Improving Safeguards for People with Disability

Response to Disability Safeguards consultation paper
November 2025

Recipient

Commonwealth of Australia as represented by the Australian Government Department of Health, Disability and Ageing

DisabilitySafeguardingPolicy@health.gov.au.

Dietitians Australia contact

Vaishnavi Pappu, Senior Policy Officer

pao@dietitiansaustralia.org.au

About Dietitians Australia

Dietitians Australia is the national association of the dietetic profession with over 9000 members, and branches in each state and territory. Dietitians Australia is the leading voice in nutrition and dietetics and advocates for the profession and the people and communities we serve.

The Accredited Practising Dietitian (APD) program is the credentialling program of Dietitians Australia. It provides an assurance of safe and quality dietetic practice and is the foundation of self-regulation of the dietetic profession in Australia. APDs have an important role in safeguarding frameworks for critical issues such as dysphagia, enteral feeding, and menu planning. Our members are dedicated to supporting functional capacity and improving the health and wellbeing of all Australians through optimal nutrition safeguarding practices.

This submission was prepared by members of the Dietitians Australia Policy and Advocacy team following processes approved by the Board of Dietitians Australia. Stakeholder contributions, including direct quotations and experiences, were provided by Dietitians Australia members of the Disability Sector Expert Reference Group and Disability Interest Group.

Acknowledgement of Country

We acknowledge the Traditional Custodians of Country throughout Australia and recognise their enduring connections to land, waters, and food systems. We pay our respects to Elders past, present and emerging and extend this respect to all First Nations peoples. We recognise the importance of Indigenous food sovereignty and knowledges in shaping a just and sustainable food future.

Key Recommendations

Dietitians Australia proposes the recommendations listed below in response to the *Disability Safeguarding Consultation Paper*. We suggest improvements to the definitions 'safeguard' and 'quality' to ensure they are meaningful and practical in supporting people with disability. We agree with the common grounds for effective safeguarding highlighted in the consultation paper, and present solutions for grounds 3.1 and 3.3 to 3.5 tailored to the nutritional and dietetic needs of people with disability.

The response to recommendations is discussed further in the following sections of the submission.

General recommendations:

2 – What we mean by 'safeguards' and 'quality'

a) **Defining Safeguards:** Safeguards must ensure people with disability are actively protected from harm, including by the agencies meant to serve them.

b) **Defining Quality**: Quality must be defined by people with disability, grounded in their lived and learned experience, not imposed externally.

3.1 – Effective Safeguarding builds people's capability to understand and exercise their rights

a) **Empowerment tools**: Implement accessible tools to empower people with disability in making safe and informed choices.

b) **Education and misinformation:** Deliver accurate education and counter misinformation to safeguard the decision-making and wellbeing of people with disability.

c) **Independent, central and trusted reporting**: Establish an independent, central and trusted reporting pathway that empowers people with disability to safely exercise their rights without fear of repercussions or being lost within the internal systems.

3.3 – Effective Safeguarding build services' capacity to deliver person-centred support

a) **Workforce training**: APD-led training to support workers in nutrition and mealtime skills to build service capacity and independence for people with disability.

b) **Holistic practice:** Dietetic practice in disability must be clearly articulated to highlight the unique, holistic contributions APDs bring to deliver person-centred support to people with disability.

3.4 – Effective safeguarding ensures services are accountable for actively preventing and addressing harm

a) **Specialised support**: Mandate APDs involvement to provide specialised nutrition and mealtime support and advice that safeguards safety and participation of people with disability.

b) **Funding dietetics**: Adequate and mandatory funding for dietetic services to ensure safe practice, currency of knowledge for APDs and adequate nutrition advice for people with disability.

c) **Safe refusal of care**: Establish explicit accountability frameworks enabling APDs to refuse unsafe care while ensuring timely alternatives.

3.5 – Effective safeguarding requires systems to work together in a coordinated way

a) **Consent Barriers:** Eliminate consent barriers to enable APDs to provide timely, safe hospital discharge care.

b) **Coordinated Communication:** Establish consistent communication pathways to integrate APDs into NDIS and hospital coordination.

Discussion

In view of Australia's commitment to the rights of people with disability under the *UN Convention on the Rights of Persons with Disabilities* (CRPD)[1], Dietitians Australia welcomes the opportunity to contribute to the development of the *Disability Support Quality and Safeguarding Framework (Framework)* and the *Disability Support Ecosystem Safeguarding Strategy (Strategy)*. These reforms, in response to the findings of the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (Disability Royal Commission), represent a critical step in strengthening the safeguards, accountability mechanisms, and quality expectations that ensure people with disability receive supports that uphold their rights, dignity, choice and control, and long-term wellbeing.

We agree that the success of this work on the *Framework* and *Strategy* depends on genuinely placing the needs and voices of people with disability at its centre whether they are within or outside the National Disability Insurance Scheme (NDIS). As such, we support the Australian Government's aim to unify disability quality and safeguarding arrangements for people with disability across Australia so that we have nationally consistent safeguards. In our submission, we aim to help address one of the key findings made by the Disability Royal Commission that, despite current safeguards, people with disability (within or outside of NDIS settings and supports) face safety concerns such as violence and abuse at a much higher rate than people without disability.[2]

Dietitians Australia emphasises the essential role of nutrition and mealtime support as core safeguarding elements across disability services. It must be recognised alongside abuse and neglect as a core safeguarding risk. Access to safe, appropriate, and disability-specific nutrition is not only a matter of health but a foundational human right necessary for independence, participation, and quality of life, in line with the *UN Decade of Action on Nutrition*[3], *2030 Agenda for Sustainable Development*[4] and *CRPD.*[1] For many people with disability, barriers to accessing healthy food are significant, ranging from limited choice in supported accommodation to a lack of access to dietary support. In the absence of clearly defined nutrition and mealtime practice standards, the quality, safety, and consistency of nutrition support remain highly variable across the disability support ecosystem.[5] Without clear and consistent safeguarding standards, the quality of nutrition provided across disability services remains inconsistent and, in some cases, inadequate.

