural disability) or a person with cognitive impairment (developmental disability). This may produce different results than broader disability categories (for example, mental illness more generally), which may include more feared conditions (for example, schizophrenia). Indeed, many other studies included schizophrenia as the example of mental illness, and so may have elicited more extreme responses from participants.

Morin et al. (2013) also identified differences in attitudes relating to the level of functioning of the person with an intellectual disability, with more negative attitudes displayed toward those who were considered ‘lower functioning’. This supports the findings of Scior (2011), and indicates that perceived severity of disability may play a part in predicting attitudes toward people with an intellectual disability.

Coleman, Brunell and Haugen (2015) did not consider psychological disabilities, but rather provided data comparing perceptions of people with intellectual and physical disabilities among 173 university students in a cross-sectional study in the US. Participants reported greater desire for social distance from a woman with an intellectual disability than a woman with a physical disability. Interestingly, a gender difference was evident, because perceptions of men with disability were independent of the type of disability. Furthermore, women with an intellectual disability were perceived as less competent than women with a physical disability, but again there was no such difference for men. The authors interpreted this

result as evidence for an interaction between gender and disability type in predicting attitudes toward people with disabilities. For women, there appears to be a more defined contrast in attitudes for different disability groups, with intellectual disability seen more negatively.

In terms of occupational issues, a review undertaken by Burke et al. (2013) found that psychiatric disability was perceived particularly poorly by employers, and employees with physical disabilities were preferred over those with psychiatric conditions. It was proposed that mental health issues are often associated with a risk of violence or unpredictable behaviour, so were thought to present a greater potential problem in workplaces. Additionally, people with communication impairments were also viewed relatively negatively by employers. It was believed that it would be difficult to make the necessary alterations to the workplace (including phones and other communication devices) in order to accommodate people with disabilities, and that people with disabilities would not be able to adequately perform jobs that require rapid communication, ultimately reducing productivity.

An Italian cross-sectional survey also found evidence for greater stigmatisation toward people with psychological disabilities. Nota et al. (2014) examined the hiring intentions of 80 employers and found evidence that employer attitudes toward people with psychological disabilities were significantly more negative than they were toward people with a sensory disability (deafness) or an intellectual disability (Down Syndrome). Employers were presented with hypothetical descriptions of potential employees and were randomised

1. Community attitudes toward greater inclusion of people with disabilities (continued)

into one of two groups. One group received information focusing on the person's disability, and the other group received additional information about the person's capabilities and strengths. As expected, this extra, more positive, information was found to be more effective in improving attitudes. Thus, both the type of disability and the presentation of information about the worker were relevant to predicting hiring intentions within this study (Nota et al., 2014).

Taken together, results of this (and pre-2011) literature indicate that attitudes tend to fall on a continuum, with the most negative attitudes associated with psychological disability (particularly schizophrenia), followed by an intellectual disability or developmental disabilities. People with physical disabilities are less likely to be subject to negative attitudes, possibly because they are less likely to be considered 'dangerous', 'aggressive' or incapable of doing tasks. This is particularly pertinent to an understanding of attitudes in the workplace context. Again, further research utilising longitudinal designs and non-university student samples would augment existing evidence. Furthermore, findings suggest that some psychological disorders attract less stigma than others. This highlights a need for research that accounts for diversity within disability 'types' in order to fully explore the nuances of stigma, and allow greater understanding of negative attitudes toward specific disabilities.

1c. Employer Attitudes

Despite evidence of generally positive community and employer attitudes toward people with disabilities, the employment of people with disabilities remains low compared to the general population (Burke et al., 2013; Kaye, Jans & Jones, 2011). In order to promote greater inclusion of people with disabilities in the workforce it is necessary to identify barriers relating to employer attitudes. Employer attitudes relating to the capability of people to perform necessary job tasks, and their beliefs about the risks of employing someone with a disability, can influence recruitment and retention.

Amir et al. (2009, cited in Burke et al., 2013) used focus groups with US employers to identify a number of misconceptions or stereotypes relating to employment of people with disabilities. Employers tended to believe that: learning new/ additional tasks takes more time for a person with a disability; people with disabilities require special accommodations or treatment in order to perform requirements of their job; they are less able to get jobs done on time and other workers need to assist them in this; they call in sick more often; co-workers are uncomfortable working with people with disabilities; and they have trouble getting along with other employees.

A comprehensive literature review (Burke et al., 2013) on attitudes toward employing and retaining people with disabilities demonstrates the influence of employer attitudes on hiring decisions, appraisals of work and accommodation for people with disabilities in the workplace. Overall, 13 studies (of the 34 reviewed) indicated that employers had generally positive attitudes

1. Community attitudes toward greater inclusion of people with disabilities (continued)

toward people with disabilities. In terms of work performance, eight studies report positive attitudes toward the work habits and productivity of people with disabilities (for example, being loyal, punctual, having safe work habits, requiring no extra supervision).

Again, experience/contact with people with disabilities appears to influence attitudes. Employers who had experience hiring people with developmental disabilities valued their consistent attendance, the diversity they added to the workplace, the lower rates of turnover, their high quality performance, good work habits and the collaboration between workers resulting from their employment. Furthermore, most employers who had previously hired people with disabilities reported that it had worked out well for their organisation, and saw them as an asset to the workplace (Burke et al., 2013).

Contrarily, nine studies included in Burke et al.'s (2013) review cite employers' concerns about potential litigation, costs associated with accommodating workers and issues relating to employability (for example, the perception that people with disabilities could not perform jobs across both physical and desk domains) as barriers to employment. Four studies reported negative employer attitudes. For example, a large (n = 656) Australian study (Smith, Webber, Graffam & Wilson, 2004; cited in Burke et al., 2013) found that employers rated employees with a disability lower on all aspects of work performance (for example, impact on workplace climate, accuracy/quality of work and speed/rate of work) than those without a disability, and that these perceptions affected intentions to hire people with disabilities

in future. The importance of job matching was highlighted in this research: employers were more likely to be satisfied with employees who were well matched to their jobs in terms of tasks and capabilities. Given the tendency of employers to generalise from one negative experience with an employee, it is crucial that job matching is undertaken to ensure positive workplace experiences for employers and employees who have a disability (Smith et al., 2004). This result supports other research that highlights the link between negative 'contact' experiences and negative attitudes toward people with disabilities (Scior, 2011).

Other Australian research has also emphasised the importance of job matching. Qualitative data from an online discussion forum for employers (n = 40) and quantitative data from a larger-scale employer survey (n = 1230) was collected in order to uncover attitudes and identify barriers to recruiting people with disabilities (Australian Government, 2011). The importance of getting the right person for the job was emphasised in the forums, with 'job carving' seen as central to meeting the needs of the employer. This term refers to analysing the duties of a given job and tailoring this to match the person's capabilities.

A generally favourable attitude was reported toward the employment of people with disabilities, and medium-to-large employers were more likely than smaller employers to hold positive attitudes, possibly because they can better support the needs of people with disabilities in the workplace (this is discussed in more detail in the following section). Employers tended to report that people with disabilities displayed a good attitude toward work (Australian Government, 2011).

1. Community attitudes toward greater inclusion of people with disabilities (continued)

The most common reason given for employing people with disabilities was cost-effectiveness, relating to their productivity. Other benefits of hiring people with disabilities were thought to be: that a person with a disability can often be the best person for the job; that they are loyal, reliable, have a good work ethic, are hard workers and tend to appreciate their job; it boosts morale and encourages tolerance in the workplace; it displays diversity; a sense of 'goodwill' / pride for the employer; and self-confidence for the person with disability. While the tolerance/diversity/goodwill aspects were mentioned, the key issue for employers was ensuring that the person employed was the best person for the job. Persuading employers that this is possible was thought to be key to increasing recruitment of people with disabilities. These benefits should form the central message in persuasive communications aimed at employers.

However, there was lower agreement around other work issues, including the productivity of people with disabilities, the need for time off work and the cost of workplace modifications, which were key areas of concern for employers. An issue for small organisations was financial assistance, which could offset the cost of any modifications to the workplace and wage subsidies. These upfront costs were viewed as a barrier to recruitment. However, employers that utilised a disability employment service (around half of the online forum participants) were less likely to report this as a barrier. Education of employers regarding the financial incentive schemes available was recommended (Australian Government, 2011).

Perceived challenges associated with employing people with disabilities included: matching the right person to the job; the need for extra communication and patience; the potential for family members of the employee to interfere with workplace issues; perceived difficulties with acceptance of the person with a disability by clients and colleagues; the need for increased resources to support the person (for example, supervisors); physical workplace issues, such as facilities required to accommodate the person with a disability; dealing with uncertainty regarding how the person's disability may change or affect job performance in the future.

Employer beliefs regarding productivity and absenteeism need to change, particularly among employers within small organisations. Encouraging job matching as an essential element of recruitment is likely to decrease perceived barriers to employment and employer resistance (Australian Government, 2011).

Some research suggests the existence of an additional level of stigma toward employers for hiring someone with a disability. McLoughlin (2002; cited in Burke et al., 2013) cite US qualitative data on 108 employers and found that a barrier to employment was a fear that customers and/or co-workers would find employees with a disability 'offensive'. However, in this study, employers with experience of hiring people with disabilities tended to have more positive attitudes toward them, and those with no experience had significantly more negative attitudes.

1. Community attitudes toward greater inclusion of people with disabilities (continued)

Another US study (Fraser et al., 2010) also highlighted the influence of concerns about perceptions of other staff members on intentions to employ people with disabilities. In particular, negative ‘normative beliefs’ (that is, the perception that department managers and other workers would disapprove of hiring people with disabilities) have been found to be strong predictors of intention to hire. Fraser et al. (2010) utilised survey methodology and a convenience sample of 92 US employers to predict hiring intentions. Results showed that intention to hire was significantly associated with the belief that hiring someone with a disability would improve the workforce, that they would be loyal and appreciative workers and that they improve the diversity profile of the organisation. However, the normative belief that other high-level staff, colleagues and employees would support hiring people with disabilities was also a strong predictor. This suggests that targeting normative beliefs within workplaces is likely to be effective in persuading employers to hire people with disabilities (Fraser et al., 2010); however, more research is required that utilises longitudinal methodology to assess the relationship between normative beliefs in the workplace and actual hiring rates.

