

# Support at Home Program

**Feedback from Dietitians Australia  
July 2022**

## **Recipient**


Nick Morgan, Assistant Secretary, Support at Home Reform Branch  
nick.morgan@health.gov.au

## **Dietitians Australia contact**

Vanessa Schuldt, Senior Policy Officer  
pao@dietitiansaustralia.org.au

**A** PO Box 2087 Woden ACT 2607 | **T** 02 6189 1200  
**E** info@dietitiansaustralia.org.au  
**W** dietitiansaustralia.org.au | **ABN** 34 008 521 480

Dietitians Australia and the associated logo is a trademark of the Dietitians Association of Australia.



## About Dietitians Australia

Dietitians Australia is the national association of the dietetic profession with over 8000 members, and branches in each state and territory. Dietitians Australia is the leading voice in nutrition and dietetics and advocates for food and nutrition for healthier people and healthier communities.

The **Accredited Practising Dietitian (APD)** program provides an assurance of safety and quality and is the foundation of self-regulation of the dietetic profession in Australia. Accredited Practising Dietitians have an important role in aged care, such as in the assessment and dietary management of clients with chronic disease and malnutrition, in the planning and coordination of food service within aged care homes and home delivered meal programs, and in the training of aged care sector staff.

Dietitians Australia supports the Royal Commission in Aged Care Quality and Safety's recommendation to implement a new aged care program and funding model for care at home. The proposed design for the **Support at Home Program** includes some positive features that promote independence, reablement and quality of life as people age at home. Our organisation and its members who work in community aged care, wish to provide some feedback on some elements of the proposed Support at Home Program and put forward some recommendations and solutions for program improvement.

## SUPPORT AT HOME PROGRAM

### SERVICE CATEGORY 1 – Independence at Home

#### Service Type – ‘Meals’ (Meal Delivery and Meal Preparation)

**Feedback:** In many cases, meal delivery services are arranged for community aged care clients without any consideration of holistic nutrition requirements, or any input or oversight from an Accredited Practising Dietitian. Whilst we acknowledge that the process of involving an Accredited Practising Dietitian needs consideration to ensure it does not delay or prevent the immediate delivery of meals where required, in some cases, a meal delivery service isn’t actually the most appropriate nutrition intervention. Independence or reablement are sometimes best achieved by supporting clients to prepare meals at home and manage their own nutrition. This may include working with clients, individually or in groups, on tasks like menu planning, creating shopping lists, skills to navigate a supermarket, food budgeting, access to simple recipes, finding easier ways to put meals together, skills to follow a specialised diet, working out how to access oral nutritional supplements etc.

In some other cases, meals received by clients may be nutritionally inappropriate (e.g. insufficient in kilojoules & protein) and have negative impacts on their health, wellbeing and quality of life. In the absence of nationally recognised meal standards for caterers providing home delivered and centre-based meals to older Australians, there is an even greater need for the guidance of an Accredited Practising Dietitian in meal delivery decisions and service planning.

The involvement and oversight of Accredited Practising Dietitians in nutrition interventions and meal delivery decisions is essential early in the process. When it is identified that assistance is required for nutrition-related activities of daily living (ADL), **clinical oversight of an Accredited Practising Dietitian will help determine the need for delivered meals and/or other nutrition supports, as part of a holistic nutrition intervention to support capacity building, reablement and independence.** In situations where a meal delivery service is warranted, an Accredited Practising Dietitian can assist with meal delivery service decisions, meal selections and meal delivery planning, ensuring that the client’s unique nutritional needs and nutrition-related ADLs are met.

**Recommendation:** Embed the involvement and clinical oversight of Accredited Practising Dietitians in nutrition interventions and meal delivery (i.e. meal delivery service decisions, meal selections, meal delivery planning) early in the process, as part of the Support at Home Program.

Within the ‘Independence at Home’ service category, consider changing the service type of ‘Meals’ to ‘Meals and Nutrition Support’. The sub-categories could then be better described as ‘Meal Delivery’ and ‘Food and Nutrition Interventions - other than meal delivery’. Food and nutrition interventions will cover activities that support clients to increase food and nutrition knowledge, skills, confidence and safety in the home.

**Feedback:** Within the ‘Meals’ service type, the descriptor includes ‘*support to increase knowledge, skills, confidence and or safety*’. This is welcomed and will assist both the service providers and their clients to increase food and nutrition skills and knowledge. Helping older people to prepare meals in their own home promotes independence and supports wellness and reablement goals. Group education such as cooking classes, supermarket tours and community kitchens for older people are also important activities under this service type and need to be included and funded.

Improving the nutrition knowledge, skills and confidence of service providers themselves, is also vital. These workers have regular contact and relationships with clients and can therefore play a very important role in reinforcing and supporting key nutrition messages. Nutrition training, resources and support for community aged care workers is key, to enable improved food and nutrition practices across the sector.

Ensuring that the education and information is evidenced-based and meets the unique nutrition needs of this population group is critical. Advice on nutrition must be provided by an Accredited Practising Dietitian, or a Certificate IV Nutrition and Dietetics Assistant under the guidance of an Accredited Practising Dietitian.

**Recommendations:** Fund and require the input and oversight of Accredited Practising Dietitians in the delivery of strategies that help to increase food and nutrition knowledge, skills and confidence within the ‘Meals’ (or rather the ‘Meals and Nutrition Support’) service type. In addition to 1:1 in-home support to improve client food and nutrition skills and knowledge, funding is also to be provided for group education, such as cooking classes, supermarket tours and community kitchens for older people, as well as nutrition training, resources and support for community aged care workers, if not already accounted for in this service type.

