FROM THE FOUNDATION TO SHARED PRACTICE

Accessible Learning Framework

Stakeholder access & application matrix

Companion to the Foundational Position Statement | Consultation edition 1.2 | 15 September 2026

One person, shared understanding, different professional contributions.
The Foundational Position Statement sets out the purpose and educational approach. This matrix carries that foundation into practice: who can participate, how each role can use the resources, and how contributions stay coordinated around the learner. [S0; S1-S3]

Access question	Proposed approach
Who is the framework for?	Children, young people and adults who may benefit from accessible learning, with families, carers, disability services, educators from early childhood through adult learning, and health professionals. Match resources to age, interests and access needs; diagnosis or NDIS participation is not an entry requirement.
Who can use the resources?	The audiences in the matrix may use appropriate resources within the applicable licence and their role. Access to a purchased pack does not grant a qualification, clinical authority, a service-wide licence or access to another person's records.
Who can see personal information?	The learner and people specifically authorised for that person, purpose and information. A resource purchase, professional title, family relationship or organisation membership alone does not grant access to personal learning records.
How should it be used?	Read after the Foundational Position Statement. Select the relevant roles, agree a meaningful learning goal and use the shared-practice record. Role-specific applications are proposals for consultation, not evidence of clinical effectiveness, endorsement, validation or accreditation.

Reading guide: stakeholder matrix pp2-7; shared learning and evidence p8; consultation p9; sources and document control pp10-11.

Coverage: 19 audience/role entries, including separate families, carers and six education groups. Learner includes participant, student or patient. Physiologist means exercise physiologist here; another specialty needs its own row. [R6]

Start with the learner, families and carers

Families and carers are distinct partners, not assumed to be professional service providers. Roles may overlap; access is agreed separately for each relationship. [S0-S3; R2, R15]

Audience / role	How they can use the framework	Relevant existing resources	What meaningful progress could look like	Role, collaboration and boundaries
Learner / participant / student	Choose a meaningful activity; explore information in a preferred format; practise, ask for help, stop or return later. Take part in deciding what is recorded and shared.	Home & Daily Living; First Aid help-seeking; Healthy Living; Where Do I Buy?; programs chosen by interest.	Expresses a preference, uses a helpful visual, asks for a break or takes a chosen step in an everyday activity. A decision not to participate is not failure.	Own goals, preferences and feedback remain central. Use decision support where chosen; agree what is recorded and shared. Participation does not require a diagnosis or a digital profile.
Families	Use the framework as a partner in learning: share the person's interests, culture and familiar ways of communicating; choose useful home activities together; notice what works; and prepare questions for educators or practitioners. Join the program-support call when appropriate.	Home & Daily Living; Healthy Living; Who / When Do I Call?; overviews and facilitator guides.	The person expresses a preference or uses a familiar skill at home. Family knowledge informs an agreed next step without replacing the learner's own account or turning home life into constant assessment.	Keep the learner's voice and family observations distinct. Share only agreed information. Kinship alone does not authorise access to an adult's records; verify child or representative authority.
Carers / chosen supporters	Support agreed routines and continuity between settings; learn the person's preferred prompts, pace and stop cues; rehearse everyday tasks; and share relevant observations during an authorised handover. Follow current plans rather than inventing new treatment instructions.	Daily routines; help-seeking; Healthy Living; Safety Awareness; selected programs and delivery guides.	The person has a consistent, respectful experience with different carers, can ask for a pause, and uses a chosen support. Record the actual help offered rather than rating compliance or assuming dependence.	Work within the agreed relationship, tasks and current plans. Formal, informal, kinship, foster or paid care roles do not create blanket authority over the person's information.

Practical example

The learner chooses a familiar snack. Family shares preferences; a carer prepares the agreed materials; the learner chooses steps and when to pause. An educator or practitioner contributes only where relevant and authorised. Visuals do not replace an allergy, swallowing or individual health plan.