Despite many employer surveys finding positive (self-reported) attitudes toward people with disabilities, Kaye et al. (2011) noted that employment trends for people with disabilities in the US had not changed in the 10 years since the introduction of the Americans with Disabilities Act. Citing research on discrimination toward job seekers / workers with a disability, they theorised that social desirability and self-selection bias contributed to such ‘positive’ attitudinal findings.

Consequently, rather than asking employers about their own attitudes, Kaye et al. (2011) surveyed 463 human resource professionals and managers about the barriers to hiring and retaining people with disabilities in organisations other than their own. Results revealed three key barriers to hiring and retaining people with disabilities, as outlined below.

- The first barrier relates to a perceived lack of awareness/understanding of how to accommodate someone with a disability. Employers were thought to weigh up the costs and benefits of employment and tended to feel that the ‘burden’ of accommodation outweighed the benefits. Stereotyping of people with disabilities as less capable, more frequently absent and poor performers at work usually relates to ignorance.
- The second barrier relates to the financial burden of accommodating people with disabilities, both physically (for example, accessibility) and in terms of worker’s compensation and extra training and supervision costs.
- The third barrier relates to legal liability, and fear of a discrimination complaint or legal costs should an accident occur. Employers were also concerned that job performance may suffer and that they risked a discrimination case should the person with a disability be fired. They also expressed concern that the performance of workers with disabilities would be lower than other employees, and that they would be unable to perform essential duties and be inflexible in their role.

1. Community attitudes toward greater inclusion of people with disabilities (continued)

Strategies to address these barriers centred on increasing knowledge of employers through training programs, which should include exposure to success stories, such as employees with disabilities who excel at their jobs, and the stories or perspectives of their employers. It was believed that this would help to reduce discrimination and misconceptions regarding the costs versus benefits of employment.

Some research suggests that a focus on employer demand factors (that is, employer needs in terms of productivity, revenue and so on) in addition to supply side factors (that is, provision of training, job skills and support for people with disabilities) is necessary to understand employer motivations and increase perceived incentives to hire (Burke et al., 2013). In a US study, McDonnall, Zhou and Crudden (2013) provide some evidence for the use of this ‘employer needs’ approach, by comparing the suggestions of vocational rehabilitation counsellors (n = 115) and business relations staff (including business relations consultants, business outreach specialists, job developers and employment specialists) (n = 74). They found that business relations staff tended to utilise different, more employer-focused strategies for seeking employment of people with disabilities. They were more likely to recommend focusing on the ability of the employee, rather than the disability, establish a relationship, encourage open discussion and focus on employer needs. Furthermore, they tended to judge employers’ attitudes as more positive toward workers with disabilities than did the vocational rehabilitation staff. Business relations staff thus tended to use strategies that centred on the needs of employers. As such, a business relations model was

recommended, which effectively shows employers that people with disabilities can perform the work skills they require (commonly through contact with people with disabilities or work experience programs). However, this research did not measure actual hiring outcomes. Rather, it was limited to suggestions that may target employer needs to encourage the employment of people with disabilities.

Taken together, employer misconceptions relating to factors such as absenteeism should be challenged, and the perceived benefits of hiring people with disabilities promoted, in order to effectively address demand-side barriers to employment of people with disabilities (Burke et al., 2013). Job carving and job matching are essential features of any model of employment, and a focus on capabilities using ‘employment success stories’ (from the perspectives of both employers and employees) is likely to contribute to changing attitudes toward hiring people with disabilities.

Organisation size

Employer attitudes toward, and willingness to hire, people with disabilities has been shown to be related to the size of the organisation, with smaller organisations showing more negative attitudes and greater reluctance. This may be due to smaller organisations lacking experience employing people with disabilities, and the greater employee diversity typically found in larger organisations. Specifically, small employers are more likely to believe that people with disabilities will be absent more often and less productive. They also tend to be more cautious about the possible set-up costs involved with employing someone with different needs (Australian Government, 2011).

1. Community attitudes toward greater inclusion of people with disabilities (continued)

Similarly, Fraser et al. (2010) found more negative attitudes and lower levels of intention to hire within smaller organisations, which suggests that customised marketing strategies are required for organisations of different sizes. They argued that employers within smaller organisations, who are likely to have increased contact with their employees on a day-to-day basis, may respond to messages about human commitment and loyalty and the positive feelings associated with this. Issues relating to loss of productivity and revenue also need to be addressed in any communications, because this was of greater concern to small and medium sized organisations.

In their review, Burke et al. (2013) found that the size of the organisation (small, medium or large) influenced not only attitudes toward employing people with disabilities at a general level, but also the types of concerns employers held. Smaller organisations were concerned with losing customers/revenue, legal ramifications and being able to accommodate those with a disability in a practical sense (for example, physical accommodations/changes to the workplace). They also tended to believe that people with disabilities were not capable of doing the work. Medium-sized organisations expressed similar concerns about the employee's ability to do the work, and that mid-level managers and other employees would not be receptive, but were less concerned about litigation, reduced productivity and being able to physically and practically accommodate employees with disabilities. Employers within larger organisations tended to have had more experience with employees with disabilities. They were, however, more concerned about convincing managers of the benefits of hiring people with disabilities.

Similarly, Jasper and Waldhart (2013) analysed existing US government data to examine attitudes toward hiring people with disabilities among 320 leisure and hospitality employers. Their results are consistent with that of Burke et al. (2013), finding that employers in large organisations displayed more positive attitudes than employers in small organisations. Employers within smaller organisations tended to be more concerned about the cost of worker's compensation premiums, the cost of healthcare coverage, the potential for litigation, the capabilities of the person in relation to job demands, finding people with the relevant qualifications who have a disability, the attitudes of customers toward the person with disability and the actual costs of accommodating disabilities. It was recommended that training programs be used to address these barriers within organisations, and that 'visible top management' commitment to inclusion of people with disabilities would strengthen the belief that workers with disabilities are capable and valuable employees.

1d. Attitude Change Over Time

There is limited evidence indicating the extent to which attitudes toward people with disabilities are changing over time. Legislative changes in recent decades (for example, the Australian Disability Discrimination Act 1992, the Americans with Disabilities Act 1990 and the Australian National Standards for Disability Services 2013) have worked to discourage discrimination and reduce the stigma associated with having a disability. In addition, historical tracking of changes in the way people with disabilities are portrayed in the media and advertising suggests a positive shift toward diversity (Haller & Ralph, 2001). However,

1. Community attitudes toward greater inclusion of people with disabilities (continued)

robust studies that identify statistically significant changes are scant. On reviewing the limited evidence, Scior (2011) found mixed results, and acknowledged the lack of evidence regarding attitude change, particularly in the area of intellectual disability.

Australian research suggests positive changes in attitudes toward most mental illnesses. Reavley and Jorm (2012) measured rates of stigmatising attitudes between 2004 and 2011 among over 6000 Australians. The desire for social distance from people with mental illnesses was significantly lower in 2011 (for depression, depression with suicidal thoughts and early schizophrenia), but not for chronic schizophrenia. Additionally, findings showed an increase in the number of people who perceive people with chronic schizophrenia to be dangerous and unpredictable. The authors conclude that, compared to 2004, in Australia in 2011 there was an increased willingness to interact with people with mental illnesses, but also greater stigma associated with chronic schizophrenia.

Trends were also examined in a German study (Angermeyer, Matschinger & Schomerus, 2013), with results showing worsening attitudes toward schizophrenia in particular. This large-scale, population-based study measured attitudes in 1990 and 2011 with approximately 3000 participants at each time point. Despite the fact that understanding of the cause of schizophrenia had shifted more toward the biological domain, results indicate significantly more negative attitudes in 2011. However, no such trend emerged for other mental health issues such as depression or substance abuse disorders (alcohol

dependence). So, while attitudes toward other mental health issues were unchanged, it appears that attitudes toward people with schizophrenia became more negative.

Research evaluating the effectiveness of an anti-stigma mental illness social marketing campaign in the UK ('Time to Change') examined knowledge and attitudes prior to the campaign (in 2002) and ten years later (in 2012). Attitudes, knowledge and self-reported behaviour were measured among a nationally representative sample of approximately 1700 participants at each time point. Evidence suggests a non-significant trend toward more positive attitudes, but knowledge and reported behaviour were unchanged (Evans-Lacko, Henderson & Thornicroft, 2013a). This result may be promising, but it also highlights the gradual nature of attitude change at a societal level, and the difficulties inherent in researching potentially small (but possibly significant) changes.

In terms of employer attitudes, surveys conducted in 2007 and 2010 found no evidence of attitude change among Australian employers. Concerns related to the costs associated with employment did increase. The authors speculate that this trend was possibly due to the more risky economic climate in the years leading up to 2010 (Australian Government, 2011).

The scant recent evidence available on trends over time suggests that attitude change, particularly toward psychological disabilities such as schizophrenia, is difficult to achieve. While some evidence suggests greater acceptance of diversity in images of disability in the media, and a greater willingness to interact with people with disabilities,

1. Community attitudes toward greater inclusion of people with disabilities (continued)

Australian and international research suggests that attitudes toward people with chronic mental health conditions such as schizophrenia may actually be getting worse. Furthermore, much of the research regarding attitude change and stigma is focused on mental illness, which evidence suggests is the most stigmatised disorder or condition. Since it would be expected that attitudes toward mental illness would be the hardest to change (because they tend to be the most negative), the research presented here may be an underestimation of the magnitude of change in attitudes toward all disabilities over time. The following sections focus on attempts to improve attitudes toward people with disabilities using social marketing and other means, in order to uncover the factors that characterise successful campaigns.

