Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability. Issues with the National Disability Insurance Scheme and Mainstream Services

November 2020

Dietitians Australia is the national association of the dietetic profession with over 7000 members, and branches in each state and territory. Dietitians Australia is a leader in nutrition and advocates for food and nutrition for healthier people and healthier communities. Dietitians Australia appreciates the opportunity to respond to the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability.

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1. DIETITIANS AUSTRALIA INTEREST IN THIS CONSULTATION

Dietitians Australia is the peak body for the nutrition and dietetics profession, with over 7000 members in Australia and internationally. Dietitians Australia supports the rights and needs of people with disability to access safe and enjoyable food and fluids, and person-centred nutrition care provided by an Accredited Practising Dietitian (APD).

People with disability have food, fluid and nutrition requirements related to function, in addition to requirements for growth and development, defence against infection, repair from injury, physical activity and mental health.(1, 2) Access to healthy food, fluids and person-centred nutrition care are significant factors in promoting physical and mental health, and supporting social and economic participation.(3-6)

Dietitians Australia's interest in this consultation is to raise awareness of the neglect of food, fluids and nutrition care of people with disability in Australia and provide recommendations for change. Improved access to appropriate nutrition supports and APD services through policy reform, care coordination, funding and education, will lead to improvements in the health and wellbeing of people with disability, reductions in preventable deaths and increased social and economic participation.

The APD program administered by Dietitians Australia is the platform for self-regulation of the dietetic profession and provides assurance of quality and safety to the public. APDs are food and nutrition experts who translate the science of nutrition into practical solutions for healthy living. APDs support people with disability to meet their unique food, fluid and nutrition requirements and achieve their goals.

2. ACKNOWLEDGEMENTS

The development of this submission was a collaborative process drawing on members from the following groups within Dietitians Australia including:

- Disability Interest Group
- Mental Health Interest Group
- Members in attendance at the Disability and Mental Health Think Tanks

Gratitude is extended to the following members who shared their wisdom, knowledge and expertise in an effort to inform this submission:

- Shannon Butler
- Carmel Curlewis
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3. INTRODUCTION

Inadequate access to food, fluids and person-centred nutrition care, are long-standing issues for many people with disability in Australia. Dietitians Australia has long advocated for better recognition of these issues and for systemic change to improve the nutritional health and lives of people with disability in Australia.(5-16) The Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability provides the opportunity to highlight these issues and call on the public, government and all people involved in the care of people with disability, to better support the rights and needs of people with disability to equitable access of safe, healthy and enjoyable food, fluids and nutrition care.

Dietitians Australia is pleased to provide this submission to the Royal Commission, which is informed by our past advocacy work(5-7, 9-11, 13-16) and by issues raised by Dietitians Australia members. Our submission covers the following key areas:

- Section 3.1: summarises issues regarding food, fluids and nutrition care raised by witnesses to the Disability Royal Commission. Collectively, these witness accounts demonstrate that issues regarding food, fluids and nutrition care are part of the picture of abuse, violence and neglect experienced by many people with disability in Australia. Dietitians Australia calls on the Royal Commission to address issues regarding food, fluids and nutrition care raised by witnesses.
- Section 3.2: summarises references to food, nutrition and health in several human rights instruments. We put forward the position that a human rights-based approach to food and nutrition is essential to addressing the rights and needs of people with disability. Dietitians Australia calls on the Disability Royal Commission to apply a human rights-based approach to addressing food and nutrition issues.
- Section 3.3: provides a brief summary of the nutrition concerns of people with disability
- Section 3.4: highlights research regarding food, fluid and nutrition related deaths of people with disability in receipt of disability services in Australia
- Section 3.5: highlights the role of APD services in supporting the physical, mental, social and economic needs of people with disability
- Section 5.1: highlights issues and barriers to access of food, fluids and nutrition care for people with disability in the context of NDIS services. Provides recommendations for change
- Section 5.2: highlights issues and barriers to access of food, fluids and nutrition care for people with disability in the context of mainstream services. Provides recommendations for change

- Section 5.3: summarises key issues for Aboriginal Torres Strait Islander peoples and rural and remote populations

We trust that our submission provides the Royal Commission with information to assist in formulating recommendations for systemic change in relation to food, fluid and nutrition care in Australia.