Family examples include parents, siblings, partners, grandparents and chosen family. A carer may also be a family member or support worker; the separate rows make each contribution visible.

Coordinate support around the person's chosen goals

Retained roles: support workers, support coordinators and disability service providers. Their contributions are complementary, not substitutes for family knowledge, education or clinical decisions. [S1-S3; R1]

Audience / role	How they can use the framework	Relevant existing resources	What meaningful progress could look like	Role, collaboration and boundaries
Support workers	Prepare the environment; break an agreed task into practical steps; model and rehearse at the person's pace; notice changes and seek guidance. Follow the current support plan and task-specific supervision.	Programs; Home & Daily Living; Healthy Living; Safety Awareness; help-seeking and shopping visuals.	Record the actual task, setting, prompts and choices: for example, the person selects ingredients using a picture list and asks for assistance with one step.	Follow the agreed support plan and supervision. Record own observations and suggest adjustments. Do not diagnose, prescribe treatment, alter clinical instructions or mark a qualification as achieved.
Support coordinators	Help the person identify relevant resources and services; coordinate agreed learning opportunities; bring together consented observations about goals and practical barriers. Explain options without directing a purchase.	Program overviews; Who / When Do I Call?; everyday-living and participation resources.	The learner makes informed choices about supports; gaps and duplication are identified; agreed next steps are clear. Learning observations may inform discussion, not establish funding eligibility.	Coordinate agreed goals and next actions using consented summaries. Do not assume access to all clinical notes or authority to change health plans. A resource purchase does not guarantee an NDIS claim. [R1]
Disability service providers / team leaders	Use the framework for consistent induction, facilitator preparation, accessible program delivery and reflective quality review. Allocate trained staff and appropriate supervision; retain organisational safety and incident processes.	Program and facilitator guides; Safety Awareness; Home & Daily Living; relevant overviews.	Teams use agreed resources consistently and can show learner choices, access adjustments, safety checks and changes following feedback. Do not use compliance or attendance alone as a quality measure.	Staff preparation and resource access do not create blanket case access. Allocate appropriate supervision, retain safety and incident processes, and use only authorised learner information.

Connect people without duplicating their work

A worker records the person's chosen activity and support used. The coordinator helps resolve an agreed access barrier. The provider supports staff preparation and safe delivery. Share only the summary the learner has authorised; a purchased resource does not establish funding eligibility.

A program-support call and Professional Development are separate offers. A professional title or purchase does not override consent, role boundaries or the resource licence.

MATRIX C1 | EDUCATORS - EARLY YEARS TO SECONDARY

Make access useful at each education stage

New stage-specific applications use the existing Tyneside resource families. They are not completed EYLF or whole-curriculum mappings, and require age, safety and local-program review. [S1-S3; R2-R3, R14-R15, R17]

Audience / role	How they can use the framework	Relevant existing resources	What meaningful progress could look like	Role, collaboration and boundaries
Early childhood educators / teachers	Select brief, play-based uses of visuals in arrival, play, handwashing, food and transition routines. Plan with families and carers, follow the child's interests and communication, and use real objects or print alongside any digital resource.	Home & Daily Living; Healthy Living; help/stop visuals; Who / When Do I Call?; age-appropriate Safety Awareness.	The child makes a choice, joins a play routine, communicates discomfort or uses a familiar transition cue. Note engagement, relationship and support in context; do not turn a visual sequence into a school-readiness test.	Plan with families and carers and use real objects or print alongside any digital resource. Link use to the service's approved framework, including EYLF where applicable; Tyneside does not replace it. [R14-R15]
Primary-school educators / teachers	Use visual sequences, vocabulary, modelling and practical rehearsal to make classroom learning accessible. Choose goals with the student, connect classroom and home practice, and offer suitable ways to show understanding in lessons and school routines.	School safety mapping; First Aid awareness; Healthy Living; Home & Daily Living; help-seeking and shopping resources.	The student explains or demonstrates an idea, asks for help, joins a shared activity or uses a routine in a new setting. Record learning alongside the adjustment and the student's own feedback, not speed alone.	The teacher retains educational responsibility. Use the local syllabus, school plans and agreed adjustments; share selected summaries. Resource use alone does not establish curriculum attainment. [R2-R3, R17]
Secondary-school educators / teachers	Connect subject learning, practical life skills and transition goals. Prepare accessible task instructions for projects, community activities and work exploration; coordinate relevant adjustments across subjects with the student and authorised team.	Years 7-10 safety mapping; Life Skills & Employability; Photography; Digital Animation; Food Safety and practical program overviews.	The student plans a project, communicates a boundary or support need, applies a skill, and identifies a next step towards further learning or community participation. Retain age-respectful presentation and student choice.	Coordinate relevant subject and transition goals with the student. Share only agreed information. Senior-secondary use needs local syllabus review; existing mapping does not establish Years 11-12 coverage. [S2; R2-R3, R17]