2. Social marketing campaigns aiming to change attitudes

While people with a wide range of disabilities may experience stigma (Walker & Scior, 2013; Corrigan et al., 2001), much of the research relating to social marketing campaigns and disability has focused on mental illness. While there are key differences (outlined in earlier sections) between attitudes toward those with mental illness and people with other disabilities, learnings from campaigns/educational models focused on mental illness can provide valuable insights, which can be applied to disability more generally.

Research identified in the following section is descriptive rather than evaluative; it serves to describe successful interventions and their components, but does not formally evaluate them due to lack of empirical evidence. Nevertheless, given the scarcity of well-evaluated social marketing campaigns addressing stigma toward disability (Corrigan & Gelb, 2006), some learnings from the literature may be utilised to inform future strategies.

Some research tracking media images over time provides hints about what elements can be used to maximise attitude change. Haller and Ralph (2001) contend that a change in attitudes within the advertising industry and the public has occurred, and has been led by organisations and businesses that use diversity in their advertising to garner audience support and promote their products. Organisations are now thought to be more receptive to using people with disabilities in their advertising as they attempt to tap into the ‘formerly invisible disabled market’ (p. 2). From an analysis of advertising images of people with disabilities in the UK and US over three decades, Haller and Ralph (2001) argued that successful

campaigns tend to promote an image of disability as ‘naturalised’ rather than ‘stigmatised’ or ‘medicalised’. Images depicting social interaction between people with disabilities and people without a disability (in clothing catalogues, for example) were seen as key to normalising images of disability and were thought to be positive representations of disability in the media. Since Haller and Ralph’s (2001) analysis is a narrative review of culturally and economically based trends in advertising, rather than experimental testing of a campaign/effect on attitudes, more research is required to support this suggestion.

Corrigan (2011) proposes principles of (psychological disability) stigma change based on ten years of learnings from the National Consortium on Stigma and Empowerment. In accordance with previous research showing the positive effect of contact and familiarity on attitudes, the principles identified are guided by the proposition that contact (preferably face to face) is fundamental to attitude change. However, Corrigan also provides suggestions for the type and nature of contact, which may be useful for future social marketing campaigns.

Key recommendations include that:

- Contact (indirect or direct) should be targeted appropriately. Targeting key groups (for example, employers, other people in power), rather than the broader community, tends to maximise effectiveness.
- Targeting should include the ‘what’ as well as the ‘who’; that is, what can be done or what needs to be changed. This kind of specificity clarifies the steps that need to be taken toward inclusion of people with disabilities in the workplace.

2. Social marketing campaigns aiming to change attitudes (continued)

- ‘Way-up messages’ (stories of people with disabilities attaining their goals and being successful) should be combined with messages about how stigma and discrimination can impede this, which raises awareness not only of the capabilities of people with disabilities, but also stigma as a barrier to their success.
- Contact programs should be locally targeted, because the interests of a particular target group tend to reflect the nature of the geopolitical area and socioeconomic demographic of the location. For example, urban and rural locations may require different persuasive strategies. Thus, appropriate targeting would be expected to be enhanced via consideration of locality.
- The people used as the contacts (that is, representatives of the stigmatised group) should be credible, relatable and similar to the target population in terms of ethnicity, religion, socioeconomic status and so on, and should work in a similar role to that of the target group.
- A mental illness-themed anti-stigma message should have two components: first, that people with mental illnesses can recover; and second, that they can be successful. An example relevant to employment might be exposure to a presentation from a person who has recovered from mental illness followed by a presentation from the person’s employer about their success at work.
- In order to maximise attitude change, the provision of contact (indirect or direct) should not be a one-off incidence, but repeated exposures to a variety of positive contacts (for example, people with different types of disabilities).

In another study on stigma and psychological disability, Corrigan and Gelb (2006) provide a critical review of three mass approaches targeting attitudes toward people with mental illnesses. They note that very few anti-stigma campaigns have been subject to evaluation worldwide, but that they can usually be grouped into three types of approaches: protest, education and contact strategies.

Protest approaches typically frame stigma as a moral injustice, and highlight problems associated with perpetuating stigma. The target audience is then instructed to not engage in stigmatisation. While this approach is powerful, it explicitly asks people to change their behaviour. Because of this it can be viewed as ‘telling people what to think’ and thus may invoke defensiveness and reduce sympathy for the stigmatised group (Corrigan & Gelb, 2006).

Educational approaches aim to replace stereotypes with factual information in an attempt to counter negative attitudes. This approach is relatively easy to apply to a mass audience. However, studies on efficacy are ambiguous: although it seems to produce short-term attitude change, studies testing long-term attitude/behaviour change are fewer and show mixed results.

Finally, contact approaches involve facilitation of direct (face to face) or indirect (for example, a film or story) interactions with the stigmatised group. Some research suggests that this approach is more effective at improving attitudes than other approaches (for example, Corrigan & Penn, 1999) and influences intended behaviour (for example, intention to donate to an advocacy group,

2. Social marketing campaigns aiming to change attitudes (continued)

Corrigan et al., 2002) However, there are obvious limitations to providing one-on-one contact for a mass audience.

Corrigan and Gelb (2006) present three US campaigns as ‘case studies’, but evaluation data were only presented for one campaign: ‘In Our Own Voice’. ‘In Our Own Voice’ was a contact program featuring a person with a mental illness interacting with an audience as part of a discussion. The 90-minute seminars included a 10-minute video presentation, and documented a journey from mental ill health, through treatment to recovery and success. In this way, content was important to the message: the journey from mental ill health to recovery. Furthermore, an exchange of ideas and discussion were encouraged to maximise the effectiveness of contact. According to Corrigan and Gelb (2006), two unpublished studies provided audience evaluation of the program. Feedback from over 2200 audience members showed positive perceptions of the program, particularly noting the amount of useful information presented (approximately 75 per cent of participants) and that the presenters had excellent depth and scope (70 per cent of participants). In a second (unpublished) study, 114 college students were randomised either to ‘In Our Own Voice’ or a control condition (in which they learned about psychology as a career). Findings from the pre- and post-test attitude measures indicate that ‘In Our Own Voice’ was superior to the control in reducing negative attitudes toward people with mental illnesses. However, no follow-up analysis was reported on, so it is unclear whether attitude change was maintained over time. Furthermore, recurring problems with use of a college student sample and generalisability to the wider population are notable.

The descriptive literature on changing attitudes toward mental illness emphasises ‘contact’ as key to success. Since direct contact is not possible within larger social marketing campaigns aimed at the general population (or the broad target audience of employers), it may be that other means of creating interaction ‘by proxy’ can be used to encourage more positive attitudes. Based on the evidence, communicating success stories of relatable, credible people with disabilities, who share similarities with the target population, would be expected to enhance success.

2a. Evidence for Effectiveness

Social marketing campaigns

A number of social marketing campaigns which aimed to improve attitudes toward people with disabilities were identified in this review, however very few of these also provided evaluative research findings to assess the effectiveness of the campaign. Those that were identified are described and discussed in the following section. Where available, examples of materials from these campaigns are provided at Appendix A.

Everyday people, Everyday Lives (United States)

Kirkwood and Stamm (2006) describe and evaluate two US social marketing campaigns. The first, ‘Better Today, Better Tomorrow’ aimed to reduce stigma toward people with mental illnesses. In a similar vein to earlier research on the relatability of images of people with disabilities, this campaign’s single overriding communication objective (SOCO) related to normalising people with disabilities and making them relatable to the general public: ‘We have hopes, We have goals,

2. Social marketing campaigns aiming to change attitudes (continued)

We are just like you’, with the slogan ‘Everyday people. Everyday lives’. Target groups included employers, mental health providers, family physicians and housing providers. Four 30-second television advertisements (featuring emotional appeals) and serial radio slots were utilised to spread the message. Pre-post campaign data was collected using a statewide stratified (market, gender, language) randomised telephone survey of the general population. While participants demonstrated high familiarity with disabilities from the outset, familiarity and positive attitudes toward people with disabilities did not vary significantly from pre- to post-campaign. The result was attributed to a low penetration rate, rather than the messaging: only nine per cent of participants reported having seen the campaign. However, once the campaign was supplemented with a community development project, Kirkwood and Stamm (2006) report that attitude/behaviour change was evident (although the extent of attitude change was not reported).

Better Today's, Better Tomorrow's (United States)

The second US campaign evaluated by Kirkwood and Stamm (2006), ‘Better Today's, Better Tomorrow's’, aimed to reduce stigma toward people with disabilities more generally. The mental illness stigma campaign featured a different kind of single overriding communication objective: ‘Mental illnesses are biological brain disorders: They are no one’s fault’. This campaign was more wide reaching and included in-school educational videos, television commercials, training programs and material distributed through various services. Approximately half of the people trained through

this program reported that their attitudes had changed, while many who reported no change explained that this was because their attitudes were already in line with the ethos of the campaign (Kirkwood & Stamm, 2006). Since change in attitude was self-reported (at post-test only), it is difficult to evaluate the validity of findings, given the likelihood of social desirability bias. Furthermore, the study did not include a control group who received no training.

Time to Change (United Kingdom)

Evans-Lacko et al. (2013b) provide an extensive evaluation of the ‘Time to Change’ mental illness stigma social marketing campaign, which ran from 2009 to 2011 in the UK. Campaign messages targeted middle-income bracket men and women aged between mid-20s and mid-40s. This target group was chosen based on pre-campaign research that indicated they were ‘subconscious stigmatisers’ (rather than ‘active discriminators’ or those ‘unaware of mental illness’). It was reasoned that this group would be amenable to attitude change, and could be educated on how their own actions can lead to discrimination. It was hypothesised that their attitudinal change would have a flow-on effect to the other two groups (‘active discriminators’ and ‘unaware of mental illness’). The campaign utilised national television, print, radio, cinema, outdoor and online advertising, twice per year over three years (see Appendix A for example materials). Campaign elements included:

- emphasis on the importance of small actions (for example, starting a conversation about mental health with a co-worker)
- stories from people with mental health problems

2. Social marketing campaigns aiming to change attitudes (continued)

- tips on how to identify and fight stigma
- building awareness of simple ways to change behaviour
- recruitment of community members to be part of campaigns
- use of myth/fact messages to increase knowledge and challenge stereotypes (year 1)
- a focus on attitude change via recognition of one's own prejudice (year 2)
- a sub-campaign emphasising social contact: the 'Time to Talk' campaign (year 3).