By including clear nutrition standards in the *Framework*, the government can ensure that disability supports promote not only safety but also long-term optimised functional capacity, health and wellbeing. As such, we strongly urge the consultation team to consider nutrition as a core element of safeguarding risk in disability services.

Why nutrition standards are needed

We strongly encourage the consultation team to embed explicit *nutrition, food safety, and mealtime support expectations* within the *Framework* because:

- Poor nutrition contributes to preventable health conditions such as malnutrition, diabetes, and cardiovascular disease, and other health concerns related to over- and underweight.[6, 7]
- People with disability often rely on support services for meals, yet food quality and dietary support vary widely.[8]
- Nutrition directly affects energy, participation, and overall wellbeing, making it a safeguard against harm.[9]

Alignment with safeguarding principles

Embedding nutrition standards within the *Framework* directly supports the principles of safety, inclusion, empowerment, and dignity.[1] It builds on existing public health knowledge, integrates with mainstream health services, and prevents harm by reducing risks of malnutrition and diet-related illness. Most importantly, it ensures that people with disability have equitable access to the same quality of nutrition and health safeguards as the broader community.

Response Recommendation 2

a) *Safeguards must ensure people with disability are actively protected from harm, including by the agencies meant to serve them.*

APDs have observed that "previous safeguard frameworks have often lacked rigorous auditing, adequate oversight, and consistent implementation. As a result, people with disability have frequently been left unsupported, overlooked, and ultimately forgotten by the very systems designed to protect them." These systemic shortcomings have contributed to significant poor health outcomes for people with intellectual disability in Australia's health system, as identified by the National Safety and Quality Health Service (NSQHS) *Standards User Guide.*[10] APDs in the disability sector further emphasise that the current definition of 'safeguard' does not clearly specify "who is responsible for determining whether the needs or expectations of people with disability are being met or exceeded", leaving an important accountability gap.

According to APDs working in the sector, safeguards intended to support people with disability must be "vigorous and impact all areas of care. They also need to apply to "all individuals working with the person with disability, including public service employees, such that the agencies are not immune from …. safeguarding procedures." This is particularly critical given that people with disability are more vulnerable to violence and abuse than those without disability.[2] Safeguarding within the disability sector must therefore ensure that people with disability in funding schemes such as the NDIS are protected from harm, including harm that may be inflicted by the NDIA itself. For example, it is unclear to what extent NDIS cuts to therapeutic and travel supports commencing 1 July 2025 have contributed to harm among people with disability. Similarly, the harm and burden placed on people with disability unnecessarily going through the Administrative Review Tribunal should also be assessed.

b) *Quality must be defined by people with disability, grounded in their lived and learned experience, not imposed externally.*

The definition of 'quality' does not explicitly state "who determines whether the needs or expectations of people with disability are being met or exceeded." Significant harm and trauma can occur when these needs are defined externally, without nuanced regard for the direct lived or learned experience of individuals. This concern aligns with findings from the *Australian Institute of Family Studies*, which highlight that people with disability have historically struggled to have their voices heard, and that policy and practice must reflect their right to participate in defining quality and outcomes.[11] *Disability Practice: Safeguarding Quality Service Delivery (Disability Practice)* explores the challenges involved in designing and delivering effective disability services. The book's central theme is the importance of placing lived experience at the heart of service design.[12]

APDs note that this requires "believing people with disability that what they share is their true experience and that this is just as valid evidence for their support." They have observed this

particularly in situations involving the NDIS, where "their funded supports are inadequate to meet their needs or do not facilitate the development of personalised care plans." While we acknowledge that the NDIS Quality and Safeguards Commission (QSC) has stressed that quality of life must be grounded in lived experience, we seek to embed this principle more explicitly within the definition of quality itself to ensure greater clarity and stronger outcomes for people with disability.

Response Recommendation 3.1

a) *Implement accessible tools to empower people with disability in making safe and informed choices*

Accessible tools are critical for enabling people with disability to make safe and informed choices. Accessibility is a key principle and article enshrined in the CRPD, which states that people with disability have the right to "access, on an equal basis with others, to the physical environment, to transportation, to information and communications, including information and communications technologies and systems, and to other facilities and services open or provided to the public, both in urban and in rural areas."[1] As a party to this treaty, the Australian government must respect, protect and fulfil this right.

APDs working in the disability sector strongly support information sharing and accessible communication to help people with disability understand and exercise their rights. Examples include Easy Read documents, easily understood nutrition labels, Auslan interpreters (in consultation with APDs), capacity decision makers for people with disability who do not have capacity (eg, parent or guardian, or other trusted advocate), and tailored resources on creating accessible and inclusive communication that build knowledge and confidence.[13] This supports informed choice, comprehension of complex information needed to make decisions affecting their lives, and person-centred advice and support.

Equally, APDs working in the sector say information "pertaining to disability has many facets and many pathways which confuses people with disability that do not feel they understand the information." The complexity of disability care and the way information is presented can disempower people with disability, limiting their ability to make appropriate decisions in line with rights-based principles of informed choice and control.[14] Embedding accessibility in a way that is meaningful for people with disability helps them understand information and supports greater independence, ownership, and confidence in their lives.

b) *Deliver accurate education and counter misinformation to safeguard the decision-making and wellbeing of people with disability.*

Dietitians Australia affirms that accurate information in nutrition and dietetics is essential to safeguard decision-making of people with disability. Many APDs highlighted that the information available about NDIS and its supports is complex and emphasised the need for time and space for people with disability to understand that complexity and nuance. Concerns expressed by APDs centre around the source and nature of misinformation, and the ongoing impact of APD services not being explicitly listed on the therapeutic supports 'in list.'

Source and nature of misinformation

Misinformation about dietetic eligibility and funding under the NDIS comes from social media (eg, Facebook) and "informal advice channels, including support coordinators, plan managers, peer networks, and occasionally other service providers." People with disability and their families in many

cases are told that “dietetic services are “not covered” or “not appropriate” under their plan, even when they meet NDIS ‘reasonable and necessary’ criteria and align with plan goals.” As a result, many people with disability end up “not pursuing dietetic supports at all, or disengaging prematurely, based on incorrect guidance.”