EYLF = Early Years Learning Framework. Adapt presentation to the learner's age, interests and context, not a fixed diagnosis-based level. Home collaboration complements, rather than replaces, the education service.

Different education roles, clear contributions

Adult educators, specialist learning support teachers and teacher aides each have a separate entry. Their contributions reflect assigned responsibilities rather than treating all educators as one role. [S2-S3; R3, R16-R17]

Audience / role	How they can use the framework	Relevant existing resources	What meaningful progress could look like	Role, collaboration and boundaries
Adult-learning educators / trainers	Use relevant daily, community and vocational activities to support adult literacy, numeracy, digital confidence and learning strategies. Agree accessible materials, practice opportunities and feedback. Distinguish informal learning from any regulated training and assessment.	Life Skills & Employability; Food Safety; vocational program overviews; Home & Daily Living; shopping and help-seeking visuals.	The adult chooses a useful goal, applies a strategy, completes an authentic step or explains a workplace task with agreed support. Separate learning observations from the evidence needed for a formal competency decision.	Respect the adult's sharing choices. TAFE, RTO and community educators retain their assessment processes. Resource participation does not grant a qualification or replace required evidence. [S2; R16-R17]
Learning support teachers / learning and support teachers	Collaborate with the learner, classroom teachers, families and carers to identify access barriers; plan and review adjustments; trial targeted teaching; model effective resource use; and coordinate relevant specialist input across learning settings.	School learning/safety mapping; visual sequences; glossaries; facilitator guides; relevant program and daily-living resources.	An adjustment makes learning more accessible and the student can describe what helps. Record trials, classroom use and review decisions with the learner; evidence informs the next teaching step rather than a diagnostic label.	Work with classroom teachers to propose and review learning supports; share agreed information. This is a teaching role, distinct from a teacher aide's delegated assistance. [R3]
Teacher aides / student learning support officers	Implement the teacher's agreed sequence, prepare visuals, provide agreed prompts, support communication and transitions, and report factual observations. Help the student participate without supplying their assessed answer or taking over their task.	Teacher-selected visual steps; school safety; Home & Daily Living; help-seeking and activity preparation resources.	The student joins a task, uses a chosen communication support or completes a step with recorded assistance. Observe what the learner did and what support was offered; take adjustment suggestions back to the teacher.	Work under teacher direction and supervision; report own observations and suggestions. Do not independently approve curriculum or clinical plans. Local titles and duties vary by setting. [R3]

The term teacher aides also covers teachers' aides, teaching assistants, student learning support workers and school learning support officers (SLSOs); local titles vary. Adult learning includes TAFE, RTOs and adult/community education. Teaching, delegated assistance and formal assessment remain distinct responsibilities.

