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UNSW SYDNEY

Co-educating with Lived Experience Educators to enhance students' capabilities in intellectual disability health

A toolkit for tertiary educators

Intellectual Disability Health Capability Framework Resources

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The artwork throughout the Toolkit has been created by people with lived experience of disability. Artwork has been provided by Studio ARTES, a community organisation that provides creative and life skills programs for adults with disability.

Acknowledgement of people with intellectual disability and carers, family members and supporters of people with intellectual disability

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Acknowledgement of Country

The Department of Health and Aged Care and the National Centre of Excellence in Intellectual Disability Health acknowledges the traditional owners of Country throughout Australia, and their continuing connection to land, sea and community. We pay our respects to them and their cultures, and to elders both past and present.

We pay our respects to all First Nations people with intellectual disability and acknowledge the higher prevalence of intellectual disability among First Nations peoples and the distinct challenges they face, along with the contributions they make to society.

Contents

The importance of working with lived experience educators

It is very important for health students to listen to and learn from people who have an intellectual disability because we have lived experience. We know what we need and how best to work with people like us. It is so important so that health students understand how to best interact and engage with people with an intellectual disability so that they can help us to get the best outcomes. It is important that they learn from us that we are ‘people first’ and like to be treated the same as any other person.

I love co-teaching and working together with my colleague and mentor to help medical students to understand how they can best help people with intellectual disabilities to get the best health outcomes possible! I love sharing stories of my health experiences so that health students gain a better understanding of my needs and the needs of my friends who have an intellectual disability.

- Hugo Taheny

Executive summary

Improving the education that future health professionals receive about intellectual disability health is a key action to address barriers to care and the poor health outcomes that people with intellectual disability face. [1]

The Department of Health and Aged Care developed the Intellectual Disability Health Capability Framework to equip pre-registration students studying health, allied health, dentistry and other health-related disciplines with the required core capabilities to provide quality health care to people with intellectual disability.

One approach to improving the education that students studying health-related disciplines receive is the use of co-education. Co-education involves the inclusion of people with intellectual disability, or the carers, family members and supporters of people with intellectual disability in the co-design, development, delivery, and evaluation of educational programs. [2] Sometimes these groups educate together, sometimes on their own. Connecting with and hearing about the lived experiences of individuals can support students to develop more positive attitudes, address negative misconceptions about people's abilities, and improve confidence to work with people with intellectual disability throughout their careers. [3-5]

The Co-educating with Lived Experience Educators to enhance students' capabilities in intellectual disability health: A toolkit for tertiary educators (the 'Toolkit') aims to guide pre-registration education providers to engage and work with people with intellectual disability, or carers, family members and supporters in educating students about intellectual disability. The Toolkit has been developed as a resource for academics and educators, curriculum coordinators, education and curriculum leaders and managers, and Deans.

Consultations informed the development of the Toolkit drawing on the expertise of people with intellectual disability, carers, family members and supporters, educators, and disability sector representatives. They provided us with insights regarding their preferences and advice around co-education. The advice provided is also informed by best practice literature on co-education.

Co-education is just one way for students to engage with and learn from people with intellectual disability. Connecting with people with intellectual disability during placements in health or disability services, or working with organisations such as advocacy groups also offer students important learning opportunities.

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Glossary

- **accessible** – Environments, facilities, services, products and information that people are able to use and interact with in a way that suits their needs. [6]
- **carer** – Carers are people who provide unpaid care and support to family members and friends who have a disability, mental illness, chronic condition, terminal illness, an alcohol or other drug issue or who are frail aged. [7]
- **co-design** – A design process where stakeholders are equal partners and take leadership roles in the design of education, products, services, systems, policies, laws, and research. [6]
- **co-education** – In this context, involves the inclusion of people with intellectual disability, or carers, family members and supporters of people with intellectual disability (referred to as lived experience educators) in the co-design, development, delivery, and evaluation of educational programs. [2] Different terms may be used for this concept across institutions and programs.
- **Easy Read** – Easy Read materials adapt standard information into a briefer copy using easier-to-understand language and pictures to support comprehension of the text.
- **intellectual disability** – A lifelong condition that affects a person's intellectual skills and their behaviour in different situations. People with intellectual disability can have difficulties in communication, memory, understanding, problem solving, self-care, social and emotional skills, and physical skills. [8] Intellectual disability originates in the developmental period (before 18 years of age). [9]
- **learning outcomes** – The expression of the set of knowledge, skills and the application of the knowledge and skills a person has acquired and is able to demonstrate as a result of learning. [10]
- **pre-registration health education** – This includes education offered by universities and other higher education providers that provide education and training that leads to the attainment of registration or accreditation as a health professional.
- **program** – A degree (undergraduate, postgraduate), or vocational education and training course provided by an education provider leading to registration or accreditation as a health professional.
- **reasonable adjustments** – In health care, include policies, processes, systems and communication that adjust for the needs of the person with intellectual disability. Reasonable adjustments prevent direct and indirect discrimination against a person with disability. [11]
- **simulations** – Interactive educational methods or clinical experiences that evoke or replicate real-life characteristics of an event or situation as the basis for developing skills, confidence and problem-solving abilities in a safe, controlled and monitored environment. Also known as simulation-based education and training and pedagogical innovation. [12]