APDs working in the sector consistently report that participants (and their families) with clear disability-related nutrition needs—such as complex feeding issues, gastrointestinal problems, medication-related weight changes, or other nutrition risks—are advised by support coordinators, plan managers, and peer networks that dietetic services are “not funded, not appropriate, or only relevant in limited circumstances.” Families “reported cancelling referrals or declining dietetics referrals after being informally advised that APDs are “not recognised” or that funding claims will be rejected,” often before an APD is engaged and can clarify eligibility. This means people with disability “miss out on early, preventative, and capacity-building nutrition interventions that could reduce long-term risks and support independence.” APDs working in the sector say that these misunderstandings are typically not intentional but stem from unclear or inconsistent guidance. In the absence of certainty and consistency, they say that intermediaries may default to taking a conservative approach, unintentionally limiting access to people with disability. Clear and consistent guidance must exist to prevent conservative interpretations that then inadvertently discourage access to dietetic care and supports.

An added concern is that “health care professionals such as dietitians receive conflicting information, which can place the person with disability at risk.” Members of the Disability Interest Group observe that “current models of employment and training within government organisations that affect people with disability, such as the NDIA 70:20:10 model for learning and development[15], can lead to a lack of objective decision making for people with disability.” This can lead to “significant inconsistency in the application of legislation and funding rules. This means that maintaining quality for people with disability may be affected by the training and expertise of the (non-dietetic) staff they are allocated, especially as these staff are not required to have any regulated qualification in disability or healthcare.” APDs are seeking “specific training modules for various aspects of healthcare for disability safe practice, across all professions and particularly support workers.”

Explicit reference on therapeutics supports ‘in list’

While we acknowledge that dietetics is covered under 'Therapeutic supports' as an evidence-based therapy in the NDIS framework, the lack of explicit reference to dietetic services on the therapeutic supports “in list” remains a significant and ongoing issue.[16] The experiences outlined by APDs highlight that this omission “continues to create uncertainty for participants, families, and intermediaries when determining eligibility.” They say that in practice, “this leads to conservative decision-making, plan under-utilisation, and avoidable barriers to accessing clinically appropriate nutrition care. Even where dietetic support is clearly justified, the absence of explicit listing contributes to inconsistent interpretation and, ultimately, reduced access to essential allied health services.” Indeed, the list of supports under the therapeutic supports category is not exhaustive so the profession of 'dietitian' is not always explicitly itemised within the NDIS governance documents.

APDs often face funding refusals under the NDIS “due to the perception that dietetics is “optional””, even when it directly supports core goals like functional capacity[17], safe eating, and managing disability-related nutrition risks. Since dietetics is not explicitly listed alongside other allied health professions[18], people with disability in some cases are told to self-fund clearly disability-related care. This gap forces them and the providers to repeatedly justify dietetic services, creating inequity and inconsistent access that depends more on individual advocacy than policy intent. The ongoing lack of clarity[16] becomes a structural barrier to access, encouraging risk-averse decisions rather than

appropriate advice and support. Explicit recognition of dietetics would promote consistent interpretation, reduce misinformation, and ensure timely, equitable access to essential nutrition care for people with disability.

Evidence-based information to educate and counter misinformation

Evidence-based nutrition education is a critical safeguard for people with disability. General information education improves independence, educational attainment and wellbeing outcomes for people with disability.[19] The result is informed choice and independence. Education in nutrition is especially important so that people with disability are accessing credible information to make life-changing decisions.[20]

Don't Mention the Diet! was a health initiative developed to address such misinformation. It was developed on request by people with intellectual disability who wanted education and information around lifestyle decisions and choices that would allow them to exert more control over their lives.[21] In particular, they wanted self-determination and active voice about their lifestyle and health, particularly around diet. This is one example where people with disability can evaluate the correct nutrition information critically and distinguish between credible advice and misinformation. We recommend the *Framework* provide for the development of similar initiatives for all cohorts across the sector to strengthen the evidence-based information available to people with disability. Dietitians Australia also asks for involvement of APDs and people with disability in codesign of these initiatives to ensure that expertise and lived experience plays a central role.[22]

c) *Establish an independent, central and trusted reporting pathway that empowers people with disability to exercise their rights safely without fear of repercussions or being lost within the internal systems.*

Embedding clear, independent and trusted reporting pathways is essential to building safeguards that enable dignity, participation and protection for people with disability. This aligns with Australia's international obligations under the CRPD, which require independent and accessible mechanisms for people with disability to exercise their rights.[1] The Australian Institute of Health and Welfare's *People with disability in Australia* report reinforces this through its person-centred reporting framework within the justice and safety domain.[23]

APDs have voiced concern that their clients "have reported feeling unsafe and have relied heavily on their healthcare providers, including dietitians, to advocate for them." They emphasise the need for accountability from government authorities "such that if they are the reason a person with disability does not feel safe, then there is an alternate pathway for reporting." This also includes defined consequences (such as ban from seeing people with disability entirely) and corrective action requirements for non-compliance through advice or engagement. A complimentary ask is "mandatory organisational audits of clinical information, case management, risk escalation and service delivery quality conducted at defined intervals and reviewed externally (inclusive of all disability supports)." Clear and independent reporting pathways can empower people with disability to act without fear of consequence and help build trust in the system, in line with the Disability Royal Commission's Final Report.[2] APDs working in the sector state that this means there is a "clear feedback and action loop whereby reports are acknowledged, investigated and responded to with transparent communication back to the provider and people with disability."

Strengthening these pathways will further enable lived and learned experience to be embedded at the core of disability safeguards, in line with common ground 3.3.