Use accessible resources alongside professional care

Proposed uses support participation alongside care. AAC means augmentative and alternative communication. Clinical decisions remain with the practitioner. [S2-S3; R4-R5, R7]

Audience / role	How they can use the framework	Relevant existing resources	What meaningful progress could look like	Role, collaboration and boundaries
Paediatricians	Use an age-appropriate visual to invite the child's perspective, prepare an appointment and discuss practical learning with family and the team. Recommend suitable educational access supports within the child's wider care.	Who / When Do I Call?; help / stop / I do not understand visuals; Healthy Living and daily routines.	The child indicates a concern or preferred support; family understands the agreed next learning step; consented everyday observations add context to review. These are not diagnostic test scores.	Use consented learning summaries alongside clinical review. Educational observations are not diagnostic test scores. Clinical assessment and treatment decisions remain with the paediatrician.
General practitioners (GPs)	Use visual conversation prompts to support health literacy, appointment preparation and checking understanding. Discuss concerns directly with the person and identify when referral or an individual plan is needed.	Who / When Do I Call?; help-seeking; Healthy Living; Home & Daily Living.	The person communicates questions, identifies the next agreed action or explains who can help. Support does not replace a consultation, clinical examination or urgent care.	Support understanding and communication alongside the consultation. Use selected learner-approved information. Clinical records, triage and medicine decisions remain within the GP's professional care.
Occupational therapists (OTs)	Explore how person, task and environment interact; select or adapt learning supports for meaningful daily activities; coach agreed use with the learner and supporters.	Home & Daily Living; personal-care and practical programs; kitchen/shopping visuals.	A meaningful task becomes more accessible: changed layout, pacing, equipment or sequence enables participation. Document the environment and support, not just completion speed.	Keep learning observations and personal notes distinct from the published resource. Individual equipment and clinical recommendations require OT assessment and current plans. [R5, R7]
Speech pathologists	Review vocabulary, symbol meaning, comprehension and ways to express preferences; align visuals with the person's established communication system; coach communication partners.	I Need Help / help-seeking visuals; Who / When Do I Call?; resource glossaries and visual sequences.	The person asks, declines, clarifies or shares a message in their chosen mode across a meaningful activity. Existing communication remains available without a prerequisite speech level.	Align vocabulary and visuals with the person's established communication system. Do not replace or rearrange AAC without agreement, or infer swallowing safety from food-learning materials. [R4]

Support safe participation within the individual plan

Proposed uses, not treatment protocols. Exercise physiology is the assumed physiology specialty and needs confirmation. Clinical judgement remains with the practitioner. [S2-S3; R5-R8]

Audience / role	How they can use the framework	Relevant existing resources	What meaningful progress could look like	Role, collaboration and boundaries
Physiotherapists	Use visual preparation and step cues to support an individually assessed movement or mobility task. Discuss practical access to the learner's chosen home, school or community activity with the team.	Healthy Living / movement program overviews; Home & Daily Living; activity-specific safety prompts.	The person participates in an agreed movement task using the assessed assistance, equipment and rest options; reports discomfort or asks to stop. Functional findings are interpreted by the physiotherapist.	Follow individually assessed assistance, equipment and current plans. Mobility, transfer and exercise instructions remain clinician-controlled; resources do not replace a manual-handling plan. [R5, R8]
Exercise physiologists	Help translate an individually assessed exercise plan into understandable preparation, pacing and self-report prompts; use relevant program resources to support participation and health literacy.	Healthy Living & Exercise; relevant movement overviews; planning and help-seeking visuals.	The person understands a chosen activity, follows the prescribed limits, requests a rest and describes their experience. Participation records are not automated clinical exercise assessment.	Follow the individually assessed exercise plan and prescribed limits. The practitioner interprets activity observations; confirm credentials and task scope. Resource participation is not clinical exercise assessment. [R6]
Psychologists	Use accessible language and visuals to support discussion of feelings, choices, coping preferences and barriers to participation. Where appropriate, incorporate learning supports within an individually formulated plan.	Help-seeking; trusted-person resources; Home & Daily Living; selected participation and wellbeing activities.	The person identifies a preference, expresses a boundary or chooses a helpful coping/support strategy. Record context and the person's account without interpreting compliance as wellbeing.	Use agreed participation information within the practitioner's scope and individual formulation. Keep therapy notes in the clinical record; do not infer diagnosis or wellbeing from compliance or task completion.