3.1 Evidence from the Disability Royal Commission hearings

3.1.1 Evidence provided by people with disability, family, carers and support people

The Royal Commission heard from people with disability, family, carers and support people about instances of abuse, violence and neglect involving food, fluids and nutrition care. Below we summarise references to these issues raised by witnesses at the Royal Commission.

Public hearing 3: the experience of living in a group home for people with disability

- Use of restrictive food practices as a form of punishment (AAG, 02/12/19, p-47)
- Inappropriate use of environmental restrictive practices. Food locked away (04/12/19; p-197)

Public hearing 4: healthcare and services for people with cognitive disability

- Hospital staff not monitoring food and fluid intake and neglecting to provide appropriate nutrition for a person with disability who 'had not been eating for two and a half weeks' (Ms Mills, 25/02/2020, p-501)
- Medical staff not listening to or acting on parent's concern about acute health condition including dehydration and poor food intake (Dr Kelly, 18/02/2020, p-47).
- Medical staff not acting on parent's request for fluids and medicine for child, during hospitalisation. Mother had to invoke 'Ryan's Rule' (escalation of care) before he "was finally put on fluids and given the correct amount of pain medication". (Ms Mitchell, 19/02/2020, p-134 - p-138)
- Incorrect information about breastfeeding and lack of support provided to mother to breastfeed her child with Down Syndrome (Ms Browne; 19/02/2020; p-70 and p-81 – p-84)
- Emergency medicine staff not recognising that child is acutely unwell and dehydrated due to dismissing him as "…just a baby with Down Syndrome, who may have low tone..." Mother needing to strongly advocate to have child admitted to paediatric ward (Ms Browne; 19/02/2020; p-83 - p-84).

- Medical staff unaware of how to make reasonable adjustments to obtain blood sample for nutritional biochemistry, leading to traumatic experience for a child with disability (Ms Browne; 19/02/2020; p-91-p-93)
- Poor communication regarding tube feeding and nutrition support options and forceful removal of a feeding tube (Ms Nash, 25/02/2020, p-667 - p-670)

3.1.2 Evidence provided by professionals

Issues of food and nutritional neglect were also raised by professionals at the Royal Commission, as summarised below.

Public hearing 3: the experience of living in a group home for people with disability

- People with disability often lack choice and control over meals and food choices (Dr Pearce; 03/12/19; p-125)
- Care staff failing to support client to cook and facilitating poor eating habits, leading to adverse health outcomes. *"Staff in this home have repeatedly refused to assist the client to cook, despite the client wishing to learn to cook. Instead, support staff have facilitated the client eating takeaway food constantly. This client has gained a large amount of weight accordingly."* (Mr Stone, 04/12/19, p-162)

Public hearing 4: healthcare and services for people with cognitive disability

- Issues of neglect of food, fluids and nutrition care including inadequate dietary management of swallowing problems and poor access to preventative health care initiatives (Prof Troller, 20/02/2020, p-191)
- Lack of equipping people with disability with the knowledge they need to access health services (Prof Troller, 20/02/2020, p-201)
- The rarity of finding support workers with experience in supporting people with their diet and other aspects of care related to dental health (Mr Despott, 24/02/2020, p-399)
- Mealtime management plans not being followed by hospital staff and lack of appropriate support to eat meals in the hospital setting (Ms Porter, 26/02/2020, p-598)

These witness accounts reinforce the concern of Dietitians Australia staff and members regarding the lack of consideration of food and nutrition to health, and the neglect of nutritional needs of people with disability.

Dietitians Australia calls on the Disability Royal Commission to address the issues raised by witnesses regarding instances of abuse, violence and neglect involving food, fluids and nutrition care by i) raising awareness of the importance of food, nutrition and dietetic services, and ii) providing specific recommendations to address barriers to access of food, fluids and nutrition care, to improve the nutritional health, quality of life and social and economic outcomes of people with disability.