Response Recommendation 3.3

a) *APD-led training to provide support workers in nutrition and mealtime skills to build service capacity and independence for people with disability.*

APD-led training for disability support workers is essential for building service capacity and promoting participant independence. APDs are credentialed experts in nutrition and dietetics[24], responsible for delivering evidence-based nutrition care, managing risks and countering misinformation. They are bound by a *Code of Conduct for dietitians and nutritionists* to ensure safe, evidence-based and professional practice.[25] Common nutrition risks such as deficiencies, texture modification and dysphagia[26] highlight the critical role of APD-led training in ensuring nutrition safety. APDs working in the disability sector have reported that "many people do not understand their role", and that delivering person-centred support requires "building service capacity[27, 28] and support workers' capacity to deliver safe support to their participants." There is also concern that it is unclear who delivers training, and that "support workers may not have the necessary qualifications to minimise risks that can significantly affect quality of life for people with disability." *DisabilityAware: An Awareness and Inclusion Program* provided by Training Alliance, the professional development and training division of Cerebral Palsy Alliance, is an example of online training aligned to the NDIS Practice Standards that aims to support learners (organisations and individuals) to be better allies to people with disability.[29]

Dietitians Australia's has a credentialling program for APDs. It provides an assurance of safe and quality dietetic practice and is the foundation of self-regulation of the dietetic profession in Australia. The APD credentialling program aligns with standards set by the National Alliance of Self Regulating Health Professionals.[30] To maintain safety and quality standards all APDs must commit to:

- undertake continuing professional development (CPD)
- follow the National Competency Standards for Dietitians[31]
- maintain recency of practice hours
- be a subject to the audit and complaints process[32] as required.

We ask the Australian government to refer to Dietitians Australia's APD credentialling program[24] when developing disability safeguards in the nutrition and dietetics space, to aid clarity and promote evidence-based advice and support. This assures people with disability that they are receiving care from appropriately trained and experienced practitioners.

APD-led training, aligned with NDIS *Practice Standards*[33], equips support workers with practical skills in food preparation, food safety protocols, meal planning and menu reviews, enabling consistent and high-quality support for people with disability. This strengthens workforce competence and deepens understanding of the role of APDs in providing nutrition care. In turn, it builds "workforce capability and reduces the risk of unqualified advice." As a result, people with disability gain greater autonomy and enjoyment in their food choices and daily living. This kind of nutrition support is directly linked to independence, community participation and improved wellbeing.[19] APD-led meal planning and training also aligns with NDIS principles and the "reasonable and necessary" component of NDIS funding[34], supporting people with disability to access appropriate dietary supports and build capability to exercise choice and control in their decisions.

b) *Dietetic practice in disability must be clearly articulated to highlight the unique, holistic contributions APDs bring to supporting people with disability*.

Holistic dietetic practice in disability extends beyond the medical model of dietetics. Holistic dietetics acknowledges the broader context of health, human rights and lived experience[35], in contrast to the

medical model, which focuses on disease treatment and prescriptive nutrition. This approach aligns with the 'social model of disability', recognised by the *Australian Disability Strategy 2021–2031*[14] and the *CRPD*, and is critical to improving health outcomes for people with disability. The *Dietetic Core Standards* developed by the NSW Department of Family and Community Services and Cerebral Palsy Alliance outline detailed competencies for dietitians working with people with disability, emphasising the importance of multidisciplinary and holistic practice.[36] APDs have stated that this requires understanding "who is involved in their care….what each person involved in their care does, how to change or add people in and out of their care team." This, they say, shifts the focus more "in favour of the person rather than the [cost] of their needs."

APDs have voiced that the reality of dietetic practice in disability requires the role and expertise of dietitians to be clearly articulated. They also need to be included in conversations to secure appropriate funding and resources to support people with disability. Currently, there is an "emphasis on medical models in the reasons why dietitians are being brought on board." An APD remarked that the "meal planning aspect is not always as valuable, because it can block our utility at times if people are thinking that's all that we're doing when we're being brought on board [to help people with disability]." APDs in fact provide a wide range of essential clinical supports. Their responsibilities include prescribing vitamins, minerals and supplements (script oral nutrition supplements where required) and monitoring food intake and bowel records in collaboration with the clinical team. They assist with food budgeting and provide guidance to families and support staff on managing funding and offer high-level clinical advice on consumable purchases such as toileting aids, continence products and enteral nutrition. They also monitor undernutrition and overnutrition related to disability and adjust nutrition plans accordingly, while ensuring that tasks requiring clinical expertise are not delegated to inadequately trained staff. This range of responsibilities, which is not exhaustive, illustrates what APDs do for people with disability and highlights the need for their holistic contributions to be communicated accurately to support people with disability. Indeed, Disability services organisations such as Living Dreams Disability Services advocate for integrated and multidisciplinary care—including dietetics—highlighting that nutrition cannot be siloed into a medical framework.[37]

Response Recommendation 3.4

a) *Mandate APDs to provide specialised nutrition and mealtime support and advice that safeguards safety and participation of people with disability.*

APDs are qualified through academic training and professional development[24,31] to assess the complex dietary needs of people with disability, with nuanced insight into managing risks such as malnutrition, lifestyle risk factors, dysphagia, care transitions and bowel disruption. This places them in a unique position to provide tailored advice about nutrition and overall health that promotes independence and ownership over daily life.[38, 39] However, APDs have expressed concern that they are not involved to the extent necessary—due to funding limitations and poor coordination—to deliver this support, resulting in harm and increased risk for people with disability. In recognition of the uniqueness of all disabilities, APDs ask for safeguards that clearly delineate roles, ensuring APDs deliver nutrition advice while others, such as NDIS planners, support people with disability to implement their plans. Equitable care requires sufficient time for APDs to address complexity and barriers to care. In this way, APDs can focus on providing advice and meal support for issues such as malnutrition, the functional impacts of these conditions, and how they affect a person's ability to achieve their NDIS goals, in line with the QSC practice alerts.[40] This is in line with Dietitian Australia's position statement about 'NDIS participant access to APD services and nutrition support products.'[41]

APD specialised support and expertise also safeguards against harm associated with restrictive practices, which limit a person's human right to freedom of movement. The QSC regulates five types

of restrictive practices: seclusion, chemical restraint, mechanical restraint, physical restraint and environmental restraint.[42] APDs note that people with intellectual disability are particularly vulnerable[43, 44], and they are concerned that "certain practices and interventions are not recognised as restrictive practices", despite limiting choice and empowerment. Examples include food restrictions (what is eaten and when) and seclusion (locking people with disability in rooms).