Key information about the Toolkit

Intended users

This Toolkit is aimed at educators within pre-registration health, allied health, dentistry, and other health-related programs. Within these programs, co-education with people with intellectual disability, or their carers, family members, and supporters can enhance and deepen students' understanding of intellectual disability. The Toolkit can support the work of:

- Academics and educators
- Curriculum coordinators
- Education and curriculum leaders and managers
- Deans

While this Toolkit focuses on the education of students studying pre-registration health programs, the information and guidance in the Toolkit can also be used in other programs and with other disciplines.

Sections of the Toolkit

The Toolkit contains the following sections:

Top 5 points

The most important considerations when working with lived experience educators.

Section 1: Introduction

The context and background of intellectual disability health education and rational for inclusion of co-education.

Section 2: Guidance for working with Lived Experience Educators

Key guidance and recommendations on i) finding and engaging lived experience educators, and ii) planning and delivering co-education at each stage including adjustments that lived experience educators may need.

Section 3: Resources

Information on resources and a checklist that can support co-education.

A note on information in this Toolkit

This Toolkit provides detailed information on the co-education process. Co-education will look different for each education provider; all practices outlined in the Toolkit do not necessarily need to be employed. It will take time to advocate for funding, to connect with organisations, and develop practices to work with lived experience educators. However, educators are encouraged to take steps to start the process.

Top 5 points

The following top 5 points outline some of the most important considerations when working with lived experience educators.

1. Begin planning well in advance as people will need **adequate time** throughout the co-education process to plan, prepare, and rehearse. Get to know each other; **building rapport** can help the person with intellectual disability feel that they can share more with an educator about what they are comfortable with and their needs and preferences.
2. You can **seek advice on co-education and connect with people with intellectual disability, or carers, family members and supporters of people with intellectual disability** through advocacy and disability organisations. There is a list of organisations that are practicing in this area and may be able to provide support (see the Framework and education resources collection page), or search for services in your local area at Disability Gateway.
3. Education should be developed through a **co-design approach**, whereby the lived experience educator is an equal partner and takes a leadership role in designing and developing the education that they will deliver. [6] This may involve presenting their own lived experiences or other content.
4. **Ask people** about their **communication preferences and needs** (e.g., Augmentative and Alternative Communication, AUSLAN, if they prefer written information etc.), if they require any **reasonable adjustments** (e.g., would like a support person present), and what their **preferences** are throughout. Ensure that information and briefs are in accessible formats that suit the person's needs e.g., plain English or Easy Read. Also consider the accessibility of the teaching space and mode e.g., the physical space, sensory factors, and wayfinding.
5. **Payment to a lived experience educator should be the same as any other presenter or expert.** There is an obligation to use a standard rate of pay used for any educator. Consider that a person with intellectual disability may require extra time throughout the process, and payment could be required for a support person (who would otherwise be unpaid) or travel. Preferences will vary regarding method of payment. When engaging a lived experience educator, where possible ask the person what their preferred mode of payment is.

Section 1 – Introduction

‘Leaves and Flowers’, 2024, Sophie Lam

Background

People with intellectual disability experience poorer health outcomes and higher rates of potentially preventable deaths compared to those without intellectual disability. [1, 13] A key barrier to addressing this issue is the relative **lack of education and training** that health professionals receive about intellectual disability during their pre-registration programs and throughout their careers. This is associated with **low levels of confidence** to work with people with intellectual disability reported by some health professionals. [14, 15] Health professionals have expressed a desire to receive education about intellectual disability and the broad lived experiences of people with intellectual disability. [16, 17]

Co-education involves the inclusion of people with intellectual disability, or their carers, family members, and supporters in the co-design, development, delivery, and evaluation of educational programs. [2] Co-education offers a unique insight into intellectual disability health that educators without intellectual disability cannot provide [18], helping to improve the education that students receive. Co-education is varied and can span from guest lectures to lived experience academic appointments.