3.2 A human rights-based approach

Australia is a signatory to seven core human rights treaties that assert the country's commitment to human rights across all aspect of life.(17-23) Human rights are considered universal, inalienable, indivisible, interdependent and interrelated.(24) This means that everyone is entitled to human rights, all human rights are equal in status (there is no hierarchy of rights), and that the realisation of one human right, either partly or wholly, depends on the realisation of all other human rights.(24)

The right to adequate food, fluids and nutrition care is provided in several human rights instruments (see Box 1).(17-19, 23) APDs are food and nutrition experts, both qualified and credentialled to provide person-centred nutrition care to people with disability, within a multidisciplinary team environment. Consistent with the human rights framework, it is the position of Dietitians Australia that people with disability have the right to access APD services for nutrition care to promote both physical and mental health, and social and economic participation.

Given the indivisibility and interdependence of all human rights, the right to food, fluids and nutrition care should be given equal status with all other human rights, and accordingly, provided equal resourcing and consideration in the context of a human rights-based approach to the Disability Royal Commission.

Dietitians Australia supports the Royal Commission's commitment to a human-rights based approach in addressing issues of violence, abuse, neglect and exploitation of people with disability.

Dietitians Australia calls on the Royal Commission to apply a human rights-based approach to issues regarding food, fluids and nutrition care for people with disability. Consistent with the principles of 'universality', 'indivisibility' and 'interdependence' of human rights, nutrition issues should be given equal status and consideration within the context of a human rights-based approach to the Disability Royal Commission.

Box 1. Statements from human rights instruments regarding the right to food, fluids, nutrition, health and health care

The Universal Declaration of Human Rights (1948)(17)

- "everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care." (Article 25, 1)

The Convention on the Rights of Persons with Disabilities(18)

- "States Parties recognize that persons with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability." (Article 25)
- "Provide persons with disabilities with the same range, quality and standard of free or affordable health care and programmes as provided to other persons…" (Article 25, a)
- "Prevent discriminatory denial of health care or health services or food and fluids on the basis of disability." (Article 25, f)
- "States Parties shall take effective and appropriate measures, including through peer support, to enable persons with disabilities to attain and maintain maximum independence, full physical, mental, social and vocational ability, and full inclusion and participation in all aspects of life. To that end, States Parties shall organize, strengthen and extend comprehensive habilitation and rehabilitation services and programmes, particularly in the areas of health, employment, education and social services, in such a way that these services and programmes:

  a) Begin at the earliest possible stage, and are based on the multidisciplinary assessment of individual needs and strengths…" (Article 26, 1)

The International Covenant on Economic, Social and Cultural Rights (1966)(19)

- "The States Parties to the present Covenant recognize the right of everyone to an adequate standard of living for himself and his family, including adequate food, clothing and housing, and to the continuous improvement of living conditions." (Article 11, 1)
- "The States Parties to the present Covenant, recognizing the fundamental right of everyone to be free from hunger, shall take, individually and through international co-operation, the measures, including specific programmes, which are needed:
  (a) To improve methods of production, conservation and distribution of food by making full use of technical and scientific knowledge, by disseminating knowledge of the principles of

nutrition and by developing or reforming agrarian systems in such a way as to achieve the most efficient development and utilization of natural resources;

(b) Taking into account the problems of both food-importing and food-exporting countries, to ensure an equitable distribution of world food supplies in relation to need." (Article 11, 2)

- "The States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health." (Article 12, 1)
- "The steps to be taken by the States Parties to the present Covenant to achieve the full realization of this right shall include those necessary for:

  (a) The provision for the reduction of the stillbirth-rate and of infant mortality and for the healthy development of the child;

  (b) The improvement of all aspects of environmental and industrial hygiene;

  (c) The prevention, treatment and control of epidemic, endemic, occupational and other diseases;
- (d) The creation of conditions which would assure to all medical service and medical attention in the event of sickness." (Article 12, 2)

3.3 Nutrition-related health concerns of people with disability

Population studies show that people with disability have poorer self-reported general health(25) and higher rates of diet-related health conditions, such as cardiometabolic disease, diabetes and cancer, compared to the general population.(26, 27) Physical, intellectual, sensory or psychosocial impairments may lead to unique food, fluid and nutrition requirements and higher risk of nutritional problems. For instance, untreated dysphagia may lead to malnutrition, dehydration, aspiration pneumonia and choking.(4, 28) The presence of modifiable risk factors, such as poor diet and lower levels of physical activity, may also contribute to adverse health outcomes and greater risk of chronic disease.(4, 27, 29) Complex interactions between disability and the physical and socio-economic environment, influence the nutrition-related concerns and health outcomes of people with disability. For instance, poor access to appropriate nutrition supports and APD services has contributed to potentially avoidable deaths, poor health outcomes and the reduced quality of life of people with disability in Australia.(4, 30)

