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Adaptation and development of case study and simulation materials

Guidance Notes

Intellectual Disability Health Capability Framework Resources



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Description

These resource guidance notes are part of a suite of resources designed to support the [Intellectual Disability Health Capability Framework](#). The Framework aims 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.

Educators can use this guide if they wish to adapt or develop their own discipline-specific or interprofessional intellectual disability health resources such as case studies. Changes can be made to this guide to adapt it for specific discipline needs.

Additional resources are also available for educators to support integration of the Framework into existing curricula, designed to assist students to develop their knowledge and skills in intellectual disability health. These include written case studies, role-play films, and a simulation scenario. Please see the [Intellectual Disability Health Capability Framework and education resources](#) to view all available resources.

A note on adapting and creating resources

While the above resources have been designed for use across all health disciplines, educators are encouraged to use these as exemplars to create their own discipline-specific or interprofessional resources. In this brief guide, we include some tips on adapting and creating resources using a co-design approach.

Co-design

When either developing or adapting resources, it is important to consider how people with intellectual disability can help lead the process. Co-design is a design process where stakeholders are equal partners and take leadership roles in the design of education, products, services, systems, policies, laws, and research. [1] Co-design ensures that the authentic experiences and insights of people with intellectual disability are the basis of these resources.

For example, if creating or adapting a case study to a dentistry context, it would be beneficial to have one or more people with intellectual disability contribute their experiences when visiting the dentist to help create a realistic and authentic resource for students. People with intellectual disability can:

- describe scenarios they may experience when visiting different health professionals
- give details of e.g., common health issues they experience relevant to a particular discipline
- provide examples of barriers to service that they have experienced in a particular area
- provide examples of positive experiences such as supports to access services
- give examples of multidisciplinary co-ordinated care (to inform interprofessional resources).

People can also review draft documents and provide their feedback.

In some cases, it is also beneficial to ask carers, family members, or support workers of people with intellectual disability to advise on resources (especially in child and adolescent contexts).

There are several resources that can be useful when adapting resources to be discipline-specific or interprofessional.

- The Intellectual Disability Health Capability Framework Lecture Series: Lecture Reference Book contains information on common health conditions that could be relevant to specific disciplines. The Lecture Reference Book is available on the [Framework and education resources](#) collection page.
- Online resources, such as the [Council for Intellectual Disability's Fact Sheets](#) provide information on intellectual disability health.

Co-design can occur in various ways, such as through surveys, focus groups to consult with people with intellectual disability, engaging with drama groups to workshop film scripts and scenes, or by engaging a co-educator to work on the creation/adaptation of resources with you. Carers and family members of the person with intellectual disability can also be involved in this process. See resources such as the:

- [Guide to Co-Design with people living with disability](#)
- Co-educating with Lived Experience Educators to enhance students' capabilities in intellectual disability health: A toolkit for tertiary educators (the 'Toolkit'). The Toolkit is available on the [Framework and education resources](#) collection page.

Adapting resources for interprofessional collaboration

Some of the [Framework](#) case studies already highlight interprofessional practice (for example, Arthur's case study). However, further resources could be adapted or created to highlight how health professionals from each discipline may need to adjust their practice to best work with the person with intellectual disability, their carers and family, and health professionals from other disciplines.

When creating or adapting case study or simulation resources involving interprofessional practice, the following areas could be highlighted as important to consider when working with people with intellectual disability:

- person-centred care and how best to involve the person with intellectual disability in their care
- how to involve the person's family member(s), carer(s) and/or support worker(s) (if this is what the person wants or if they are the person responsible), including designating a point of contact for the family member(s)/carer(s)
- roles and responsibilities of each team member
- key information to be communicated between team members, in particular to avoid repeated assessments (gaining consent where required)
- communication methods (e.g., including plain language or Easy Read documents)

- frequency/timing of communication (that may need adjustment depending on the preferences of the individual)
- conflict resolution/feedback strategies given that people with intellectual disability can have complex health needs and multiple health team members
- procedures for urgent communications/emergencies, particularly if the person must go to hospital.

For more information on interprofessional collaboration, see the [Working with people with intellectual disability and their team](#) section on [IDMH Connect](#).

Guidance on creating case study films

Two case study films are available on communication and decision-making and consent. These highlight themes relevant for any discipline. However, educators may wish to create their own films that are specifically relevant for their discipline. The following provides some brief considerations and guidance on creating case study films highlighting issues around the health of people with intellectual disability.

Pre-production considerations

It is important to consider how to incorporate a strong co-design element from the beginning of planning stages. If there will be an independent filmmaker involved, it is important to ensure that they have the capacity and skills to engage and work with people with intellectual disability throughout the process. This can include engaging people with intellectual disability to co-write or contribute to the development of the script and hiring actors and crew with intellectual disability. To find a filmmaker, seek out the creators of similar disability educational films, or entrants in short film festivals that showcase the stories of people with disability.