In response to the recommendations from the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability and the National Roadmap for Improving the Health of People with Intellectual Disability, the Department of Health and Aged Care developed the Intellectual Disability Health Capability Framework. The Framework outlines the health capabilities and learning outcomes recommended for students in pre-registration health education programs, along with guidance and tools to support integration. One key recommendation from the Framework is **the inclusion of co-education**.

This Toolkit is designed to provide advice and guidance for educators to include lived experience educators in co-education through a co-design process. People with lived experience who took part in consultations to inform this Toolkit highlighted the importance of co-education in providing an authentic and holistic view of intellectual disability health. The Toolkit aims to ensure that the inclusion of lived experience educators **is meaningful, considered, and places the experiences and perspectives of people with intellectual disability at the core of education.**

Benefits of co-education

There are numerous benefits to be gained from including lived experience educators in a teaching team.

For students studying health-related disciplines

Co-education can:

- **foster positive attitudes and understanding of people with intellectual disability and challenge unhelpful preconceptions about people with intellectual disability**. After co-education experiences, students have reported learning the importance of challenging assumptions around what people with intellectual disability can understand, and fostering more positive attitudes around what people are capable of achieving. [3, 4] In one study, students reported gaining deeper insights into the communication challenges this population can face and began to value them more as individuals. [19]
- **improve the confidence and skills** of students and health professionals when working with people with intellectual disability. In one study, anxiety about saying the 'wrong thing' or causing offense was reduced through co-education interactions. [5] It also introduces students to tools and strategies specifically designed to assist in working with people with intellectual disability. [3, 19]