APDs understand that "restrictions may be necessary in situations where people with disability cannot make decisions due to their disability." However, such decisions "require APD specialised support to ensure they are made in ways that minimise impacts on basic human rights." APDs agree that restrictive practices which are not recognised or implemented safely, and in a patient-centred manner, are harmful and constitute a violation of human rights, severely affecting quality of life. For this reason, early involvement of APDs is crucial and aligns with the *CRPD*[1], particularly for high-risk groups such as people requiring mealtime assistance, thickened fluids, enteral nutrition or texture-modified foods, to manage risks and prevent harm.

b) *Adequate and mandatory funding for dietetic services to ensure safe practice, currency of knowledge for APDs and adequate nutrition advice for people with disability*.

Adequate and mandatory funding for APDs is necessary to ensure safe practice, maintain currency of knowledge and professional development, and provide accurate and tailored advice for people with disability. Disability Services Organisations such as DPS Publishing (see their Disability Support Guide)[45] and Team DSC[46] have highlighted both the complexity of obtaining adequate funding and the importance of professional dietetic input.

APDs have voiced concern about the inadequacy of current funding to fulfil their obligations and responsibilities as dietitians. They note that people with disability may receive insufficient dietary advice, leading to severe consequences including malnutrition and hospital admission. The NDIS *Practice Guide: Nutrition supports*[5] emphasise that nutrition supports are "reasonable and necessary" and must be properly funded to safeguard functional capacity, health and wellbeing. However, APDs report that core funding and nutrition supports are being reduced, and that some APDs do not have enough funding to cover safe supports (such as 2:1 Support Worker assistance). For example, APDs highlight that the NDIS allocation of $23.66/day stipulated in the *NDIS Practice Guide: Nutrition Supports*[5] is an "inequitable and fixed allocation that is not patient centred." They further note that NDIS average annual allocations for home enteral nutrition[47] "are not based on individual need for person centred care." More recently, NDIS has recommended Medicare-subsidised Chronic Condition Care Plan (CCCP)[48, 49] funding instead of NDIS-funded dietetics. While Medicare funds dietetic supports for chronic condition management, there is growing concern among APDs about the effectiveness of the CCCP "in meeting the needs for people with disability (adults), ensuring goals are achieved, and addressing risk for integration into advice and solutions." APDs assert that the needs and supports of people with disability are more appropriately met by the NDIS through its funding of dietetic supports.

Embedding mandatory funding into disability services enables APDs to engage in ongoing professional development and maintain best-practice, evidence-based care. This aligns with findings from independent providers such as Bloom Healthcare[50] and Active Ability[51] that highlight the role of funding for APDs to deliver safe practice and positive participant outcomes. Appropriate funding allows APDs to adjust and adapt to the changing needs of their patients, improving informed choice and risk management—both essential to person-centred care. APDs also note that funding shortfalls contribute to broader systemic misalignment in disability support, resulting in a system that is not patient-centred. A collective national group of APDs working across regional and remote Australia in

hospitals, community health and private practice —including allied health, carers and support workers—have raised concerns that services are "not consistently held accountable for delivering safe and quality services." They call for consistent, safe, coordinated and enforceable standards for all providers supporting people with disability, noting that inadequate funding limits providers' ability to train staff and access training. APDs call for addressing the root cause of the problem, which is "adequate funding for disability care across the lifespan", to see people with disability as "more than just a number."

Guaranteeing adequate funding ensures that people with disability receive safe, evidence-based advice and support, while APDs maintain up-to-date knowledge—including specialised knowledge beyond core clinical training—to uphold rights and wellbeing. We recommend the *Framework* include provision for funding commitments to ensure people with disability are able to obtain the advice and support they need to live a functional and independent life.

c) *Establish explicit accountability frameworks enabling APDs to refuse unsafe care while ensuring timely alternatives.*

APDs are bound by professional standards to deliver evidence-based nutrition advice and act in the best interests of people with disability. This includes managing complex nutrition needs, preventing harm and advocating against restrictive practices that compromise quality of life. Although not made explicit in disability policy, accountability frameworks that enable APDs to refuse unsafe advice are implicit in existing codes of conduct. For example, the Dietitians Australia *Code of Conduct for dietitians and nutritionists*[25] requires APDs to act in the best interests of clients, which includes refusing unsafe or non-evidence-based care. This framework implicitly empowers APDs to safeguard people with disability by declining unsafe interventions.

Even so, APDs have voiced concern about being asked to provide nutrition advice in situations they professionally deem unsafe, particularly in the context of inadequate funding for dietetic services. This places them in a compromised and conflicting position—expected to provide advice even when it is not right, sound or pragmatic to do so. For example, situations where a person with complex disability may have dysphagia, significant bowel management needs, and eating concerns "with often all three impairments co-occurring….and dietetics is given limited funding (eg, 5 hours for the entire plan year) or no funding (and for the care to be under 'mainstream health')." Safe and thorough care, where there are multiple high-risk needs for consideration and advice, requires time and resources for collaboration with relevant health care professionals and supports. The management of these issues carries a practice alert under the QSC.[40]

Professional oversight is currently reinforced by the NDIS *Code of Conduct*[52] and *Practice Standards*[33] which form part of the QSC Rules and Standards[53] APDs must abide by. Additionally, by the NDIS *Nutrition Supports* guidance documents on 'nutrition supports including meal preparation'[54], which recognise APD services as needed where disability impacts nutrition and eating. Explicit accountability frameworks would further protect people with disability from unsafe practices and uphold professional integrity in difficult circumstances, while ensuring timely and accessible avenues for help that support basic rights of choice, freedom and participation. Making explicit in disability safeguards what is already implicit in professional standards would help ensure APDs can exercise their duty safely and thoughtfully within an underfunded system.

A further advantage of embedding accountability frameworks is that APDs are empowered to redirect clients toward timely and appropriate alternatives. This is critical both to safeguarding people who receive their advice and to supporting APDs in meeting their professional obligations.

These mechanisms achieve a dual aim for APDs: (a) upholding their duty of care and (b) enabling them to decline unsafe practices that do not align with their training and professional judgment.