Attachment 1 further outlines common nutrition-related concerns of people with disability, demonstrating the wide range of issues experienced by this population group, and the importance of addressing the food, fluid and nutrition care needs of people with disability.

3.4 Deaths of people with disability in receipt of disability services

People with disability in Australia experience higher rates of potentially preventable deaths, compared to people without disability.(4, 30) A recent report by the Australian Institute of Health and Welfare (AIHW) found that people using specialist disability services in Australia had a mortality rate 4.7 times as high as the general population.(30) Regrettably, this information is not new. Reports of reviewable deaths of people with disability in receipt of disability services in Victoria, NSW and Qld have raised this issue for many years.(4, 31-35) Troller and Salomon(4) synthesised data from these reports and highlight that many of these deaths are attributable to inappropriate management of the food, fluid and nutrition care needs of people with disability.

Troller and Salomon(4) report that the following nutrition care practices are associated with deaths of people with disability in receipt of disability services:

- Lack of proactive support for preventative health care including lack of allied health referrals
- Lack of accessible dental care. Poor oral health is associated with risk of choking, aspiration pneumonia and cardiovascular risk.

- Limited use of communication plans and other communication accommodations. This may lead to
- Failure to proactively manage emerging and chronic health risks, such as obesity
- Staff not confident about, or aware of, best practice standards for responding to a medical emergency such as an epileptic seizure or a choking event.

These nutrition care practices(4) may lead to a variety of adverse outcomes. For instance, lack of accessible dental care and poor dentition may limit the type and variety of foods consumed, resulting in malnutrition.(36) Failure to proactively manage emerging and chronic health risks may increase the risk of bowel issues such as constipation, malnutrition, poor wound healing, cardiometabolic dysfunction and adverse social or functional outcomes, such as withdrawal from social situations.(3, 37)

We draw your attention to the extensive list of recommendations made by Salomon and Troller, to address food, fluid and nutrition care issues experienced by people with disability (Appendix 1).

3.5 Accredited Practising Dietitian services

Nutrition services are essential components of comprehensive health care for people with disability and should be provided throughout life in a manner that is interdisciplinary, person-centred and culturally appropriate.(2, 38-40) APDs are uniquely qualified and credentialled to provide these services, and it is the right of people with disability to equitable access of nutrition care provided by an APD, to promote physical and mental health, and to attain the highest possible standard of healthcare.(18)

APDs provide person-centred nutrition care to all age groups and across the entire continuum of care. APDs should be working as part of multidisciplinary teams providing services to people with disability. Attachment 1 provides an overview of where support from an APD is indicated in relation to common nutrition-related concerns experienced by people with different types of disability.

The scope of APD services includes(38):

- Provide person-centred nutrition care services to individuals and groups
- Provide Medical Nutrition Therapy by undertaking an individually tailored assessment, diagnosis, intervention and treatment for a person with a disability considering their age, type of disability, associated multiple co-morbidities and stage of injury, where relevant

- Training and supporting staff involved in the care of people with disability, including medical staff, health professionals, food service and care staff, to identify and respond to nutritional risk factors such as obesity, malnutrition and feeding difficulties
- Working with other allied health professionals, including speech pathologists and occupational therapists regarding assessment, planning and management of dysphagia (swallowing difficulties)
- Provide consultation and expert advice regarding menu design and food preparation within accommodation services to ensure nutritional requirements of clients are met
- Preventative education and counselling to promote the long-term nutritional health of people with disability
- Contribute to the development and implementation of nutrition policy and procedures in disability services

4. SUMMARY OF RECOMMENDATIONS

Dietitians Australia calls on the Disability Royal Commission to:

- Address the issues raised by witnesses regarding instances of abuse, violence and neglect involving food, fluids and nutrition care, by raising awareness of the importance of food, nutrition and dietetic services, and providing specific recommendations to improve the nutritional health of people with disability (section 2.1 Evidence from the Disability Royal Commission hearings)
- Apply a human rights-based approach to addressing issues regarding food, fluids and nutrition care of people with disability. Raise awareness of the human right to access of appropriate food, fluids and nutrition care (section 2.2 A human rights-based approach)
- Work with Dietitians Australia to translate the portfolio of recommendations in this submission and past submissions, to systemic change to improve the nutritional health of people with disability in Australia

National Disability Insurance Scheme - key recommendations (see section 4.1 for the full suite of recommendations)

- NDIA to develop evidence-based policies and training to guide NDIA planners and other NDIA delegates regarding appropriate engagement with APD services. These policies should include clear guidelines about what is 'reasonable and necessary' regarding inclusion of APDs and nutrition support products in NDIS plans
- Address NDIS pricing issues to ensure NDIS participants have appropriate access to nutrition supports and services, and to ensure that participants are not financially disadvantaged when accessing nutrition supports and services through the NDIS
- All members of the NDIS workforce are upskilled regarding the role of food, nutrition and dietetic services in supporting people with disability to achieve their goals
- Issues at the interface of NDIS and other systems are addressed to ensure people with disability are connected to timely and appropriate nutrition supports and services

Mainstream health services - key recommendations (see section 4.2 for the full suite of recommendations)

- The Australian government invest in the development, implementation and evaluation of a National Food and Nutrition Policy

- Funding barriers that prevent access to nutrition supports and dietetic services in the mainstream setting should are addressed
    - Australian federal, state and territory governments fund positions for APDs in the community and within hospital settings (both inpatient and outpatient). Funding should also be allocated for APDs to work in disability-specific positions, such as within the Sydney-based 'Specialised Intellectual Disability Health Teams', which currently do not employ dietitians
    - APDs are included in teams for autism, pervasive developmental disorder and disability (M10) and provided with their own unique 800** number for the dietary treatment of people with these forms of disability
    - Increase the number and duration of MBS items to support APDs and other health professionals to provide safe and effective healthcare services
    - APDs available through the Better Access Program
- Telehealth services are expanded under Medicare, to increase access to APDs and other allied health services
- Integrated models of healthcare should be developed to support people with disability, which include APDs and allied health professionals in the team
- APDs are available within community, inpatient and outpatient services, at appropriate staff:patient ratios
- Australian federal, state and territory governments commit funding for education and training of the mainstream health workforce regarding the role of food, fluids and nutrition care in addressing the needs of people with disability
- The needs of unique needs of particular groups of people with disability are addressed including the need for culturally appropriate and safe healthcare for Aboriginal and Torres Strait Islander peoples, and the needs of other groups such as rural and remote communities, people with psychosocial disability and older Australians.

5. ISSUES AND BARRIERS TO FOOD, FLUIDS AND NUTRITION CARE FOR PEOPLE WITH DISABILITY

Below we outline key issues and barriers to access of safe, healthy and enjoyable food, fluids and nutrition care for people with disability, focusing on the National Disability Insurance Scheme (NDIS) and mainstream settings.

5.1 National Disability Insurance Scheme

The introduction of the National Disability Insurance Scheme (NDIS) provides an opportunity for people with disability to access nutrition supports and services to meet their goals and to promote physical and mental health, and social and economic participation. The National Disability Insurance Agency (NDIA) have implemented some measures to ensure equitable service delivery including telehealth services and addressing some of the issues related to travel costs. Dietitians Australia commends the NDIA for this work and encourages the agency to ensure the continuity of these services. However, Dietitians Australia considers there is still unmet need for APD services and neglect in recognising and addressing the food, fluid and nutritional needs of people with disability in receipt of NDIS services.

The Council of Australian Governments (COAG) Disability Reform Council communique, 28 June 2019, provided some assurance that NDIS participants could access funding for disability-related nutrition supports including APD services.(41) However, Dietitians Australia members report that people with disability face barriers to connecting with appropriate nutrition supports and APD services.

Below are the key issues and recommended reforms to address issues with the NDIS and implementation of the scheme.