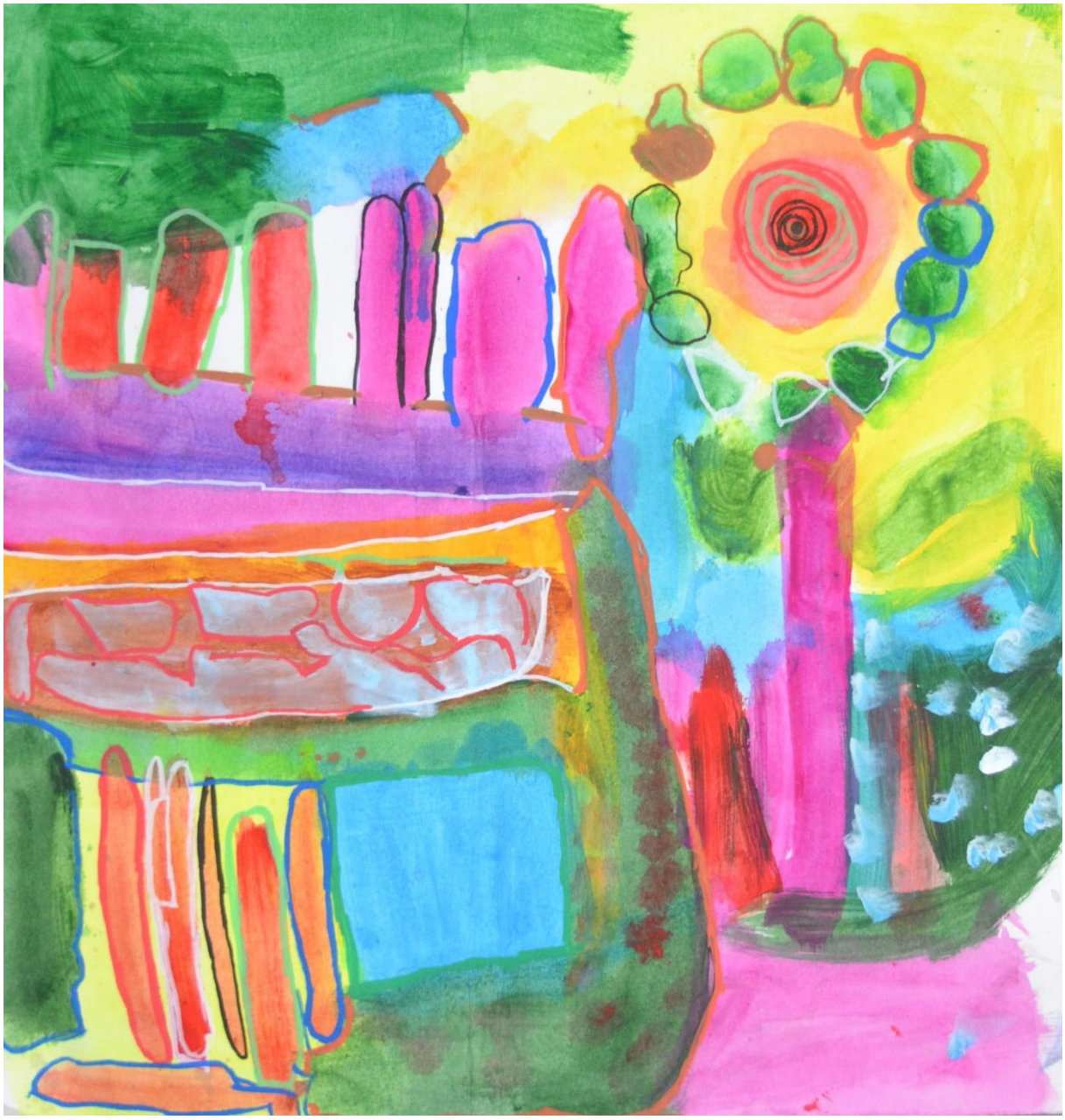
For people with intellectual disability

Co-education also has clear benefits for people with intellectual disability. It is a source of paid employment where lived experience is acknowledged as expertise. It is a platform for advocacy and offers opportunities for broadening economic and social participation. [18, 20] Employment is a key factor that contributes to life satisfaction, and engaging in employment has been associated with significantly higher quality of life and overall wellbeing of people with intellectual disability. [21]

Co-education ideas: Drama workshops for medical students [4]

A medical program included a two-hour workshop with professional actors with intellectual disability teaching medical students 'ice breaking' games and mimes. This workshop took place early in the students' course. Evaluations of the workshop found a significant positive change in students' attitudes towards people with intellectual disability, specifically in their perception of the capacity of people with Down syndrome to communicate and care for themselves.

Section 2 – Guidance for working with lived experience educators



‘My Old Garden’, 2023, Rachelle Rodrigue

Everyone with intellectual disability is different, and every educational opportunity is unique. Educators are best placed to focus on being flexible and ready to adapt their approach as needed.

At the start of planning

Before engaging with a lived experience educator, it is recommended to consider:

- **what will be required from your faculty/school** to implement co-education, and how this will be obtained. For example, you or other educators may require protected time to develop co-education materials. It can take time to gather support from faculties/schools for co-education. Educators are encouraged to start the process within an achievable scope, which can be developed over time. Co-education could begin by e.g., organising a short, one-off presentation by a lived experience educator.
- **at what point(s) of the degree/program you want to include co-education.** Inclusion of co-education can be beneficial throughout a program. For example, **at the start** when it is helpful for students to begin considering their own attitudes to people with intellectual disability, and **toward the end** when students will have gained clinical experience, and they can consider how they might apply what they have learnt in practice.
- **how lived experience educators will be paid**. Funding is critical to re-imburse lived experience educators appropriately for their time planning, developing, and delivering education. Payment to a lived experience educator should be the same as any other presenter or expert; there is an obligation to use a standard rate of pay used for any educator. Engaging a lived experience educator as a consultant can help to manage any limitations around pay rates for those who do not have formal education qualifications.
    - Consider that a person with intellectual disability may require extra time throughout the process, and payment could be required for a support person (who would otherwise be unpaid). Funding may also be required for travel expenses, and accommodations and adaptations to the work place/space in some cases (see Job Access for more information).
    - The lived experience educator may have an ABN and can issue their own invoice, or a disability organisation may be able to assist with invoicing.
- how people with intellectual disability, or carers, family, and supporters could be part of **curriculum and education planning community reference groups**. Consider the accessibility of meetings, or if individual meetings to seek advice may be more appropriate. See the following Guide to Co-Design with people living with disability.

Connecting with lived experience educators and seeking advice

The following provides advice on how to connect and engage with lived experience educators.

Organisations and groups that may be able to assist

- Contact organisations that are practicing in this area and may be able to **assist educators with advice around co-education and connecting** with lived experience educators – see a list on the Framework and education resources collection page.
- Search for **self-advocacy groups, disability organisations, and peak bodies** in your area (e.g., via Disability Gateway) who may have members who would like to participate in co-education.
- Speak with your institution's **Equity, Diversity, and Inclusion unit** for advice around co-education and accessibility.
- Local TAFEs and disability employment agencies (see Job Access for more information) may also be able to connect you with people who wish to teach.

Some organisations and groups may be able to connect you with individuals who have co-education experience who can provide advice or mentorship to new lived experience educators. They can offer advice and let them know what it is like to e.g., speak at a lecture.