Response Recommendation 3.5

a) *Eliminate consent barriers to enable APDs to provide timely, safe hospital discharge care.*

Barriers that delay APDs from providing timely hospital discharge can compromise safety for people with disability. The Australian Commission on Safety and Quality in Healthcare emphasises that safe transitions of care require timely, coordinated input from healthcare professionals.[55] APDs play a crucial role in ensuring safe transitions from hospital to community care. APDs have described situations where delays in parental consent in children's hospitals have resulted in less-than-ideal outcomes, including children being placed in foster care. A NDIS liaison depends on that consent, meaning "it creates a real angst level of exceptionally long admissions ….. six plus months on the wards waiting for support." APDs involved with children may need to wait even longer.

The NDIS "reasonable and necessary" supports[34] reinforces the importance of access to nutrition expertise during discharge and planning. Research shows that there are gaps in nutrition care after discharge and continuity of nutrition care is needed.[56] Eliminating barriers and enabling a more streamlined consent process would allow APDs to act promptly and ensure that people with disability receive safe, timely and accurate information and advice prior to hospital discharge.

Streamlining these processes would be a strong step toward upholding best-practice standards and ensuring continuity of care that supports people with disability as they recover and pursue a better quality of life in the community.

b) *Establish consistent communication pathways to integrate APDs into NDIS and hospital coordination.*

Integrating APDs into NDIS and hospital coordination is critical to ensuring seamless continuity of care—including safe community transition—and timely nutrition advice and support for people with disability. This aligns with findings by the QSC, which emphasise that effective transitions of care require structured communication and collaboration across health and disability services.[55] APDs are divided on their experiences with coordinated care. Some APDs report positive experiences of coordinated care for some NDIS participants, however they call for more "consistent integration of APDs in both written and non-written communication rather than the current ad hoc approach." Others say they can "list many occasions where organisations have not worked together...the NDIS and Child Protection are regularly not working together to support families with disabilities."

APDs stated that fragmentation in communication between themselves and NDIS planners leads to gaps in nutrition care. This, in their experience, increases the risk of malnutrition, constipation, bowel issues and diabetes, all of which can escalate to significant harm and hospital admissions. Fragmentation is also evident when healthcare providers escalate concerns to relevant authorities. APDs have observed that "different organisations may dispute jurisdiction or responsibility, leading to delays, gaps in care, and ultimately, the client being left unsupported and lost within the system." This "pattern must be addressed to ensure genuine protection and continuity of care for those who need it most." Further, organisations are "faster to reject the referral and hand to another organisation than they are to consider the referral and provide appropriate solutions. The high level

of administrative burden and lack of funding allocation to enable true inter- and trans-disciplinary support that so many people with disability require."

A multidisciplinary and holistic planning approach would be effective and better safeguard wellbeing. In particular, "small independent providers with...a sound understanding of scope of practice working within a multidisciplinary team can be most effective, as their decision making is not tied to internal organisation cross-referrals or bound by organisational policy and procedure to the same extent as large legacy organisations." Establishing consistent communication pathways between APDs and community settings would ensure that APD advice and nutrition support are not lost, enabling people with disability to access the guidance they need to lead healthy, happy and independent lives.

Conclusion

These 12 recommendations together reinforce a simple but essential truth: safeguarding for people with disability requires a system in which every professional is enabled to do their job well. Nutrition is deeply interconnected with functional capacity, health, safety, independence and quality of life, and APDs play a critical role in managing risks, supporting choice and control, and ensuring that people with disability receive evidence-based, person-centred care. When funding is inadequate, communication is fragmented, roles are unclear or accountability mechanisms are weak, it is people with disability who bear the consequences through preventable harm, reduced autonomy and poorer life outcomes.

Strengthening safeguards around APD practice—through clear role delineation, consistent integration across systems, adequate funding, and explicit accountability—ensures that nutrition care is safe, coordinated and aligned with human rights frameworks such as the CRPD. By embedding these protections, the disability and health systems can work together more effectively to uphold dignity, promote wellbeing and support people with disability, who are at the centre, to live healthy, meaningful and self-directed lives.

References

[1] United Nations. Convention on the Rights of Persons with Disabilities [Internet]. New York: United Nations; 2006 Dec 13 [cited 2025 Dec 12]. Available from: https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html.

[2] Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability. Final report [Internet]. 2023 [cited 2025 Dec 12]. Available from: https://disability.royalcommission.gov.au/publications/final-report.

[3] United Nations. United Nations Decade of Action on Nutrition 2016–2025 [Internet]. Geneva: World Health Organization & Food and Agriculture Organization of the United Nations; 2016 [cited 2025 Dec 12]. Available from: https://www.un.org/nutrition/.

[4] United Nations. Transforming our world: The 2030 Agenda for Sustainable Development [Internet]. New York: United Nations; 2015 Sep 25 [cited 2025 Dec 12]. Available from: https://sdgs.un.org/2030agenda.

[5] NDIS Quality and Safeguards Commission. Practice guide: Nutrition supports. Version 4.0 [Internet]. 2020 [cited 2025 Dec 12]. Available from: https://www.ndis.gov.au/our-guidelines

[6] World Health Organization. Healthy diet [Internet]. 2020 Apr 29 [cited 2025 Dec 17]. Available from: https://www.who.int/news-room/fact-sheets/detail/healthy-diet.

[7] Australian Institute of Health and Welfare. Food & nutrition: Overview [Internet]. 2024 Jun 17 [cited 2025 Dec 17]. Available from: https://www.aihw.gov.au/reports-data/behaviours-risk-factors/food-nutrition/overview.

[8] Disability Intermediaries Australia. Practice guidance: Food and Nutritional Supports [Internet]. 2024 Aug 28 [cited 2025 Dec 17]. Available from: https://www.intermediaries.org.au/wp-content/uploads/2024/08/Practice-Guidance-Food-and-Nutritional-Supports.pdf.

[9] Australian Children's Education and Care Quality Authority. Element 2.1.3: Healthy Lifestyle [Internet]. [cited 2025 Dec 17]. Available from: https://www.acecqa.gov.au/national-quality-framework/guide-nqf/section-3-national-quality-standard-and-assessment-and-rating/quality-area-2-childrens-health-and-safety/standard-21-health/element-213-healthy-lifestyle.