**Feedback:** The service list sub-category of ‘Meal Delivery’, and the descriptor of ‘*Provides access to nutritional meals for care recipients*’ requires involvement of Accredited Practising Dietitians (as previously noted), as well as nationally recognised meal standards and funding, in order to be realised. While there are presently some evidence-based [national meal guidelines](#) that exist to support meal programs for older Australians, there is no mandate or incentive for any guidelines to be followed. Consequently, caterers providing home delivered or centre-based meals to community-dwelling older adults in Australia do not have nationally recognised meal standards to guide them. The nutritional quality of these meals is therefore highly variable (from very good to very poor). As such, some aged care clients currently receive meals that are not suited to their unique nutrition needs, increasing the risk of malnutrition and subsequently falls, ill health and early entry into residential aged care and/or hospital. There is also no oversight on how home delivered meal services provide therapeutic meals (e.g. low potassium meals for clients with renal issues), increasing the risk of harm and ill health.

**Recommendation:** Introduce nationally recognised meal standards for caterers providing home delivered and centre-based meals to older Australians and provide adequate funding to support their implementation and monitoring.

## SUPPORT AT HOME PROGRAM

### SERVICE CATEGORY 4 – Health and Specialised Support

#### **Service Type – Allied Health**

**Feedback:** It is understood that the new ‘Integrated Assessment Tool’ does not specifically screen for malnutrition (i.e. it does not include a validated malnutrition screening tool), although some relevant nutrition/eating questions/prompts are included. In the absence of a validated malnutrition screening tool, a client with malnutrition risk is likely to go unrecognised as part of the initial Support at Home Program assessment. Malnutrition is a precursor for falls, ill health and early entry into residential aged care and/or hospital.

For diagnosis and management of malnutrition, a referral to an Accredited Practising Dietitian is needed. Some barriers exist however in some locations in accessing dietitians for this support.

**Recommendation:** Include malnutrition screening (using a [malnutrition screening tool](#) validated for older community-dwelling adults) in the ‘Integrated Assessment Tool’ as part of the Support at Home Program. The framework for screening of malnutrition risk must include:

- a. Initial and ongoing training of assessors re: use of the validated malnutrition screening tool.
- b. Prompt referral of all identified as being at risk of malnutrition to an Accredited Practising Dietitian for nutrition intervention.
- c. Minimum standards for the documentation of screening results and follow up.

Reducing barriers to accessing dietitians through adequate and consistent funding of nutrition services nationally is needed.

**Feedback:** Accredited Practising Dietitians have many non-face-to-face tasks with clients that they undertake as part of their work in community aged care. Examples include, (but are not limited to), tasks like menu planning, creating shopping lists, educating and training care providers to provide nutrition support at home; conducting group nutrition education to clients; and ordering oral nutritional supplements etc.

**Recommendation:** Recognise and continue to fund the essential non-face-to-face duties performed by Accredited Practising Dietitians under the Support at Home Program.

**Feedback:** Not all assessors have a clinical background, which increases the likelihood of medical/clinical issues going undetected and inappropriate solutions being actioned. An example of this is where malnutrition risk is identified, but nutrition support from an Accredited Practising Dietitian is bypassed in favour of a meal delivery service, resulting in poor outcomes for the client. This is a common scenario now.

**Recommendation:** Include clinical advisors or clinical advisory panels (with allied health professionals, including Accredited Practising Dietitians) within each assessment team to support non-clinical assessors with assessment findings and provide decisional support if they are unclear on the need.

### **Service Type – Specialised Supports**

**Feedback:** Oral Nutritional Supplements (ONS) and Enteral Feeding Formula are currently absent from the list of ‘Specialised Supports’. Dietitians Australia understands that the next version of the Home Care Package Operational Manual (pending publication) lists enteral feeding formula and specialised foods as per the ‘Australia New Zealand Food Standards Code – Standard 2.9.5 Food for special medical purposes’ as inclusions in the Home Care Packages (HCP) Program. The Manual will also list examples of the specialised foods for inclusion, which includes a wide variety of ONS, to support clients with heightened nutrition issues and swallowing issues.

**Recommendation:** Ensure ONS and Enteral Feeding Formula is in the list of ‘Specialised Supports’, as advised that it would be. ONS and Enteral Feeding Formula are to be funded under the Support at Home Program, regardless of the care needs and level of complexity determined from the Integrated Assessment Tool, if clinically indicated by an Accredited Practising Dietitian.

#### **SUPPORT AT HOME PROGRAM**

##### **SERVICE CATEGORY 5 – Care Management**

### **Service Type – Care Management**

**Clarification:** In the care management, we request clarification on what qualifications/criteria are required for the staff involved in care management and clinical oversight? Will this be nurse led, or open to allied health professionals as well?

**Recommendation:** Include allied health professionals (including Accredited Practising Dietitians) in the qualifications/criteria for staff involved in care management and clinical oversight.

#### **SUPPORT AT HOME PROGRAM**

##### **SERVICE CATEGORY 7 – Respite Care**

### **Service Type – Respite and Residential Respite**

**Feedback:** Clients coming to respite care may have a medical condition (e.g. swallowing issues, food allergies, intolerances) that warrants specialised meals (e.g. texture modified meals/drinks, gluten free etc). This requires the expertise of an Accredited Practising Dietitian, to ensure the client receives meals/drink suited to their medical condition and individual preferences. CHSP funded Dietitians may also support clients who are going to respite care by providing them and/or their family members with education and resources to take with them and in some cases, they will call ahead and make recommendations to the respite facility.

**Recommendation:** Continue to fund Accredited Practising Dietitian assistance with meals in respite care under the Support at Home Program.