Information to provide to organisations

Organisations have told us it is helpful to provide them with the **following information** when seeking lived experience educators.

- If you have worked with people with intellectual disability or other disabilities before.
- Details of the co-education session type and purpose, whether one-off or continuing, date(s), time, location, if it will be recorded.
  - Learning outcomes (allow flexibility for input from the lived experience educator)
- If in-person, details of accessibility of the venue (e.g. entry and restrooms) and transport options.
- Ability to accommodate needs and preferences (in-person or online).
- Rate of pay/remuneration (and for any support person who may assist them).
- Opportunities for the lived experience educator to meet beforehand e.g., planning and rehearsal meetings.
- Details of any questions that will be asked after the session.
- Key contact's details.

Making contact with potential lived experience educators

Approach the **person with intellectual disability directly** (unless otherwise advised) and ask if they wish to be involved in co-education. Some people may prefer a carer or family member to be involved with them or on their behalf (see more details in the Content section below). Where possible, include more than one person with intellectual disability in co-education to offer diverse perspectives. Also consider including the perspectives of carers, family and supporters.

Once initial contact has been established, meet with the lived experience educator(s) **as early as possible** in the planning process to start building rapport and help all involved feel comfortable and informed. Ideally the person would meet with the same educator(s) throughout the process to build a relationship.

- Ask about their **communication preferences, accessibility requirements, and other reasonable adjustments**. In particular, ask how the person prefers information to be presented (e.g., plain English or Easy Read), required breaks, if they will require notes taken during meetings, and any transport requirements.
- Check if the person would like **a support person throughout the co-education process**. If they would like a support person and do not have a carer, family member or support worker, consider if i) a staff member could support them, ii) a support officer could be recruited, or iii) speak to a disability organisation for advice. With the person's consent, make sure that their carer, family member, or support worker knows what they need to do to prepare.
- Where possible ask the person what their preferred mode of payment is. **Preferences will vary regarding method of payment.** Consider the impact on government support payments. For this reason, payment via gift cards is a popular option, but some people will prefer to be paid directly into their bank account (be aware that this can take time to set up).

Planning co-education sessions

Format

A **co-design approach** **should be used throughout** the process to ensure it is collaborative and lived experience educators have leadership over their contributions.

Some considerations for early on in this process can include the following.

- **Establishing what the person can commit to**, including identifying when and where they could be involved and how often.
- **Deciding on the format of the session** e.g., a lecture, tutorial or simulation session. Where possible allow the person to choose their preferred method.
    - **In-person or online**. While in-person education is generally preferred as lived experience educators tell us they enjoy the social aspect and ease of facilitating questions, online sessions may be necessary for practical reasons.
- **How long the session will be**, to ensure the lived experience educator has enough time to share their story or agreed content. Ideally this should also include time for students to ask questions.

Co-education ideas [22]

Lectures

Tutorials and small group seminars

Simulated-learning activities such as role-play sessions

Video-based narratives [23]

Clinical skills sessions

Providing mentorship and advice for students as they complete clinical placements

Webinars

Assessment marking

Content

Consulting with lived experience educators in the design stage on what they will teach ensures that the education reflects their concerns and priorities. [24] Some people with intellectual disability have told us that **some of the most important content to be shared through co-education is the lived experience of the person with intellectual disability**. Lived experience educators can also **teach broader content**, such as how to advocate, the importance of human rights frameworks, or other curriculum content. Teaching broader content can help prevent tokenistic education engagements (along with including multiple

perspectives and using co-design). **Many carers, family members, and other supporters also have valuable perspectives** to share. Some general guidance includes the following.

- **It is important to encourage lived experience educators to generate their own content and ideas throughout the process**. [20, 24] Individuals may choose to speak about their life story, their own (or their family member's) experiences with the health system, existing or new curriculum content, or aspects of their life unrelated to health e.g. their travels or business. The latter can help students develop positive attitudes around the strengths and capabilities of people with intellectual disability.
- Discussion should occur so lived experience educators understand the **benefits and risks** of sharing their personal information with a group of students. It may help to write out the benefits and risks with the person and let them know it is possible to share only parts of their story. They should be given time to consider their decision.
- A person should tell their own story if they wish to and are able. However, if they are unable to, there is general agreement that with their consent and as much involvement as possible, someone they care about can share their story.
- If a lived experience educator would like to deliver existing curriculum content, an **accessible version should be co-designed with the person** so it meets their needs (e.g. available in plain English or Easy Read). [5]

Co-education ideas: Clinical simulation with people with intellectual disability [25, 26]

Simulated clinical practice with actors who have intellectual disability has been found to increase not only positive attitudes in students studying health-related disciplines, but also their comfort and confidence in their perceived skills – including communication skills and clinical skills (such as obtaining informed consent). Students who participated in these clinical simulations described it as being the 'most valuable' aspect of the course.