Evaluation of the campaign showed small positive improvements in attitudes toward people with psychological disabilities, especially in relation to intended behaviour. While significant population-wide improvements were not evident, awareness of the campaign was associated with more positive attitudes, better knowledge around mental illness and greater willingness to challenge discrimination. These associations held true even when potential confounding factors were controlled for (for example, close contact with a person with mental illness). Overall, campaign awareness and contact with a person with mental illness were the strongest predictors of positive attitudes.

Like Minds, Like Mine (New Zealand)

Vaughan and Hansen (2004) provide an evaluation of a six-year social marketing campaign in New Zealand that aimed to address stigma toward people with mental illnesses. The 'Like minds, like mine' campaign combined mass-media promotion with education, training and 'grassroots' initiatives. Research conducted prior to the implementation

of the campaign provided benchmark community attitudes toward people with mental illnesses. Results reveal low awareness and also low interest in mental health topics among the general population. Most knowledge was obtained from the news or entertainment media, which tends to associate mental illness with fear, crime and violence. The benchmark study also identified a lack of awareness of discrimination occurring toward people with mental illnesses.

Phase 1 of the campaign focused on giving mental illness personal relevance by using people from all cultural communities (including Maori and Pacific peoples). It utilised internationally and nationally famous people (for example, actress Jennifer Lawrence) as well as ordinary people who had suffered mental illness in the past, with the tagline 'Are you prepared to judge?'. The use of celebrity was thought to enhance the feeling that this was a type of 'contact' – the authors note that respected celebrities were familiar and almost considered 'a friend' by some, so a message from them was likely to be well received. This is supported by other research which suggests that people with disabilities that are perceived to be of higher or equal status to the viewer are more likely to induce attitude change. Thus the high status of the celebrities was expected to enhance effectiveness (Vaughan & Hansen, 2004).

Phase 2 of the campaign provided more in-depth, documentary-style, one-minute commercials. These featured well-known people (for example, a famous New Zealand surfer) with a friend/supporter beside them while they told their story from illness to recovery. The advertisements were primarily shown as television commercials;

2. Social marketing campaigns aiming to change attitudes (continued)

however, the campaign also included advertising in cinemas, on radio and in magazines, as well as posters, newsletters, flyers, press releases and fact sheets. Example images from the ‘Like minds, like mine’ campaign are included at Appendix A.

A survey of 759 people revealed significant improvements in attitudes toward mental illness following the campaign, and high awareness of the advertising (80 per cent of the sample). Significant increases from the benchmarking period were found for willingness to accept people who have mental illnesses across different life domains (for example, as a workmate, resident in a halfway house, babysitter, next-door neighbour). Furthermore, after the campaign there were significantly greater levels of agreement that people with mental illnesses can lead a normal life, and that mental illness can happen to anyone. In addition, negatively framed beliefs (including that once a person experiences mental illness they cannot contribute to society, they are always unwell, and they are likely to be dangerous) were less likely to be reported. In-depth interviews, focus groups and surveys were also conducted with approximately 300 people who had experienced mental illness. Eighty per cent of these participants believed that the campaign had been effective in reducing stigma and increasing both understanding and awareness of mental illness.

While this multifaceted, long-term campaign appears to have been highly successful, data on the participant sample were not available. Despite this, results can inform the selection of ‘spokespeople’ or ‘contacts’ and inclusion/interaction with others who support them in the campaign. Again, the campaign sought to draw similarities between the stigmatised person and

the audience in order to make them relatable and promote the belief that mental illness can happen to anyone.

See Me (Scotland)

Myers et al. (2009) provide an evaluation of a four-year (2002–2006) national anti-stigma campaign targeting attitudes toward mental illness in Scotland. Similar to a number of the other campaigns, the single overriding communication objective related to the message that people with mental illnesses are everyday, ordinary people, ‘just like you and me’. The campaign involved multiple television, radio and cinema advertisements, as well as outdoor advertising and print advertising in local newspapers. Other promotional materials were also distributed through key community venues, such as libraries and doctors’ offices. Research on target population attitudes informed the creative strategy, which included:

- communications with a strong first-person voice
- using spokespeople with real-life experience of stigma as the ‘voices’ of the campaign
- a direct (but not shocking) approach to messaging
- avoidance of accusatory messages that imply that audience members are perpetrators of stigma
- a focus on building awareness of the campaign across a broad spectrum of society.

Part of the ‘See me’ campaign also involved targeting workplace attitudes. The workplace component was delivered primarily by radio, because this was thought to be the most effective means of accessing the working population during the day. Drive-time radio slots were utilised for

2. Social marketing campaigns aiming to change attitudes (continued)

the same reason. All people in workplaces were the target group, not just employers, and posters/postcards were disseminated in workplaces accordingly. Also, office-relevant materials, such as screensavers and desktop wallpapers, were available for use by workplaces.

While posters and other print materials were designed to be direct and thought-provoking, radio communications were more personal and detailed in an attempt to ensure that characters in the advertisements were well-articulated and memorable. The key messages utilised in the workplace stigma campaign were: ‘With the right support, most people recover’; ‘It is wrong to write people off because they get a diagnosis of mental ill health’; and ‘Keeping people in the workplace is neither difficult nor expensive, and is in the interests of both employers and employees’. Example materials from the ‘See Me’ campaign are included at Appendix A.

Since the workplace component of ‘See me’ was initiated in the third year of the four-year ‘See me’ campaign, the specific impact of this element is unknown because it was not subject to post-campaign evaluation (Myers et al., 2009). However, awareness of the workplace campaign was high, with indications that the campaign reached 61 per cent of all adults in full-time employment (‘See me so far’, available at: http://www.docs.csg.ed.ac.uk/EqualityDiversity/see_me_so_far.pdf).

The impact of the overall four-year campaign was found to be positive. Analysis of data from a national survey immediately before and after the campaign indicates trends toward (positive) attitude change, but the statistical significance of this change was not reported. Perceptions

of the dangerousness of people with mental illnesses appeared to have declined following the campaign. Awareness of the campaign was evident, with over one-third of the population recognising the ‘See me’ name. Further, community attitude evaluations were conducted using street surveys (n = 525) and telephone surveys of more than 1000 people before and during the campaign. Data again suggest decreases in perceptions of ‘dangerousness’, and decreases also in the number of people reporting that they would not want others to know if they had a mental illness. Positive changes were found in perceptions of recovery from mental illness (that is, that most people with mental illnesses can recover), and also endorsement of the notion that people with mental illnesses should have the same rights as everyone else. However, Myers et al. (2009) note that attitude changes over the evaluation period were not consistent or stable, with positive attitudes tending to (marginally) increase, and then decrease again.

Further, attitudes varied outside the period of the campaign, so it was unclear whether attitude change was influenced by the campaign itself, or by other broader societal factors. Despite this, the ‘See me’ campaign was seemingly successful in increasing awareness of mental illness stigma among the Scottish population. The inclusion of a workplace component also provides suggestions for creative strategies that may be effective in changing attitudes toward people with disabilities in the workplace.

Other interventions

While there were few formally evaluated social marketing campaigns identified, other studies

2. Social marketing campaigns aiming to change attitudes (continued)

have experimentally compared the efficacy of alternative strategies for changing attitudes toward people with disabilities (for example, short educational interventions).

Walker and Scior (2013) compare the effect of two indirect contact interventions (two ten-minute films) using a sample of 925 participants from community colleges in London. Participants completed a measure of attitude toward people with intellectual disabilities at pre-test, immediately post-test and one month later. The two films took different approaches to messaging. The first (an 'educational' approach) featured an 'expert talking head' providing information about intellectual disabilities, and the information included a statement about people with disabilities not being treated equally. The second film (a 'protest' approach) emphasised discrimination, harassment and injustice facing people with an intellectual disability. The protest approach focused on hate crimes, while the educational approach expressed more positive sentiments, depicting people with an intellectual disability participating in a band, and promoting the benefits of integration.

Results indicate that both interventions had small but significant short-term positive effects on attitudes toward inclusion, and also desire for social contact with people with an intellectual disability (measured by a social distance scale). These effects were maintained at one-month follow-up for social distance, empowerment (the belief that people with an intellectual disability should play a role in decisions that affect them) and similarity (viewing one's own life goals as similar to that of a person with disability). While both campaigns showed short-term positive effects on attitudes, significant differences

between the interventions were also identified. The protest intervention produced greater positive change in attitudes toward 'empowerment' of people with an intellectual disability, and greater decreases in beliefs relating to 'sheltering' people with disabilities from society. Thus, both interventions were found to be effective, but the protest intervention had a significantly greater effect on increasing 'empowerment' beliefs and decreasing 'sheltering' beliefs.

A social desirability scale was included to control for potentially biased reporting. However, since no control condition was included (that is, either a 'no intervention' group or a different intervention), it is unclear whether attitude change can be attributed to messages in the films or other exposure factors. Respondent sensitisation – where small changes are observed from mere completion of attitude questionnaires – cannot be ruled out (Walker & Scior, 2013). The sample was also mainly recruited through community colleges, so is not representative of the population; however, the large sample size may have mitigated this to some extent.

Corrigan et al. (2001) also compares a protest approach with other approaches using a pre- and post-test experimental study design. Three strategies for changing attitudes toward people with severe mental illnesses were compared using 152 participants from community colleges in the US: an educational approach, a contact-based approach and a protest approach. A control group of participants (who received a presentation on an unrelated topic) was also included. All of the brief interventions were conducted in small groups and featured a ten-minute presentation followed

2. Social marketing campaigns aiming to change attitudes (continued)

by discussion. A summary of each condition is included below:

- Protest approach: focused on the moral injustice associated with institutionalisation (rather than inclusion) of people with mental illnesses, and examined the various negative ways that people with mental illnesses are depicted in the media. Strong messages condemning this way of presenting people with mental illnesses were then added (for example, 'We must stop thinking this way!').
- Educational approach: reviewed myths relating to mental illness, including, for example, the belief that people with psychoses are violent and often homeless.
- Contact approach: involved a presentation from a person with a history of severe mental illness. Importantly, the people represented were symptom-free, working and were independent, and therefore the contact experience was likely to be perceived positively. The discussion following the presentation allowed participants to interact meaningfully with the presenters.