One shared observation can inform several roles

“During the chosen activity, the learner asked for a quieter space, used two visual prompts and chose to stop after ten minutes.” This is a useful factual record. It does not, by itself, show a diagnosis, treatment effect, loss of capacity or reduced funding need. Different professionals may consider it alongside their own assessments. [S2-S3]

SHARED PRACTICE | RESOURCE SELECTION

Use one learning process across different settings

A shared learning approach across home, early childhood, school, adult education and disability support. These are proposed applications of Tyneside's strengths-based framework, not a formal assessment scale. [S1-S3]

Resource family in the gallery	Possible shared purpose	Evidence to record
Programs	Choose a meaningful activity or vocational interest; plan supported practice.	Learner goal, chosen contribution, access adjustments, context and next step.
First Aid / Safety Awareness	Rehearse help-seeking, recognising danger and safe participation using reviewed content.	What the person recognised or communicated; what support was used. Simulated calls only; no qualification claim.
Healthy Living	Explore food, kitchen routines and wellbeing learning within relevant individual plans.	Choices, safe actions and practical understanding; no inferred diet, swallowing or health clearance.
Who / When Do I Call? and Where Do I Buy?	Build service awareness, appointment preparation and community choices.	Chosen contact/shop, reason and practical help needed; check local information before use.
Home & Daily Living; overviews and facilitator guides	Plan everyday routines and prepare consistent facilitation.	What helped in the real setting; what the learner would keep, change or try next.

A short, repeatable learning record

Choose with the person > agree access and safety > practise in context > notice together > adjust > review. The learner may pause, decline or choose a different goal. Support is recorded, not treated as a failure. [S2-S3]

Record field	Example of appropriate wording
Goal and context	“I want to pack what I need for my community activity.” Practised at home before leaving.
Action and support	Selected three items using the picture list; asked for help with one unfamiliar item. A worker modelled how to check the list.
Learner voice / next step	“Keep the pictures; fewer words.” Next time, trial the chosen format in the community setting. Mark direct quotation versus supporter observation.

Retain author, date, setting, resource/version, learner voice and sharing choice. For a move between carers or education settings, agree a selected handover and review permissions; do not transfer the whole profile automatically. No overall ability or compliance score is proposed.

Review how the framework is used in practice

Review access, acceptability and practical use across the 19 audience entries. Record learner feedback and professional review separately from any endorsement. This matrix does not establish clinical effectiveness, accreditation or funding eligibility. [S0-S3]

Review area	Question / proposed acceptance evidence	Who should contribute
Learner control	Can the person choose, pause, decline and correct a misunderstanding? Can they explain or indicate who can see their information?	Learners of different ages and access needs; families and carers as distinct contributors.
Practical use	Can users find a suitable resource, complete a chosen learning step and report what helped? Document support required and barriers, not only task completion.	Learners, families, carers, the six education groups on pp4-5, support workers and coordinators.
Professional fit	Are uses and boundaries accurate for each role? Does the resource complement rather than conflict with current plans and established records?	All six education roles; paediatrician/GP, allied health and disability-service reviewers.
Information sharing	Are learner preferences, consent, actual authority and selected handovers respected when family, carers, staff or education settings change?	Learners, authorised supporters and relevant service or education reviewers.
Content and culture	Are safety references current, visuals understood, rights cleared and local cultural permissions obtained? Are corrections traceable?	Subject reviewers, cultural authorities and people using the materials.
Claims and review	Keep a traceable record of the resource, intended use, evidence, review, agreed changes and permission to publish. Do not present proposed applications as evaluated outcomes.	Jane, learners and the relevant education, disability-service or health reviewers.