Check if a person with intellectual disability would like a family member, carer or support worker to support them to prepare (e.g., learning their lines) or on the day(s) of shooting.

Writing a film brief

When creating a film brief, providing as much detail as possible from the outset is helpful. The following information should be included.

- Summary
 - Background information
 - Aims of film(s)
 - Target audience
 - Context and style of film e.g., educational
 - Timeline of development
 - When developing timelines, consider that more time may be required to accommodate the needs of people with intellectual disability who are involved (e.g., more time for script review).
- Details of the proposed films including:

- topic(s) to be covered (e.g., if highlighting capability areas from the Intellectual Disability Health Capability Framework such as 'Quality Evidence-Informed Health Care' or 'Co-ordination and Collaboration')
- roles required in each case study (e.g., person with intellectual disability, health professional)
- setting (e.g., a hospital)
- tone of film (e.g., clinical, engaging, educational)
- Examples of existing case study films (such as the Intellectual Disability Health Capability Framework Case Study Films).
 - Any relevant casting notes (e.g., inclusive casting to be representative of a range of cultural backgrounds, ages and genders)
- Ideally a brief written case study with associated learning outcomes would be developed first and made available to the filmmaker with the brief. They can then adapt the case study into a script.

Notes on scripting

- Ensure the learning outcomes are highlighted throughout the scripting/storyboarding process.
- As these films may be used over the long-term, it may be important that they are relatively 'timeless'. e.g., no references to current events or standards (unless the aim of the film is to highlight these).
- Involvement of experts in writing and reviewing scripts – including people with intellectual disability and health professionals to ensure accuracy.
- After script development, it is recommended that someone from the academic team sit in for a read-through or conduct one amongst themselves. This can be helpful, as issues with the script may not be evident until it is read aloud. Likewise, having an educator watch a rehearsal (e.g., requesting footage or sitting in on a rehearsal) can be helpful.

Notes on casting

- It is important to cast people with intellectual disability for roles where the character has an intellectual disability. If an actor does not self-identify as being a person with intellectual disability, they should not be cast in a role portraying such an individual.
- Note: some actors may not be comfortable portraying disabilities that they do not have, or acting like their disability is more severe than it is. This will vary depending on the individual, and the nature of the disability they are portraying.
 - There can be a limited pool of actors. Flexibility may be necessary regarding the nature of the person's presentation to be portrayed in the film. E.g., if an actor with a specific condition cannot be found, you may need to modify the script.
 - A condition that is key to the storyline could alternatively be portrayed as a result of a temporary medical condition rather than disability – e.g., any person can experience dysphagia (trouble swallowing) for a variety of reasons.

Other considerations

- Finding a filming location – educational or health institutions may have clinical simulation spaces which can be booked upon request.
 - Note: a large space is best to fit in all filming equipment, crew etc.
- Props – consider if the film company have access to medical/relevant health discipline props, and if not consider where they might be sourced from.
- Note that shooting a short film can take multiple days. Extra time and accommodations might be required for actors or crew with an intellectual disability.

On the day of filming

A scene may come across differently on the day of filming compared to a script/read-through. For this reason, it is recommended that a member of the academic team be present to watch scenes being filmed to ensure they are accurate and convey the correct message. It is also helpful to have a health professional there on the day for guidance if needed e.g., to show how to use a blood pressure cuff; accurate portrayal of procedures. It is important to look out for:

- deviations from the script,
- tone/expression of line delivery,
- realistic portrayal of how a person would look/act if they had the physical/mental health condition that the character has.

Resources

Intellectual Disability Health Capability Framework and Resources

Department of Health and Aged Care

Click here:

<https://www.health.gov.au/resources/collections/intellectual-disability-health-capability-framework-and-education-resources>

Description:

The Intellectual Disability Health Capability Framework sets out six core capability areas which future health professionals should be equipped with for the provision of quality health care to people with intellectual disability. Resources include written case studies and films, lecture reference book, and Co-education toolkit.

Health Fact Sheets

Council for Intellectual Disability

Click here:

<https://cid.org.au/our-health-fact-sheets/>

Description:

Health fact sheets aimed at the family members and carers of people with intellectual disability. The fact sheets cover thirty topics related to health services and people with intellectual disability.

Guide to Co-Design with people living with disability

Purple Orange

Click here:

https://purpleorange.org.au/application/files/7416/2510/1861/PO-CoDesign_Guide-Web-Accessible.pdf

Description:

A guide to co-design with people living with disability, including guidelines and examples of co-design groups.

Working with people with intellectual disability and their teams – IDMH Connect

3DN, UNSW Sydney

Click here:

<https://idmhconnect.health/i-am-professional/working-people-intellectual-disability-and-their-team>

Description:

A webpage with information and resources about working with people with intellectual disability and their teams. Includes tools to assist with collaboration.

References

1. The Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, *Final report - Volume 6, Enabling autonomy and access*. 2023. Available from: <https://disability.royalcommission.gov.au/publications/final-report-volume-6-enabling-autonomy-and-access>.



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