[10] Australian Commission on Safety and Quality in Health Care. NSQHS Standards User guide for health services providing care for people with mental health issues [Internet]. Sydney: ACSQHC; 2020 [cited 2025 Dec 12]. Available from: https://www.safetyandquality.gov.au/publications-and-resources/resource-library/nsqhs-standards-user-guide-health-services-providing-care-people-mental-health-issues.

[11] Australian Institute of Family Studies. Lived experience of people with disabilities [Internet]. 2021 [cited 2025 Dec 12]. Available from: https://aifs.gov.au/resources/short-articles/lived-experience-people-disabilities.

[12] Bigby C, Hough A, editors. *Disability Practice: Safeguarding Quality Service Delivery*. Singapore: Palgrave Macmillan; 2024.

[13] Australian Human Rights Commission. Creating accessible and inclusive communications [Internet]. 2024 [cited 2025 Dec 12]. Available from: https://humanrights.gov.au/resource-hub/resources-for-organisations-businesses/disability-resources-employers/creating-accessible-inclusive-communications.

[14] Department of Social Services. Australia's Disability Strategy 2021–2031 [Internet]. 2021 [cited 2025 Dec 12]. Available from: https://www.disabilitygateway.gov.au/ads/strategy.

[15] National Disability Insurance Agency. Career development and learning opportunities [Internet]. [cited 2025 Dec 17]. Available from: https://www.ndis.gov.au/about-us/careers-ndia/why-work-ndia/career-development-and-learning-opportunities.

[16] Dietitians Australia. Speech pathologists and dietitians urge Minister Shorten to update NDIS supports lists to ensure people with disability can eat and drink safely [Internet]. [cited 2025 Dec 16]. Available from: https://dietitiansaustralia.org.au/about-us/media-centre/speech-pathologists-and-dietitians-urge-minister-shorten-update-ndis-supports-lists-ensure-people.

[17] Dietitians Australia. NDIS participants must not be denied nutrition support they need [Internet]. [cited 2025 Dec 16]. Available from: https://dietitiansaustralia.org.au/about-us/media-centre/ndis-participants-must-not-be-denied-nutrition-support-they-need

[18] National Disability Insurance Scheme. Supports funded by the NDIS [Internet]. [cited 2025 Dec 16]. Available from: https://ndis.gov.au/understanding/supports-funded-ndis#what-is-an-ndis-support

[19] United Nations Committee on the Rights of Persons with Disabilities. General comment No. 7 (2018) on the participation of persons with disabilities, including children with disabilities, through their representative organizations, in the implementation and monitoring of the Convention [Internet]. Geneva: United Nations; 2018 [cited 2025 Dec 12]. Available from: https://digitallibrary.un.org/record/3899396?ln=en&v=pdf

[20] Education in Nutrition. Nutrition resources for people with a disability [Internet]. n.d. [cited 2025 Dec 12]. Available from: https://educationinnutrition.com.au/news/nutrition-resources-for-people-with-a-disability.

[21] Martin AM, Divane S, Twomey S, Egan C, Dalton C, O'Neill L, et al. Don't mention the diet! A health promotion initiative to support healthy diet and lifestyle decision making by people with intellectual disability. Br J Learn Disabil. 2021; doi:10.1111/bld.12382.

[22] Winther T. Lived Experience in Policy: Lessons from the NDIA's Codesign Evaluation [Internet]. Team DSC; 2025 Aug 8 [cited 2025 Dec 17]. Available from: https://teamdsc.com.au/resources/lived-experience-in-policy-lessons-from-the-ndia-codesign-evaluation.

[23] Australian Institute of Health and Welfare. People with disability in Australia: Summary [Internet]. 2022 [cited 2025 Dec 12]. Available from: https://www.aihw.gov.au/reports/disability/people-with-disability-in-australia/contents/justice-and-safety.

[24] Dietitians Australia. Apply to become an Accredited Practising Dietitian [Internet]. [cited 2025 Dec 16]. Available from: https://dietitiansaustralia.org.au/working-dietetics/credentialing-dietitians.

[25] Dietitians Australia. Code of Conduct for dietitians and nutritionists [Internet]. [cited 2025 Dec 16]. Available from: https://dietitiansaustralia.org.au/working-dietetics/standards-and-scope/code-conduct-dietitians-and-nutritionists.

[26] National Disability Insurance Agency. Dysphagia supports [Internet]. [cited 2025 Dec 17]. Available from: https://www.ndis.gov.au/our-guidelines.

[27] Dietitians Australia. Capacity building in disability for dietitians [Internet]. [cited 2025 Dec 16]. Available from: https://dietitiansaustralia.org.au/advocacy-and-policy/capacity-building-disability-dietitians.

[28] Australian Government Department of Health and Aged Care. Information, Linkages and Capacity Building (ILC) program funds community projects for people with disability, their carers and families [Internet]. [cited 2025 Dec 17]. Available from: https://www.health.gov.au/our-work/information-linkages-and-capacity-building?language=en.

[29] Cerebral Palsy Alliance. DisabilityAware: An Awareness and Inclusion Program [Internet]. [cited 2025 Dec 17]. Available from: https://training.cerebralpalsy.org.au/product?catalog=disabilityaware-an-awareness-and-inclusion-program.

[30] National Alliance of Self Regulating Health Professions. NASRHP [Internet]. Available from: https://nasrhp.org.au/ Accessed 2025 Dec 16.

[31] Dietitians Australia. National competency standards for dietitians [Internet]. 2021. Available from: https://dietitiansaustralia.org.au/working-dietetics/standards-and-scope/national-competency-standards-dietitians. Accessed 2025 Dec 16.

[32] Dietitians Australia. Making a complaint about a dietitian [Internet]. Available from: https://dietitiansaustralia.org.au/working-dietetics/standards-and-scope/making-complaint-about-dietitian. Accessed 2025 Dec 16.