While the education and contact interventions were found to be effective in changing discriminatory attitudes toward people with severe mental illness, the protest intervention did not significantly improve attitudes. Closer analysis of the data indicates that contact interventions appear to influence perceptions of the specific mental illnesses described by the presenter (schizophrenia and depression), whereas educational interventions were more likely to be successful in changing attitudes toward disabilities more generally (including drug addiction and intellectual disability). It is possible that the lack of effectiveness of the protest approach was related to the demands of the message (it ordered

participants to comply), and participants therefore may have been less likely to empathise with the group with the disability. This suggests potential limitations on the efficacy of protest messages, and also contradicts the findings of Walker and Scior (2013) regarding the relative effectiveness of this intervention approach. Nevertheless, the small convenience sample utilised for this study reduces the generalisability of results. Changes over time were not assessed, so it is unknown whether these attitudes were maintained and had any influence on actual behaviour.

Australian research suggests that strategies that encourage people to recognise and identify stigmatisation perpetrated by others may have potential for improving attitudes toward people with disabilities. Campbell Gilmore and Cuskelly (2003) report results of a pre- and post-test educational intervention conducted with 274 student teachers, featuring information-based instruction and structured fieldwork experiences relating to disability (Down Syndrome). Fieldwork involved the students interviewing community members and administering questionnaires to them relating to perceptions of people with Down Syndrome. In this way, the fieldwork exposed the students to potentially stigmatising attitudes of others in the community. Students then wrote a fieldwork report on their findings. It was hypothesised that the opportunity to reflect on the attitudes of others regarding disability would lead to the individual challenging their own stereotypes and attitudes. Results show that student teachers reported improved (positive) attitudes toward

2. Social marketing campaigns aiming to change attitudes (continued)

inclusion as a result of the intervention, and also increased knowledge about Down Syndrome. Furthermore, attitudes toward disability generally were more positive following the intervention, suggesting that messages relating to stereotypes and stigmatisation for one type of disability can be generalised to other disability types.

Krahé and Altwasser (2006) also conducted a pre- and post-experimental intervention aimed at changing negative attitudes toward people with physical disabilities in 70 German high school students. Attitude change was compared under three conditions:

- cognitive intervention: provided information and challenged stereotypes of individuals with physical disabilities
- combined cognitive behavioural intervention: included the cognitive intervention as well as interaction with a group of elite athletes with disabilities
- control group: no intervention.

Results showed that the combined cognitive behavioural intervention significantly reduced negative attitudes toward people with physical disabilities, and this effect held true when controlling for prior contact with people with disabilities. The cognitive approach alone, however, was insufficient to produce attitude change. Because a behavioural approach (interaction with athletes without a cognitive component) was not included as a condition in the study design, the efficacy of this approach alone

is not known. These results add support to the recommendation that social marketing campaigns should run across multiple and coordinated modalities, and also include some form of contact with people with disabilities.

Finally, Hunt and Hunt (2004) conducted an experiment to examine attitudes toward people with disabilities in a workplace context. A sample of 190 US university students were randomised into one of four conditions:

- Group 1: were exposed to the intervention and completed both pre- and two post-test measures
- Group 2: were exposed to the intervention and completed the two post-test measures only
- Group 3: were not exposed to the intervention and completed both pre- and two post-test measures
- Group 4: were not exposed to the intervention and completed the two post-test measures only.

The intervention comprised an hour-long presentation addressing misconceptions, beliefs and attitudes toward people with disabilities generally and with reference to employment. Importantly, the intervention utilised fact-based messages about people with disabilities to dispel myths or misconceptions about workplace issues. The first post-test was administered immediately after the intervention and a second (follow-up) post-test was conducted one week later.

2. Social marketing campaigns aiming to change attitudes (continued)

Results revealed that the one-hour intervention had a significant effect. The groups that received the intervention had significantly more positive attitudes and greater knowledge of disabilities at post-test, and these effects remained significant at follow-up. These findings suggest that even relatively short educational interventions have the potential to improve attitudes relating to disability in the workplace. A key component of the intervention was the use of facts to challenge common misperceptions (an educational approach).

Although these experimentally derived results are promising, a lack of longer-term follow-up means that conclusions on the maintenance of attitude change cannot be drawn. Furthermore, and again, the reliance on a university sample means that the results lack generalisability to the general population, who may have more negative views of disability.

2b. Creative Strategy

Additional studies were identified that provide insight into the impact of specific creative strategies used to communicate messages about disability, and which may prove useful in designing future social marketing campaigns. For example, Barnett and Hammond (1999) examine attitudes toward two different ‘charity’ advertisements relating to disability. The UK sample included both able-bodied participants (recruited through snowballing in the community; n = 80) and participants with disabilities (recruited from a

college for people with disabilities; n = 59). The advertisements (see Appendix B) were selected from past campaigns, one from the MS society (‘Multiple sclerosis is still incurable. Without us, it always will be’) and one from the Spastics Society (depicting a person in a wheelchair at the top of a flight of stairs above a public toilet and the phrase ‘As far as I’m concerned it’s neither public nor convenient’ with an additional tagline ‘It’s not that people don’t care, it’s just that they don’t think’). It was found that people with disabilities felt angrier after viewing the advertisements than people without a disability. The Spastics Society advertisement produced a more active response from both groups in terms of feelings that ‘disabled people need rights, not charity’ and ‘disabled people are valuable members of society’. In this sense, the ‘appeal to injustice’ messaging of the Spastics Society advertisement appeared to be superior to the guilt/pity appeal in inciting a response from both participant groups.

Recent cross-sectional Canadian research by Kamenetsky, Dimakos, Aslemand, Saleh and Ali-Mohammed (2016) similarly suggests that the use of appeals to generate pity is not effective in eliciting help for people with disabilities. Their research compared existing images from older (1960–1990) and newer (1991–2010) disability charity advertisements, which varied in a number of ways, including the degree of pity they were designed to elicit, and the sex and age of the person depicted. The sample of 161 university students rated the images in terms of how they

2. Social marketing campaigns aiming to change attitudes (continued)

made them feel, their willingness to help (that is, donate or take action) and other attitudinal factors (for example, willingness to befriend or hire someone with a disability). Newer images were found to elicit more positive emotional responses, and more positive attitudes, but no significant difference in willingness to help. Thus, willingness to help was not associated with the negative emotions generated by the advertisements (particularly pity and guilt). Consistent with findings of earlier research, female participants responded more strongly to the advertisements and indicated greater willingness to help than males. In terms of the characteristics of people featured in the advertisements, seniors elicited the least sadness, whereas images of children evoked the most sadness and also a greater willingness to help. Finally, advertisements depicting women promoted greater identification, happiness and perceptions of capabilities, while images of males promoted greater willingness to help.

Differences according to the gender of the person depicted were also observed by Panol and McBride (2001). Their (post-test only) exploratory study compared attitudes toward different versions of Motorola advertisements, particularly focusing on differences in perceptions of people with disabilities depending on the gender of the person depicted. Three advertisements, each with different representations of people with disabilities, were presented to 83 undergraduate students at a US university. A similar advertisement with able-bodied people was shown as a control condition. The three advertisements all featured actors with

physical disabilities, and one featured two people with disabilities (mobility impairments). Further detail on the composition of the advertisements was not reported. No significant differences in attitudes were found between people who saw advertisements depicting people with disabilities and those who saw advertisements with able-bodied people. The sample of university students studying communications may have been expected to produce more positive attitudes toward people with disabilities overall, so this result is perhaps not surprising. However, an advertisement featuring a woman with a disability and an able-bodied man tended to be viewed more negatively than the reverse (an advertisement featuring a man with a disability and an able-bodied woman). The authors speculated that this result may be related to the typical depictions of women in the media (particularly models), and the deviation from these 'ideals' represented by images of women with disabilities.

One study directly addressed the effect of the appearance of the person with a disability on attitudes. Varughese, Mendes and Luty (2011) found that less stigmatising attitudes result from viewing an image of an 'attractive', well-dressed person with an intellectual disability compared to someone with an intellectual disability who also has dysmorphic facial features and a casual outfit. This randomised controlled trial utilised responses from 187 participants recruited from the general public. Participants viewed one of the two photos then completed a brief stigma measure. Results revealed significantly more stigmatising attitudes reported by those who viewed the picture of the person with dysmorphic facial features. This suggests that the appearance of the person with a

2. Social marketing campaigns aiming to change attitudes (continued)

disability contributes to the extent to which stigma is associated with them. However, this study did not assess attitudes prior to the intervention, nor did it include a control group with which data could be compared, and should therefore be interpreted with caution.

Other research has analysed news framing, particularly in reference to the presentation of athletes with physical disabilities in the media. German research by Von Sikorski, Schierl, Moller and Oberhauser (2012), Von Sikorski and Schierl (2012) and Von Sikorski and Schierl (2014) examine the impact of news framing on attitudes toward people with disabilities. It is noted that people with disabilities tend to be represented negatively, often depicted as either pitied/pathetic or sinister/evil (Von Sikorski et al., 2012), and that it is possible to frame visual coverage of athletes with disabilities to produce more positive attitudes. Specifically, Von Sikorski et al. (2012) tested three differently framed images of athletes with disabilities with a sample of 88 university students, and found that images including spectators in the crowd (see Appendix B) were associated with more positive attitudes toward the athletes depicted. This association held true for depictions of both small and large crowds, and when controlling for effects of personal contact with people with disabilities. This adds to earlier research indicating that depictions of support from others (friends, bosses, family members or a crowd) may increase positive perceptions of people with disabilities.