5.1.1 NDIA planning process ineffective at connecting people with disability to nutrition supports and APD services

In the case of Burchell and National Disability Insurance Agency [2019] AATA 1256 (4 June 2019),(42) the Administrative Appeals Tribunal of Australia (AATA) determined that it was appropriate for the NDIS to fund thickened fluids to address Mr Colin Burchell's disability-related health support needs. This set a precedent for what is considered "reasonable and necessary" in relation to nutrition and dietetic supports. Following this case, the Disability Reform Council communique of 28 June,(41) set the directive to operationalise these findings, within the context of the NDIS.

However, the NDIA planning process and planning algorithms still appear ineffective at identifying what is "reasonable and necessary" in relation to access of APD services and nutrition support products. Key issues include the knowledge and operation of NDIA planners, the internal review process and lack of information provision to NDIS participants.

5.1.1.1 Knowledge and operation of NDIA planners

NDIA planners are gatekeepers to nutrition supports and APD services for people with disability. Issues with the knowledge, conduct and operation of planners continue to cause barriers to participant access of timely and appropriate nutrition supports.

> ***"…I'm aware of the difficulty that those individuals may have in accessing good health care, in the sense that their access may be dependent on gatekeepers who are supporting them." (Professor Julian Troller, Royal Commission hearing, 20/02/2020)***

Staff and health professionals involved in the care of people with disability often have limited knowledge and training regarding nutrition and may lack the practical skills needed to support healthy eating. The attitudes and beliefs of support staff have been demonstrated to adversely impact the food habits of the people with disability in their care.(43)

Planners reject requests for nutrition and dietetic supports, despite strong evidence the supports are 'reasonable and necessary'

In a recent think tank held by Dietitians Australia to address issues in the disability sector (23/04/2020), multiple APDs stated that ***planners' consistently reject requests for the inclusion of APD services and nutrition supports in NDIS plans***, despite clear evidence that these services meet the 'reasonable and necessary' criteria. This demonstrates a lack of understanding by planners as to how nutrition and dietetic services relate to disability.

> ***"…I work mainly with paediatrics in Melbourne…since we've had the introduction of the health-related disability supports I have seen minimal access, I haven't had any plans come through with any form of inclusion lately. It's the self-managed and plan-managed clients that have goals that relate to what we are working on and we're working side-ways and we are still getting push back from a lot of planners…I have talked at length about how we are responding in letters and advocating back to planners and what we are putting in those early conversations… I'm just being consistently ignored." (Accredited Practising Dietitian, Dietitians Australia Disability Think Tank, 23/04/2020)***

Dietetics seen as a 'health' issue

Despite implementation of disability related health supports on 1st October 2019, NDIS planners continue to reject requests for dietetics services, arguing that dietetics should be covered by the health system.

> ***"… they don't actually get money for dietitians… still pushed back as it's a health issue, not a disability issue. Even I write in the reports, this eating has absolutely everything to do with their disability, give them information sheets, often from the cerebral palsy or Down Syndrome or whatever about the health issues, feeding issues in that disability and they still just say 'nup'. Now what I do is I even put in all my qualifications and extra work that I've done and experience and all that, saying I do know what I'm talking about, I'm not someone who doesn't know what I'm talking about but then they ultimately have the ultimate decision and they've got no qualifications in the field and no experience in that field but they're the ones making the decisions, it's very frustrating." (Accredited Practising Dietitian, Dietitians Australia Disability Think Tank, 23/04/2020)***

Planners rarely engage with APD services

APDs in attendance at the Disability Think Tank also stated that planners rarely engage with APD services unless dietitians or NDIS participants push for these services. This demonstrates underutilisation of dietitians by NDIA planners and lack of understanding about the role of food, fluids and nutrition care in assisting participants to achieve their goals. There is also poor understanding of the role and value of APD services.

> ***"…hardly get anyone that's agency managed, and as [dietitian] was saying most of the time they're self-managed and the carer or the person will decide that they want to use the money for dietitian themselves" (Accredited Practising Dietitian, Dietitians Australia Disability Think Tank, 23/04/2020)***

Many of the issues with planners stem from the lack of training provided regarding the role of food, fluids, nutrition and APD services in addressing the functional, social, health and economic outcomes of people with disability.