Vignette – Illustration of how a university could integrate intellectual disability lectures and co-education

An Australian university decides to integrate a series of **three 1-hour lectures on intellectual disability within an existing unit** on development and health. The unit is a core foundational subject for second year medical students. The lectures start with introductory information on the definition of intellectual disability, how it differs from other cognitive disabilities and prevalence statistics.

The main **aim** of the lecture series is to support students to develop an open attitude towards people with intellectual disability, and an interest in learning more about intellectual disability health throughout their education and careers.

The lecture content was developed using a **co-design** approach with a person with intellectual disability. Key **learning outcomes** were chosen from the Intellectual Disability Health Capability Framework. They include the *Health status of people with intellectual disability (Learning outcome 1.7.1)* and the *Communication needs of people with intellectual disability (Learning outcomes 2.1.1, 2.2.1)*.

The unit incorporates **co-education**. A **person with intellectual disability** presents at the lectures, alongside a family carer of a person with intellectual disability, and clinicians. The person with intellectual disability and the family carer speak about their experiences with the health care system in Australia, attitudes of health professionals, how they would like to be spoken to and treated with respect, and the importance of reasonable adjustments. Lecturers meet with these people several times to determine any reasonable adjustments and prepare for the lectures.

The intellectual disability unit content is **assessed** in a final exam using multiple choice and short answer questions. **Resources the university** utilises while creating the unit include the 'Introduction to Intellectual Disability and Communication' lecture plans (see the Framework and education resources collection page for copies) and guidance on creating Easy Read documents (see Section 3).

Preparation with lived experience educators

Weeks and days before the co-education session

It is best to begin thinking about the following preparations early in planning. The level of involvement of educators will vary depending on the person and situation.

- **Always consider accessibility**, such as planning meetings in accessible buildings (accessible paths, restrooms etc.) and asking others involved in those meetings to communicate in an accessible manner.
- **Confirm** the person's preferences (including **communication preferences**) and any necessary **reasonable adjustments** e.g., whether the person prefers to stand or sit while teaching, if they are comfortable with the session being recorded, lighting, space requirements, etc.
- **Provide** all key information and plans in an **accessible brief** (e.g., Easy Read or plain English, depending on the person's preferences). Check that the person has understood the information by e.g., asking them to summarise in their own words.
- **Work with the person to create their education content** e.g., speech, presentation or slides. The level of support they require will differ depending on the educational format, their level of experience, and if they are talking about their own experiences or other curriculum content. Some ideas to help them prepare include:
  - providing questions that the person can answer (e.g., What is important for health workers to remember when working with people with intellectual disability?) to generate content
  - working with the person to shape the content into talking points or a script that they can read from and slides if necessary.
- **If the person would like practice sessions, rehearse** the co-education content with them to ensure they feel confident and prepared (possibly with a microphone if they do not have experience using one). This could include a practice Q&A session where applicable.
- **Let the person know what to expect** e.g., student attendance numbers, where they will be situated (e.g., at the front of a lecture theatre), if/when questions will be asked.
- **Consider the person's psychological safety**. For example, what could be done on the day if the person decides they do not want to go ahead with teaching or does not want to answer a question. **Ask if the person would like to provide contact details** of someone who can be contacted in the event that they become stressed/need extra support.
- **Provide information and support on how to get to the venue**, such as Easy Read instructions, pictures of the venue, parking arrangements (and if parking rates are reimbursed), details of drop off zones, cab charge vouchers, information on public transport, or organising for someone to accompany them if required.

The day of the event

- **Familiarise lived experience educators with the layout of the venue** (if not already done so) including where amenities are located and AV requirements.
- **Confirm any required reasonable adjustments** are in place and check with the person that they are appropriate (e.g., a quiet space if they require it).
- **Allow time if the person would like a final rehearsal**.
- **Be available to assist the person when they are being asked questions** by students (e.g., by facilitating the Q&A session). While answering questions is important, it can be stressful, particularly if the individual is asked personal questions. [20] You can allow the person time to consider a question/time to work with a support person before answering it. This can be a beneficial demonstration to students on the importance of sufficient time to consider and answer questions.
- **Allow students time to informally chat with the person.** This can enhance engagement and create a more relaxed, supportive environment.