Later research conducted by Von Sikorski and Schierl (2014) found that news frames focusing on sport-specific aspects of the athlete with a disability, rather than on disability aspects, increased positive attitudes toward the athlete, and also increased perceptions of journalistic quality. This supports the previous results of Von Sikorski and Schierl (2012) showing that news frames focusing on athletic performance were superior in producing positive attitudes, compared to those focusing on the needs of people with disabilities (in terms of donations and public support).

Krahé and Altwasser (2006) argue that the use of elite athletes as the ‘contact’ for people with disabilities is not expected to be as effective in changing community attitudes as using a ‘contact’ who is of similar status to the target audience. Elite athletes are likely to be seen as exceptional rather than prototypical with respect to their disability, and so attitude change may not generalise as readily to the full population of people with physical disabilities (Krahé & Altwasser, 2006). Although the findings of Von Sikorski and colleagues are based on perceptions of elite athletes rather than people with disabilities in the general community, the news framing research supports earlier recommendations regarding a positive focus on the capabilities of people with disabilities, rather than appeals which elicit pity.

3. Discussion and recommendations

The rapid review provides insights into both community and employer attitudes toward greater inclusion of people with disabilities. Furthermore, evidence on attitudes can be used to augment data from previous social marketing campaigns and inform future campaigns. A summary and discussion of findings of the review, as well as evidence-based recommendations, are provided below.

Attitudes

Current community attitudes toward people with disabilities appear to be generally positive, but paternalistic (Scior, 2011; Thompson, et al., 2011). The more severe a disability is perceived to be, the more likely it is associated with stigmatising attitudes, anxiety and discomfort (Scior, 2011; Morin et al., 2013). This is particularly evident in relation to more serious mental illnesses, including schizophrenia and intellectual disability.

People experiencing mental illness tend to experience more stigma compared to other types of disabilities, but some mental illnesses (for example, schizophrenia) are more stigmatised than others (for example, attention deficit hyperactivity disorder, ADHD). Attitudes toward people with psychological disability relate to perceptions of dangerousness, unpredictability and the individual being personally responsible for their disability (Burke et al, 2013). Less negative attitudes are generally shown toward people with intellectual and developmental disabilities; however, misconceptions are still evident, including that they may become aggressive, lack the ability to learn or change, and that they are less capable than they actually are (Werner et al., 2012). The complexity and diversity of mental illness and

intellectual disability may contribute to anxieties relating to a ‘fear of the unknown’. Research suggests that fears related to ‘knowledge of capacity’ are associated with negative attitudes toward people with an intellectual disability (Morin et al., 2013), and that provision of even a small amount of information about the disability can positively influence attitudes (Scior, 2011). Therefore, reducing anxiety associated with these types of disabilities by increasing knowledge (for example, education) is likely to improve attitudes.

Community attitudes toward people with physical disability tend to be more positive than for other disability types (Nota et al., 2014). Although the research reviewed did not identify reasons for this, it is possible that this group is perceived to pose less of a threat of violence/aggression, and more similar to the general population in terms of mental capacity (and therefore less unpredictable). These perceptions may contribute to more positive attitudes toward this group, but further research is required to fully understand reasons for this.

A limitation of much of the research relating to attitudes is that most studies report results at the aggregate, population level, rather than acknowledging that there may be heterogeneity within the population in terms of attitudes toward inclusion of people with disabilities. There is a lack of segmentation studies that attempt to identify groups within the population that share similar attitudes toward inclusion of people with disabilities. The few segmentation studies that have been conducted use sociodemographic variables (for example, age, sex, education level) to segment the population a priori, and then describe whether the groups have significantly

3. Discussion and recommendation (continued)

more positive or negative attitudes when compared to one another. Results of these studies indicate that women, younger people and those with higher levels of education are more likely to express positive attitudes toward inclusion of people with disabilities (Goreczny et al., 2011; Morin et al., 2013), suggesting that changing attitudes of men, older people and those with lower levels of education is likely to be more challenging. More sophisticated a posteriori segmentation studies of the general population would provide valuable marketing insight regarding the range of different attitudes within the population, how prevalent these attitudes are and the types of people who hold them. This insight could inform future social marketing campaigns, particularly decisions regarding which groups to target and the message and creative strategy most likely to be meaningful and motivating for them.

One factor consistently reported to reduce negative attitudes is personal contact and experience with people with disabilities. However, the nature of contact is important. Contact experiences perceived negatively (particularly in childhood) are associated with more negative attitudes in adulthood. Positive contact can reduce anxiety associated with people with disabilities, improve perceptions of capabilities and decrease the desire for social distance (Scior, 2011). The effect of contact and personal experience is optimised when the person with a disability is perceived by the audience to be similar to them in some way, credible, and of equal or greater status (Vaughan & Hansen, 2004). Evidence from contact-based interventions suggests that attitude change is most likely with repeated (rather than one-off) contact with different people with

disabilities (Corrigan, 2011). A variety of positive experiences works to increase knowledge and awareness, decrease reliance on stereotypes and reduce negative stigma.

Employer attitudes toward people with disabilities are similar to those found in the general population, but more nuanced. Employers are more likely to have positive attitudes toward people with disabilities if they have had previous experience with them as employees (McLoughlin, 2002). Managers who have worked with people with disabilities cite a strong work ethic, punctuality and dedication to the job, and creating a more diversified workplace as positive reasons for employing them. These benefits should be emphasised in persuasive communications targeted at employers (Australian Government, 2011).

However, employers also perceive numerous barriers to hiring people with disabilities, including concerns about lower productivity and higher absenteeism, costs associated with accommodating people with disabilities in the workplace, and possible difficulties involving acceptance of the person by other colleagues and/or customers (Australian Government, 2011; Fraser et al., 2010; McLoughlin, 2002). Using evidence to educate employers and dispel negative perceptions is likely to reduce barriers to employment. Furthermore, actively considering the interests of both employees and employers in potential employment situations (through job matching and job carving) is more likely to create win-win situations where employers can clearly see that their organisational needs are not compromised by employing staff with disabilities

3. Discussion and recommendation (continued)

(Australian Government, 2011). Social marketing campaigns targeting employers should draw attention to the benefits for the organisation and workplace of hiring people with disabilities, rather than framing employment as a form of ‘goodwill’ on the part of the employer (Burke et al., 2013).

Employers in smaller organisations are more likely than employers in larger organisations to hold negative attitudes toward employing people with disabilities (for example, Jasper & Waldhart, 2013). This may be due to limited experience employing people with disabilities, as well as practical issues (for example, fewer positions and a narrower range of job types to match with the individual needs of employees) and higher perceived barriers in terms of the impact on the organisation (for example, the cost of accommodating people with disabilities, financial impact of less productive staff, greater absenteeism and so on). Larger organisations are more likely to have the resources to absorb any financial or staffing consequences of employing a highly diverse workforce.

Marketing campaigns targeting employers should be mindful of the target audience (for example, small, medium or large organisations) and customise messages to address the key concerns of that group. For example, managers and staff within smaller organisations typically have greater personal contact with one another, so may respond to messages related to loyalty, commitment and interpersonal relationships (Fraser et al., 2010). Further, messages providing practical information about how to effectively include people with disabilities in the workplace and the support services available, combined with success stories demonstrating how other small organisations have done the same, are likely to

contribute to reducing perceived barriers to employment.

Messages likely to appeal to larger organisations include the benefits offered by a diversified workforce for both the organisation and its employees. It is common now for larger organisations, particularly multinational corporations, to develop formalised corporate social responsibility (CSR) strategies which include consideration of the rights of people with disabilities (Cordero, Ortiz de Zuniga & Rueda, 2014, p. 11). Corporate social responsibility strategies are implemented by organisations in an effort to acknowledge the organisation’s impact on the communities in which it operates and generate equitable and sustainable outcomes for all stakeholders. However, effective corporate social responsibility strategies also serve as marketing strategies and provide a range of benefits to the organisation, such as enhanced image and increased brand equity (Chahal & Sharma, 2006). Given that organisational diversity (which includes the employment of people with disabilities) is considered a key indicator of corporate social performance (RiskMetrics Group, 2010) and one of the aspects of social responsibility viewed most positively by the market (Bird, Hall, Momente & Francesco, 2006), the potential benefits to the organisation of diversifying the workforce through inclusion of people with disabilities should be a key message.

While there is little sound evidence demonstrating long-term improvements in attitudes toward inclusion of people with disabilities, there are some indications that generational and societal level changes are occurring. These include greater diversity in the way people with disabilities are

3. Discussion and recommendation (continued)

portrayed by the media (Haller & Ralph, 2001), the apparent success of selected social marketing campaigns in reducing stigma toward people with disabilities (Evans-Lacko et al., 2013b), and that younger generations tend to hold more positive attitudes toward inclusion than previous generations (Thompson et al., 2011). More large-scale, nationally representative, longitudinal studies that include multidimensional measures of attitude would provide insight into whether attitudes toward inclusion of people with different types of disabilities are changing over time.

Social Marketing Campaigns

While there have been many social marketing campaigns that aim to reduce stigma and improve attitudes toward inclusion of people with disabilities, there are relatively few evaluations of their effectiveness. Where evaluations have been conducted, findings indicate limited effectiveness when marketing communications are used in isolation. Most recommend the inclusion of some form of positive contact with people with disabilities as part of a broader strategy; however, the practical limitations of this often make it unfeasible with large audiences.

Among the most successful social marketing campaigns were the ‘Time to Change’ campaign in the United Kingdom (Evans-Lacko et al., 2013b), the ‘Like Minds, Like Mine’ campaign in New Zealand (Vaughan & Hansen, 2004) and the ‘See Me’ campaign in Scotland (Myers et al., 2009). All of these campaigns received national exposure and utilised multiple communication channels and a range of creative strategies, and achieved high levels of penetration to positively influence attitudes. Key messages focused on the

similarities between people with disabilities and the audience. ‘Like Minds, Like Mine’ also raised the profile of the campaign by utilising local and international celebrities as spokespeople in the delivery of messages.