Dietitians Australia also notes that there is also a lack of clear guidance and transparency regarding how eligibility for disability related health supports is assessed and implemented by the NDIA.

5.1.1.2 Internal review processes and planning decisions

When an NDIS participant is dissatisfied with their NDIS plan, they must request an internal review of the planning decision. Issues with this process include:

- NDIS participants are hesitant to request these reviews, due to well-documented instances of participants receiving less funding for APD services following review
- Internal reviews are time consuming and do not guarantee that an NDIS plan will be rectified appropriately. Several members report internal review processing times of greater than three months, which is unacceptable for a person who requires access to services related to a fundamental physiological need

5.1.1.3 Information and resources for NDIS participants

It is common for an NDIS plan to include funding for allied health services, without guidance on which therapists might be suited to support the participant. We recommend that those tasked with implementing NDIS plans (e.g. NDIS participants, their families, and Support Coordinators) are provided with information about how their budgets can be spent and the role of each allied health profession. This information should be in an accessible format and developed with input from the relevant professions and peak bodies.

Dietitians Australia key recommendations

1. NDIA to develop evidence-based policies and training to guide NDIA planners and other NDIA delegates regarding appropriate engagement with APD services. These policies should include clear guidelines about what is 'reasonable and necessary' regarding inclusion of APDs and nutrition support products in NDIS plan. There should also be greater transparency regarding how eligibility for disability related health supports is determined by NDIS planners.
2. Planners are provided with education on the role of food, fluids, nutrition and APD services in supporting people with disability. This education should be developed with input from Dietitians Australia and Accredited Practising Dietitians working in the NDIS environment.
3. NDIA and planners accept the evidence provided by APDs when developing a participant's NDIS plan
4. A more streamlined internal review process and allowing these reviews to apply to smaller funding allowances such as the inclusion of funding to access APD services and/or nutrition support products

5. More information is provided to NDIA participants on the role of different allied health practitioners and the role of food, fluids and nutrition care in addressing functional capacity, physical, mental, social and economic participation
6. Information developed for NDIS participants is developed with input from the relevant professions and peak bodies

5.1.2 Funding and pricing issues

Funding issues present barriers to access of appropriate nutrition supports for people with disability. Issues include denial of funding for 'reasonable and necessary' nutrition supports and APD services (see section 4.1.1.1 for further details), and insufficient funding to purchase all of the required supports, forcing participants to forgo dietetic services.

> ***"… I would say about 50% of the time our plans are being funded as per clinical recommendations and then the other 50% of the time its either grossly inadequate funding or no funding." (Accredited Practising Dietitian, Dietitians Australia Disability Think Tank, 23/04/2020)***

APDs also report that nutrition support products are often overpriced, which limits the funding available to purchase other nutrition supports and services.

> ***"The horrendous mark-up of nutrition support from companies, when we make recommendations, I have access to HPV [Health Purchasing Victoria] pricing …we get subsidised rates for supplements. Under NDIS it's very hard for people to access HPV pricing and they have to go to private providers for access and that can really really bump up the quote that we have to add for AT assessment, so for example, I have got someone at the moment for a quote for around $9000 for a private provider, under HPV pricing it would be around $6000, so they're just capitalising on the cost of supplements. So, it just means that when we have to ask for that amount of money out of a plan your even less likely to get it." (Accredited Practising Dietitian, Dietitians Australia Disability Think Tank, 23/04/2020)***

There is also insufficient payment to cover travel costs to deliver APD services, including professional time, vehicle costs and fuel costs. See Attachment 2 for a detailed summary of pricing issues.

The reasons behind these funding issues are described throughout this submission and include insufficient funding allocation, insufficient guidelines at the health/disability interface and poor understanding of disability-related nutrition needs outside of the dietetic profession, especially among NDIS planners.