After the event

- **Debrief – ask how the person felt sharing their story/content** and about the co-education experience as a whole; provide any feedback. [20, 24]
- **Include lived experience educators in formal and informal evaluations of co-education sessions.** Seek feedback using accessible evaluation tools.
- **Offer opportunities for students to debrief about the experience** e.g., in tutorials.

Vignette – Illustration of how a university could create an intellectual disability interprofessional unit

A university that offers multiple allied health programs decides to develop a **new interprofessional unit** responding to the health needs of people with intellectual disability. The unit is aimed at second year students completing allied health programs including dietetics, occupational therapy, psychology, social work, and speech pathology. Students have already completed introductory lectures on the fundamentals of intellectual disability health in first year. The unit includes a 2-hour lecture and 1-hour tutorial per week across a semester.

The main **aim** of the unit is to introduce students to ways in which different professions contribute to the health of people with intellectual disability, how they work together, and to encourage interprofessional practice.

The **unit includes lectures delivered by people with intellectual disability, family carers of people with intellectual disability**, disability professionals, and clinicians from varied allied health backgrounds. All have had an input into the content of the unit, including **co-design** with people with intellectual disability. The unit conveners utilised the Co-education Toolkit for guidance. Tutorial activities include using a case study to discuss interprofessional practice (see 'Arthur's' case study on the Framework and education resources collection page).

Key **learning outcomes** were chosen from the Intellectual Disability Health Capability Framework. They include *Identifying ways that professionals can effectively collaborate and share information at each stage of a care pathway (Learning outcome 4.4.1) and Interpreting and integrating information from other professionals into care planning, delivery and practice (Learning outcomes 4.4.2)*.

Unit content is **assessed** using a group assignment (a collaborative working plan that includes multidisciplinary assessment and an information sharing plan) and individual assignment (short essay on a student's chosen topic).

Section 3: Resources

‘Untitled’, 2024, Daniel Rose

Co-education checklist

At the start of planning

- ☐ Consider what supports will be required from your faculty/school for co-education.
- ☐ Consider at what points of the degree/program to include co-education.
- ☐ Think about funding requirements and how lived experience educators will be paid.
- ☐ Consider community reference groups to develop curriculum content.

Initial contact with lived experience educators

- ☐ Arrange an initial meeting as early as possible.
- ☐ Ask about communication and accessibility needs, and reasonable adjustments.
- ☐ Ask how they would like to be paid.
- ☐ Discuss and agree on what will be taught and how.

In the weeks before

- ☐ Check preferences for the day e.g., sit or stand, consent to record.
- ☐ Discuss and schedule plans including preparation and rehearsal meetings.
- ☐ Provide all key details in an accessible brief and check understanding.
- ☐ Work with the person to create their education content where required e.g., script or slides.
- ☐ Hold practice sessions where required (including Q&A where applicable).
- ☐ Let people know what to expect e.g., number of students.
- ☐ Consider the person's psychological safety and if they will provide an emergency contact.
- ☐ Provide information and any required support to get to the venue.

The day before

- ☐ Check in and see if there are any other adjustments/preferences they may have.
- ☐ Check if they have any questions.

The day of the event

- ☐ Ensure that the person knows where everything is, including restrooms, water etc.
- ☐ Allow time for a final rehearsal if needed.
- ☐ Have a staff member present to e.g., facilitate Q&A.

After the event

- ☐ Debrief with the person; check if they have questions; provide any feedback.
- ☐ Include lived experience educators in formal and informal evaluations of co-education sessions.
- ☐ Offer students opportunities to debrief.
- ☐ Reflect and consider if any lessons have emerged to implement in future.

Organisations that may be able to provide advice on co-education and connect you with people with lived experience

List of organisations that may be able to provide advice on co-education

There is a list of organisations and groups that are practicing in this area and may be able to provide advice and information on co-education and help connect you with individuals who may be interested in co-educating. See the link to the list at https://www.health.gov.au/resources/publications/intellectual-disability-health-capability-framework-list-of-organisations-that-may-provide-support-with-co-education-and-placement-opportunities?language=en

Disability Gateway – search for organisations and services in your local area

You may also like to search for organisations and services in your local area who may be able to support co-education.

https://www.disabilitygateway.gov.au/search-options

Guidance on making information accessible

A key component of working with lived experience educators is to ensure that they have access to accessible information (including background information, planning content, and information on getting to the venue). Everyone's needs around accessible information differ. Therefore, it is important to ask people how they understand information best and what format they prefer. Some people will prefer plain English, or plain language, which is clear, concise and everyday language that is for the intended audience. Others will prefer Easy Read. Easy Read materials adapt standard information into a briefer copy using easier-to-understand language and pictures to support comprehension of the text.