Across the majority of campaigns (evaluated or otherwise), a number of common themes were evident:

- a focus on positive framing, with the aim of generating positive emotions (for example, pride, inspiration), rather than negative framing that aims to generate negative emotions (for example, pity, sadness)
- a focus on ability/competence/performance, rather than disability
- the message that people with disabilities are just like everyone else. The individuals featured in communications are relatable, and the framing of disability is ‘normalised’ rather than ‘medicalised’
- the use of spokespeople who tell their own story, attempting to create a connection between the deliverer and receiver of the message
- depiction of positive interactions between the person with a disability and others (for example, a friend, family member, boss or a crowd)
- a challenge to evaluate one’s own attitudes and perceptions, or those of others.

Social media campaign materials which were not evaluated also demonstrate these themes. Some examples of these are included as Appendix C.

An examination of the different strategies used to communicate messages about people with disabilities in charity messages shows that negatively framed appeals designed to elicit

3. Discussion and recommendation (continued)

feelings of pity or guilt were no more effective than positively framed appeals (Kamenetsky et al., 2016). Further, ‘protest’ appeals (citing injustice and demanding action) appeared to be effective in some situations; however, if communicated too forcefully, carry the risk of alienating audiences and reducing empathy for people with disabilities (Corrigan, et al., 2001).

It has also been suggested that the characteristics of the person depicted in the communication or advertisement influences how viewers respond. People perceived as more attractive and well-dressed produced less stigmatising attitudes compared to people with dysmorphic facial features who are dressed casually (Varughese et al., 2011). Differences according to gender have also been reported, with images including women with disabilities being less well received than images including men with disabilities (Panol & McBride, 2001). The authors speculate that the presentation of body types considered to be ‘imperfect’ may be less accepted by the general population for female bodies than for male bodies (Panol & McBride, 2001).

Finally, research on the way stories about people with disabilities are reported by news outlets showed more positive attitudes toward frames depicting social (audience) support for the person with a disability (in this case a high level athlete) (Von Sikorski et al., 2012), and a preference for messages relating to the performance and achievements of the person with a disability, rather than their own personal needs (Von Sikorski & Scierl, 2014). These results support earlier findings that a focus on personal ability, rather than disability, is more likely to contribute to building positive attitudes in viewers.

Some researchers recommend the use of everyday people in marketing communications, rather than celebrities, and others recommend the opposite. The argument to include everyday people usually relates to the key message that a people with disabilities are just like everyone else in the community. It is based on the notion that the message will be received more positively if a connection is created between the person delivering the message and the person receiving it. Conversely, the argument to include celebrities or elite athletes usually relates to key messages about the exceptional achievements of people with disabilities and challenging perceptions of limited ability. It is based on the notion that the message will be received more positively if the person delivering the message is respected and held in high regard by the person receiving it. Evidence can be found to support both arguments, so the decision regarding whether to use everyday people or public figures should be made in the context of the particular objectives of the social marketing campaign, including consideration of the target audience. Given that these two creative strategies work in different ways, it would be optimal to use a combination of well-known and lesser-known identities, as was done in the successful ‘Like Minds, Like Mine’ campaign in New Zealand.

3. Discussion and recommendation (continued)

Recommendations

Evidence-based recommendations for future social marketing campaigns seeking to change community attitudes toward greater inclusion of people with disabilities include the following.

1. Co-creation of campaigns. This can be done by using feedback (for example, through research) and input (for example, from advisory committees) from people with disabilities in order to create appropriate and respectful representations of their diversity.
2. Multifaceted campaign strategies, involving promotional campaigns alongside carefully planned and appropriate opportunities for contact between key target groups and people with disabilities. This could include, for example, education and training programs.
3. Strategic selection of target audiences. Selection of target groups necessarily involves segmenting the market using some predetermined criterion. Target groups are strategically selected considering the objectives of the campaign, and could be chosen, for example, because of the strength of their attitude (for example, those with particularly negative attitudes), their potential influence as agents of change (for example, employers) or size of the segment (for example, the largest group identified with characteristics in common, which could perhaps be the case for the ‘subconscious stigmatisers’ identified by Evans-Lacko et al., 2013b). Given the lack of segmentation studies available, appropriate target groups within the general population are not immediately obvious. However, once key target groups are determined (which may require additional research), customised campaigns can be designed that include the messages and creative strategy most likely to resonate with each group.
4. Positive framing of messages. This is particularly important for those types of disability most stigmatised, such as psychological disability and mental illness. Within this positive frame, other specific aspects of the messages could include:
 - normalised portrayals of people with disabilities (compared to medicalised or stigmatised)
 - a focus on ability rather than disability
 - the use of personal stories of success; for example, achievement of goals
 - a challenge for people to identify stigmatising beliefs in themselves and/or others
 - an action strategy, specifying what the individual can do to challenge stigma and/or promote inclusion.
5. Depictions of interactions between people with and without disabilities. Building the belief that people with disabilities are just like everyone else is enhanced by imagery that depicts people with disabilities interacting in everyday situations with people without disabilities. These can include, for example, friends, family members or work colleagues interacting at home, in public spaces (for example, shopping centres) or in the workplace. Images of people with disabilities being supported by others have been shown to contribute to more positive attitudes toward inclusion.

3. Discussion and recommendation (continued)

6. Strategic selection of spokespeople. Spokespeople can perform a range of roles including communicating promotional messages, being a champion for the campaign and being the public face of the campaign. Ideally, spokespeople for campaigns that aim to change community attitudes toward people with disabilities would include both everyday people (emphasising similarity between the viewer and the person with a disability) and well-known identities (to raise the profile of the campaign and/or emphasise the exceptional achievements of people with disabilities). Diversity in people delivering the message implicitly communicates that the campaign is widely supported, and also helps to avoid viewer fatigue.
 7. Effective campaign evaluation. The impact of the campaign, in terms of identified objectives and the intended target audience, should be evaluated in order to assess its short- and long-term impact on key variables of interest (for example, attitudes toward inclusion of people with disabilities, perceptions of stigma, actual behaviour).
- Additional recommendations specifically related to the inclusion of people with disabilities in employment include the following:
8. Reducing the barriers and perceived risks associated with employing people with disabilities. Generally speaking, the research reviewed shows that barriers preventing managers from employing people with disabilities relate to lack of knowledge and misconceptions on the part of employers, and the perceived risks associated with these barriers. Educating employers about the facts related to employing people with disabilities would increase knowledge and awareness and therefore reduce such barriers.
 9. Promoting the benefits of employing people with disabilities. This could be done through marketing campaigns that promote the realities and benefits of employing people with disabilities, and include evidence regarding work ethic, commitment and productivity of people with disabilities and the positive impact of having a diversified workforce on the workplace and organisational culture (for example, boosting morale and encouraging tolerance and respect).
 10. Focusing on creating a match between employers and employees. Emphasising the potential for win-win scenarios between employers and employees frames the employment of people with disabilities in terms of positive outcomes for all parties. This also encourages both parties to have a flexible approach to employment; however, is likely to be more challenging for small and medium sized organisations that have fewer positions to match with the individual needs of potential employees.
 11. Providing opportunities for contact between employers and people with disabilities. Barriers could be reduced by offering education programs or seminars for employers that include contact with people with disabilities. Barriers could further be reduced by programs that facilitate trial employment scenarios between employers and potential employees (for example, work experience or apprentice-style programs). These would effectively lower the perceived risks employers associate with offering permanent employment in the first instance.

3. Discussion and recommendation (continued)

12. Customising marketing messages. The research reviewed suggests that organisation size is one factor which influences the perceived barriers and risks associated with employing someone with a disability. Therefore, marketing messages should be customised for communications with small, medium and large organisations that specifically focus on the information and benefits pertinent to them. For example, for large organisations, this could include benefits related to having diversity as a key component of their corporate social responsibility strategy; whereas for smaller organisations, this could include information about the financial support available to businesses if modifications to the work environment are required.
13. Including perspectives of other employers when presenting success stories. Personal stories of success are effective ways of personalising people with disabilities and communicating the potential for successful employment. However, these are enhanced if they are accompanied by the perspective of the employer who can articulate first-hand the benefits of the employment arrangement from the organisation's perspective. This strategy is likely to be more effective if the two employers are similar to one another in some way (for example, operating in the same industry or from the same -sized organisation).

Limitations

The limitations of this review include those related to rapid review methodology; namely, intentionally limiting the scope of the review and imposing restrictions in the searching and data extraction stages of the process. This included limiting the dates of the publications to 2011–2016 for Research Question 1 and 2000–16 for Research

Questions 2 and 3, prioritising Australian research, prioritising social marketing campaigns that include evaluations of their effectiveness, and excluding articles deemed as peripheral to the research questions. Search and retrieval of grey literature was also limited, given the resources available and the timeframe. The fact that there is no national mechanism for systematically identifying and searching all research centres, non-government organisations, agencies and other organisations undertaking disability research poses barriers to quickly identifying a comprehensive body of grey literature relevant to the Australian context.

Generally speaking, this review reveals a lack of theoretically based studies that systematically investigate the relationships between the factors known to influence attitudes toward people with disabilities, including any moderating/mediating variables. The body of work also includes various methodological limitations, including a lack of nationally representative studies (instead often including smaller convenience samples that have inherent biases; for example, people attending a disability conference or students); a lack of longitudinal studies, particularly in terms of monitoring societal-level attitude change over time; a lack of theoretically derived, multidimensional measures of attitude; and a lack of systematic social marketing campaign evaluations that assess their short- and long-term impacts.

The limited scope of the review therefore leaves open opportunities for future reviews to examine other research questions relating to greater inclusion of people with disabilities.