Consultation record

Field	To record
Reviewer / role / date	_____
Scope reviewed / decision	Matrix rows or shared-practice section: _____ Suitable / revise / outside my scope
Changes and evidence required	_____
Owner / review / publication permission	_____

Sources for this matrix

The source statement supplies the educational foundation. The expanded consultation edition supplies the role applications; these are not completed professional validations.

S0 Foundational Position Statement - FINAL VERSION

Retrieved source PDF, pp1-5: purpose, shared educational methodology, intended outcomes and person-centred, strengths-based, trauma-informed and evidence-informed philosophy. Used for the opening link to this companion matrix.

S1 Tyneside Complete Visual Resource Gallery - Updated Edition

Supplied gallery: contents p5 and section dividers pp6, 20, 36, 43, 52, 56, 63; Additional Resources p101. Topic names and resource families only.

S2 Accessible Learning Framework: Program Mapping, Alignment & Validation Guide, v2.0

Embedded in the supplied gallery, labelled pp78-100. Participation/access pp79; evidence pp85 and 97; school and clinical/accreditation boundaries throughout. Mapping is not validation or accreditation.

S3 Principles I Carry Forward

Supplied gallery p106, with contextual reflections pp103-105. Person first, communication, strengths, useful learning, collaboration, culture and voice.

S4 Jane Wiltshire - document instructions

Retain all expanded audience entries. Present this matrix as the practical continuation of the Foundational Position Statement, separate from the future digital-development project.

R1 NDIS - What is a support coordinator

Role context: plan use, chosen providers and connecting supports. No claim that this framework is funded or endorsed.

R2 Australian Government Department of Education - student/caregiver resources

Education access, consultation and adjustments; local curriculum and policies remain with the school.

R3 NSW Department of Education - Roles and responsibilities

Classroom teacher responsibility, specialist learning and support teaching, and SLSO direction/supervision. Rechecked for this expansion; local titles may differ.

R4 Speech Pathology Australia - Augmentative and Alternative Communication

Individual communication approaches, environmental AAC and communication-partner support.

R5 Ahpra - Shared Code of conduct

Scope, communication and competence context for professions covered by the shared code. Doctors and psychologists have their own board codes.

The existing reference links are retained from consultation edition 1.1. This document-separation task did not conduct a new legal, clinical or standards review.

Role references and document control

These references inform role context and boundaries; they do not endorse Tyneside or establish outcomes for a particular learner.

R6 Exercise & Sports Science Australia - What is an Accredited Exercise Physiologist?

Exercise physiology role and accreditation context; not a definition of every physiology specialty.

R7 Allied Health Professions Australia - Occupational Therapy

Everyday participation, activity/environment adaptation and professional responsibilities.

R8 Allied Health Professions Australia - Physiotherapy

Movement, assessment, care planning and individually prescribed practice.

R14 ACECQA - Approved learning frameworks

Early-years context: EYLF V2.0 and the service's applicable approved learning framework. Proposed Tyneside visual activities complement the service program; no ACECQA approval or completed EYLF mapping is claimed.

R15 ACECQA - EYLF principle: Partnerships

Family, carer, educator and community partnership in play, routines and transitions. Used to inform collaboration examples, not to presume authority over a child's or adult's records.

R16 ASQA - Practice Guide: Training support

Adult/VET support and reasonable-adjustment context. Access support must preserve training-product integrity; participation in a resource activity is not evidence that an RTO has awarded competence.

R17 Australian Government Department of Education - educator resources

Education-provider guidance on consultation and accessible participation across early childhood, school and tertiary settings. Specific institutional curriculum, reporting and legal arrangements still need review.

Document control

ALF-M01 | Consultation edition 1.2 | 15 September 2026
Owner: Jane Wiltshire, Tyneside Disabilities Training.
Source edition: expanded stakeholder matrix and app design, edition 1.1, 14 September 2026. The six education groups, families, carers, learner and all disability-service and health roles are retained. The role-boundary column is expressed for practice rather than a software interface.

Review after consultation feedback, a resource change, a change in professional context or an identified access barrier. No new endorsement or approval is recorded by separating this document.