[33] NDIS Quality and Safeguards Commission. NDIS Practice Standards [Internet]. [cited 2025 Dec 16]. Available from: https://www.ndiscommission.gov.au/rules-and-standards/ndis-practice-standards.

[34] National Disability Insurance Scheme. Reasonable and necessary supports [Internet]. [cited 2025 Dec 16]. Available from: https://www.ndis.gov.au/understanding/supports-funded-ndis/reasonable-and-necessary-supports.

[35] Living Dreams Disability Services. Unravelling the Domino Effect of Dietetics: Transforming Lives Beyond Nutrition [Internet]. [cited 2025 Dec 16]. Available from: https://www.livingdreamsdisability.com.au/blogs/beyond-nutrition.

[36] Dietitians Australia. Dietetic core standards: outlining the skills and knowledge required for dietitians working with people with disability [Internet]. 2016 [cited 2025 Dec 16]. Available from: https://member.dietitiansaustralia.org.au/Common/Uploaded%20files/DAA/Resource_Library/2020/Dietetic_Core_Standards_Disability_2016.pdf.

[37] Living Dreams Disability Services. Our approach [Internet]. [cited 2025 Dec 16]. Available from: https://www.livingdreamsdisability.com.au/our-approach.

[38] Bloom Healthcare. How a Dietitian Can Support You Through the NDIS [Internet]. 2025 Oct 26 [cited 2025 Dec 17]. Available from: https://bloom-healthcare.com.au/2025/10/26/how-a-dietitian-can-support-you-through-the-ndis/.

[39] Arubah Health. The Essential Role of Dietitians in Disability Care & Why You Should Care [Internet]. 2025 Jun 17 [cited 2025 Dec 17]. Available from: https://www.arubahhealth.com.au/2025/06/17/the-essential-role-of-dietitians-in-disability-care-why-you-should-care/.

[40] NDIS Quality and Safeguards Commission. Quality practice [Internet]. [cited 2025 Dec 16]. Available from: https://www.ndiscommission.gov.au/rules-and-standards/quality-practice.

[41] Dietitians Australia. NDIS participant access to APD services and nutrition support products: Position statement [Internet]. [cited 2025 Dec 16]. Available from: https://dietitiansaustralia.org.au/advocacy-and-policy/position-statements/ndis-participant-access-apd-services-and-nutrition-support-products-position-statement.

[42] NDIS Quality and Safeguards Commission. Regulated Restrictive Practices Guide [Internet]. Version 1.1. 2020 [cited 2025 Dec 16]. Available from: https://www.ndiscommission.gov.au/sites/default/files/2022-02/regulated-restrictive-practice-guide-rrp-20200.pdf.

[43] Australian Commission on Safety and Quality in Health Care. Intellectual disability and inclusive health care [Internet]. [cited 2025 Dec 16]. Available from: https://www.safetyandquality.gov.au/our-work/intellectual-disability-and-inclusive-health-care.

[44] National Centre of Excellence in Intellectual Disability Health. Submission to the Review of the Disability Discrimination Act [Internet]. [cited 2025 Dec 16]. Available from: https://nceidh.org.au/news/submission-review-disability-discrimination-act

[45] DPS Publishing. About DPS [Internet]. [cited 2025 Dec 17]. Available from: https://dpspublishing.com.au/about-dps.

[46] Winther T. Food, meal prep and the NDIS: FAQs [Internet]. Team DSC; 2025 Apr 23 [cited 2025 Dec 16]. Available from: https://teamdsc.com.au/resources/food-meal-prep-and-the-ndis-faqs.

[47] National Disability Insurance Agency. Assistive Technology, Home Modifications and Consumables Code Guide: 2025–26 [Internet]. Version 1.0. 2025 [cited 2025 Dec 16]. Available from: https://www.ndis.gov.au/providers/pricing-arrangements.

[48] Cant RP. Public Health Nutrition: The Accord of Dietitian Providers in Managing Medicare Chronic Care Outpatients in Australia. Int J Environ Res Public Health. 2010;7(4):1841-1854. Available from: https://pmc.ncbi.nlm.nih.gov/articles/PMC2872354/.

[49] Ghasemiardekani M, Willetts G, Hood K, Cross W. The effectiveness of chronic disease management planning on self-management among patients with diabetes at general practice settings in Australia: a scoping review. BMC Prim Care. 2024;25(1):75. Available from: https://pubmed.ncbi.nlm.nih.gov/38429634/.

[50] Bloom Healthcare. NDIS Dietitian 2025 guide: What You Can Claim, Appointment Types, and Questions to Ask a Provider [Internet]. 2025 Nov 24 [cited 2025 Dec 17]. Available from: https://bloom-healthcare.com.au/2025/11/24/ndis-dietitian-2025-guide-what-you-can-claim-appointment-types-and-questions-to-ask-a-provider/.

[51] Active Ability. NDIS Dietitian Funding: Dietitian Support Through the NDIS [Internet]. [cited 2025 Dec 17]. Available from: https://activeability.com.au/dietetics/ndis-dietitian-funding/.

[52] NDIS Quality and Safeguards Commission. NDIS Code of Conduct [Internet]. [cited 2025 Dec 17]. Available from: https://www.ndiscommission.gov.au/rules-and-standards/ndis-code-conduct.

[53] NDIS Quality and Safeguards Commission. Rules and standards [Internet]. 2025 May 30 [cited 2025 Dec 17]. Available from: https://www.ndiscommission.gov.au/rules-and-standards.

[54] National Disability Insurance Agency. Nutrition supports including meal preparation [Internet]. 2024 [cited 2025 Dec 17]. Available from: https://www.ndis.gov.au/understanding/supports-funded-ndis/disability-related-health-supports.

[55] Australian Commission on Safety and Quality in Health Care. Transitions of Care [Internet]. [cited 2025 Dec 17]. Available from: https://www.safetyandquality.gov.au/our-work/transitions-care.

[56] Marshall S, Young A, Bauer J, Isenring E. Malnutrition in geriatric rehabilitation: prevalence, patient outcomes, and criterion validity of the Scored Patient-Generated Subjective Global Assessment and the Mini Nutritional Assessment. J Acad Nutr Diet. 2016;116(5):785-794.