3. Discussion and recommendation (continued)

For example, attitudes toward people with disabilities who are from Aboriginal or culturally and linguistically diverse (CALD) backgrounds. These groups experience significant vulnerability and disadvantage in Australia, which impacts access to, and use of, disability services (for example, Gilroy, 2012). Further, other vulnerable populations, such as LGBTQIA (lesbian, gay, bisexual, transgender, queer, intersex and asexual) people may also experience greater stigma in relation to disabilities (Bennett & Coyle, 2007). This is not explored in the current review, but represents an important direction for future research, because it is likely that this kind of ‘double stigma’ may be particularly challenging to change and require specific and customised social marketing strategies.

Other possible topics of future reviews include how the rights of people with disabilities can be effectively incorporated into organisational corporate social responsibility strategies and the tangible and intangible benefits this provides to employers, employees and the community; investigations of co-worker and customer attitudes toward employees with a disability; and an analysis of employment attitudes depending on job role and industry. While some of the included research (for example, Jasper & Waldhart, 2013) alludes to these topics, a broad and comprehensive examination of these factors was outside the scope of the review.

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Appendices

Appendix A – Examples of Key Social Marketing Campaigns

Time to Change (United Kingdom)

Website images: <http://www.time-to-change.org.uk/>

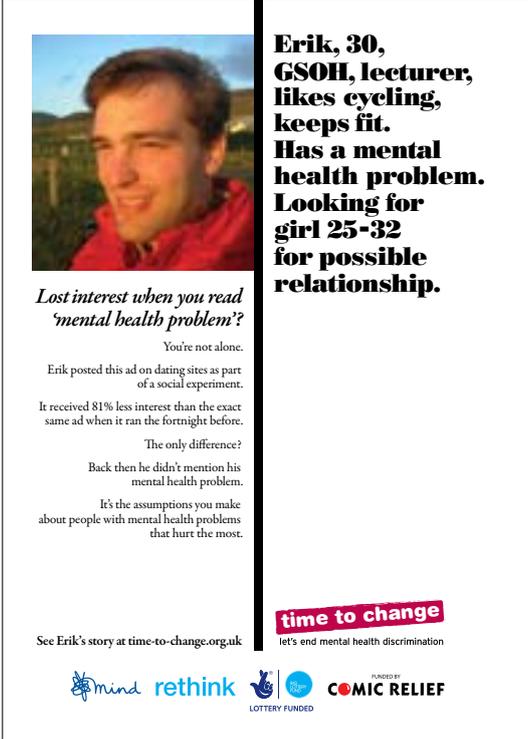


Print advertising: <http://www.time-to-change.org.uk/forgetthelabel>



Appendices (continued)

Print advertising: <http://www.time-to-change.org.uk/sites/default/files/Erik%20press%20ad.pdf>



Erik, 30, GSOH, lecturer, likes cycling, keeps fit. Has a mental health problem. Looking for girl 25-32 for possible relationship.

Lost interest when you read 'mental health problem'?

You're not alone.

Erik posted this ad on dating sites as part of a social experiment.

It received 81% less interest than the exact same ad when it ran the fortnight before.

The only difference?

Back then he didn't mention his mental health problem.

It's the assumptions you make about people with mental health problems that hurt the most.

See Erik's story at time-to-change.org.uk

time to change
let's end mental health discrimination

Print advertising: <http://www.time-to-change.org.uk/about-us/about-our-campaign/the-little-things>



That call.
That walk.
That text.

It's the little things that make a big difference. #TimeToTalk

Appendices (continued)

Like minds, like mine (New Zealand)

Website images: <https://www.likeminds.org.nz/workplaces/>



Campaign advertising: <https://www.youtube.com/watch?v=x7zTkVpIIC>



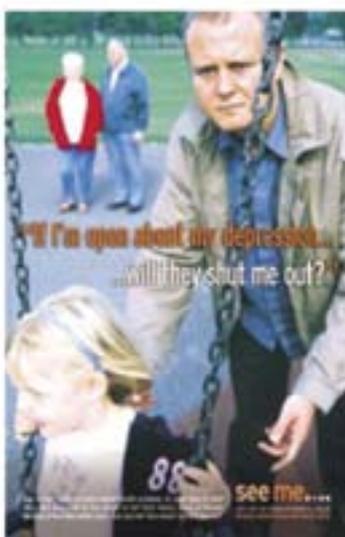
Appendices

See Me (Scotland)

Campaign images from: http://www.docs.csg.ed.ac.uk/EqualityDiversity/see_me_so_far.pdf



Year 1



Year 2

Appendices (continued)

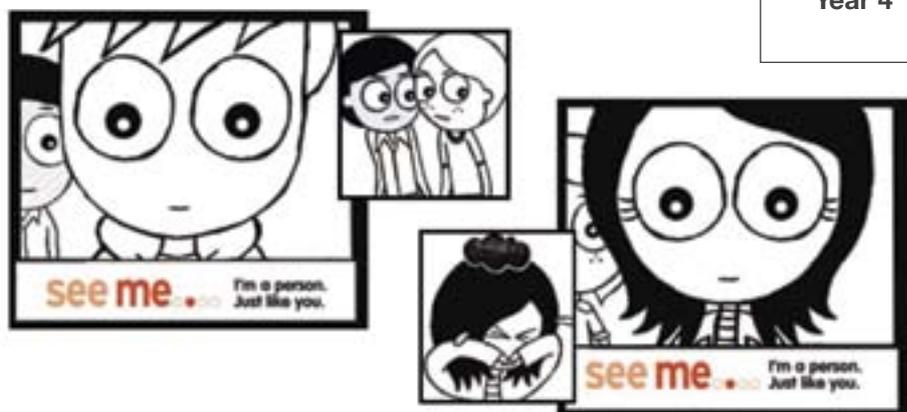
See Me (Scotland)

Campaign images from: http://www.docs.csg.ed.ac.uk/EqualityDiversity/see_me_so_far.pdf

Year 3



Year 4



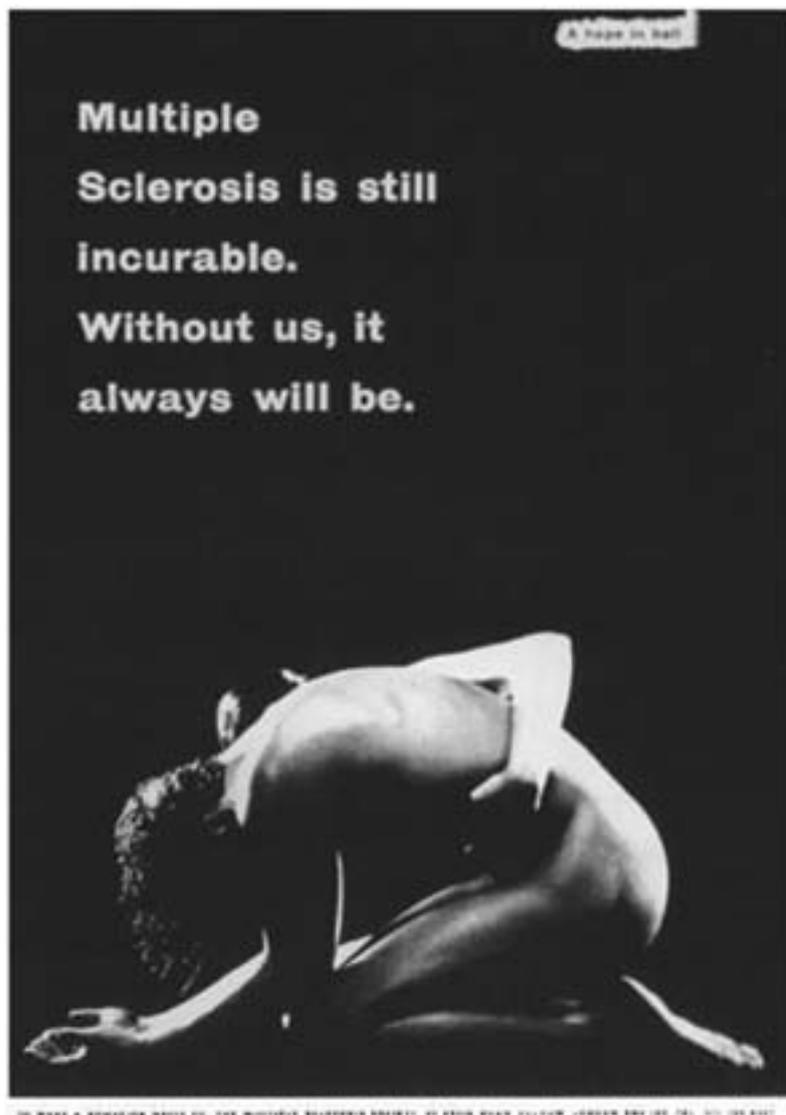
Appendices (continued)

Appendix B – Images referred to in the literature

Barnett & Hammond (1999)

Advertisement 1 (MS Society) and Advertisement 2 (Spastics Society).

The Spastics Society advertisement produced a more active response from both groups in terms of feelings that ‘disabled people need rights, not charity’ and ‘disabled people are valuable members of society’.



Advertisement 1: MS Society

Appendices (continued)



Advertisement 2: Spastics Society

Appendix B – Images referred to in the literature (continued)

Von Sikorski et al. (2012)

Javelin thrower with a physical disability shown with the stimulus pictures of no crowd, small crowd and large crowd. Significantly more positive attitudes were reported by participants who saw the news frames including spectators (small or large crowd).



Appendix C – Examples of other Social Marketing Materials

Can Do (United States)

Available at: <http://www.dol.gov/odep/topics/ndeam/2015English.htm>



What can YOU do? (United States)

Available at: <http://www.adainfo.org/content/NDEAM>



Appendix C – Examples of other Social Marketing Materials (continued)

Employment First (Canada)

Available at: <https://www.dhs.state.or.us/spd/tools/dd/>



Great People, Great Mentors (United States)

Available at: <https://greatpeoplegreatmentors.org/>



Appendix C – Examples of other Social Marketing Materials (continued)

More alike than different (United States)

Available at: http://www.ndscenter.org/wp-content/uploads/NDSC_BW_7x10_Employee.pdf



Rethink Schizophrenia (New Zealand)

Available at: <http://rethink.org.nz/how-will-you-score-on-the-schizophrenia-quiz/>