Some general guidelines for writing Easy Read documents are below. Please note there is no one agreed upon set of guidance for Easy Read. It is best to keep the format consistent across multiple documents.

Where possible co-design resources with a person with intellectual disability and ask for feedback before providing the document(s) to individuals.

Design

- Place images to the left of writing.
- Left align text.
- Align main headings to the left of the page.
- Use a wide margin.
- Use a sans serif font such as Arial.
- Size 14-16 font for body text, 18 or larger for headings.
- Use page numbers (same size font as body text).
- 1.5 or double spacing between lines.
- Start each sentence on a new line.

- Include sufficient white space.
- Try to keep all text about one concept on the same page.
- Start a new page for a new topic.
- Include 3-5 images per page; use the same image each time the same concept is discussed.
- Keep the design and layout the same on each page.

Language

- Include only one idea per sentence.
- Use short sentences (maximum approximately 20 words).
- Use bullet points to list multiple concepts rather than writing them in a sentence.
- Use clear, commonly understood language.
- Use active sentences rather than passive.
- Refer to the reader as ‘you’.
- Use ‘I’ or ‘we’ for the person/organisation writing the document.
- Use nouns/proper nouns rather than pronouns (e.g., use a person’s name, rather than ‘they’).
- Keep terminology consistent throughout the document.
- Avoid acronyms (if used, write out in full in the first instance, except if the acronym is more commonly used e.g., NSW versus New South Wales).
- Avoid jargon or slang.
- Do not write in upper case (except capitalising words).
- Do not use contractions e.g., use cannot rather than can’t.
- When writing numbers, use numerals e.g. ‘1’ rather than ‘one’.
- Do not underline words or use italics.
- Bold important words or those that you define (define all words you think an individual may be unfamiliar with).
- Bold phone numbers and web addresses.
- Use minimal punctuation e.g., avoid brackets and colons.

Tips for using Easy Read with individuals

There are different ways to use Easy Read information. Sometimes the person will read the information directly, while at other times it may be useful as a resource to support a conversation. If you are looking through an Easy Read document with a lived experience educator, the following tips may help.

- Check if there is someone who usually supports the person with communication.
- Find somewhere without distractions.
- Allow plenty of time; take breaks when needed.
- Explain any terms that are unfamiliar to the person.
- The pictures can be useful when you are working with people who are not confident with reading or find it hard to remember where the conversation is up to.
- Use the Easy Read document as a conversation prompt or to facilitate questions.
- Use the words from the Easy Read document to help explain difficult ideas.
- It is often necessary and beneficial to go over the information at another time to reinforce understanding.
- Provide people with a copy of the Easy Read information to take home so they can review it (possibly with others) to help remind them of the information.

Organisations such as the Council for Intellectual Disability (CID) and Scope offer further information and training and support in the development and testing of Easy Read resources.

Guides

Scope – What is Easy Read?

https://www.scopeaust.org.au/news/what-is-easy-read

Australian Government Style Manual – Easy Read

https://www.stylemanual.gov.au/content-types/easy-read

Australian Government Style Manual – Plain language and word choice

https://www.stylemanual.gov.au/writing-and-designing-content/clear-language-and-writing-style/plain-language-and-word-choice

Centre for Inclusive Design – Easy English versus Plain English guide

https://centreforinclusivedesign.org.au/wp-content/uploads/2020/04/Easy-English-vs-Plain-English_accessible.pdf

26Ten – Plain English - communicating clearly resources

https://26ten.tas.gov.au/i-want-to-help/plain-english/

Sydney Health Literacy Lab – Health Literacy Editor

https://www.sydneyhealthliteracylab.org.au/health-literacy-editor

The Sydney Health Literacy Lab has developed an online health literacy editor (SHeLL Editor). The Editor gives you real-time feedback on how easy your texts are to understand. **This includes** uncommon words, public health jargon, passive voice, and use of acronyms.

Other resources

UNSW Disability Innovation Institute – Guidelines on Co-production

https://www.disabilityinnovation.unsw.edu.au/inclusive-research/guidelines

The Disability Innovation Institute offers advice and guidelines on co-producing research with people with disability. While the focus of these resources is not co-education directly, many of the underlying principles are the same and readers may find the information and advice useful when planning how they will work with a lived experience educator.

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