Dietitians Australia key recommendations

1. NDIA provides an appropriate level of funding for access to nutrition supports and dietetic services
2. That the cost of nutrition supplements and supports from private companies be regulated to prevent inflation
3. NDIS travel rules should allow the provider to cover the cost of their professional time according to the relevant hourly rate and for the complete time spent in travel, in addition to vehicle costs and fuel costs
4. Costs for NDIS participants to travel to NDIS providers should be sufficient

5.1.3 NDIS dietetic workforce, education and training issues

The NDIS dietetic workforce requires significant growth to meet consumer demand, reflecting broader NDIS workforce patterns.(44) Dietitians Australia membership data show there are limited APDs who self-report practising in the area of disability and to our knowledge, relatively few are registered with the NDIS. Unfortunately, NDIS workforce data regarding allied health professions, is not available as the NDIA does not publish this data.

Key NDIS dietetics workforce issues include:

- Not enough APDs providing NDIS services
- Market uncertainty and frequent changes in NDIS administrative requirements are barriers to entry of the NDIS workforce and sustainable dietetic practice
- Limited education, training and skills development opportunities to support dietetic professionals working in the NDIS environment
- Not enough workforce data available to facilitate workforce mapping and development activities

There are also systemic education and training issues that are relevant to both mainstream and NDIS settings (see section 4.2.7).

Further, at the Dietitians Australia Disability Think Tank, members raised that there is limited opportunity for students to gain experience working with people with disability in the NDIS. The replacement of block funding for the fee-for-service model, makes it increasingly difficult to find opportunities for student placements.

> ***"As the course coordinator of a dietetics degree…one of the challenges I'm finding with doing this well is actually giving the students the opportunity to work with people with a***

disability on placement….That did come up in a capacity building for the NDIA workforce in a rural setting in Victoria, late last year, that working with the NDIA to actually understand that if we want more skilled clinicians in that area, we need to look at how we replace that placement model because we used to have it when we were block funded and now that it's fee-for-service we've lost a lot of those opportunities and skilled in the area…" (Accredited Practising Dietitian, Dietitians Australia Think Tank, 23/04/2020)

Dietitians Australia recommendations

1. NDIA invest in education, training and skills development for dietetic professionals who wish to enter the NDIS workforce and for those who are already NDIS providers. This work should utilise and build on existing standards and educational material available to support dietitians to work with people with disability.(39)
2. NDIA to work with Dietitians Australia to address workforce issues
3. NDIA to address workforce challenges that disproportionately impact different groups of people with disability including people living in rural and remote communities, Aboriginal and Torres Strait Islander peoples, paediatric clients and individuals with different types of disability such as mental health issues or intellectual disability

5.1.4 NDIS general workforce, education and training issues

Lack of awareness and understanding of the food, fluid and nutrition care needs of people with disability, contributes to instances of abuse and neglect of people with disability (see section 2.1). All members of the NDIS workforce should have basic training regarding nutrition and the role of APDs in supporting people with disability to achieve their goals, including functional, physical, mental, social and economic.

Dietitians Australia recommendations

1. NDIA to fund education and training for all members of the NDIS workforce regarding the role of food, fluids, nutrition and APDs in supporting the physical, mental, social and economic needs of people with disability. See section 4.2.7 for an overview of core education and training topics that should be covered.

5.1.5 Issues at the interface of NDIS and other systems

The interface between NDIS and other parts of the health system are often problematic for the holistic nutritional care of people with disability. Two examples of this are provided below.

5.1.5.1 Aged care and NDIS interface

The prevalence of disability increases substantially with age.(29) In Australia, less than 5% of the population has disability at 0-4 years, rising to 15% by 40-44 years and jumping to approximately 80% at 85+ years. Lack of knowledge and awareness of how disability affects skills and function as people age can mean that gradual changes in food intake may not be picked up until later when malnutrition is present. There may be lack of knowledge about specific types of disability and the role of nutrition is addressing functional outcomes or how to communicate effectively with the ageing person with disability.

A paper prepared by the National Aged Care Alliance (NACA) titled 'Improving the interface between the aged care and disability sectors'(45) makes recommendations on how the aged care system and the NDIS could be better aligned to eliminate service gaps, minimise the need for separate systems and processes, reduce red tape and develop a stronger market. A crucial recommendation in this paper concerns the development of a national aids and equipment scheme for older people, aligned with the NDIS Assistive Technology Strategy, to redress the current inequitable access to aids and equipment and assistive technology. The Alliance also urges the Government to consider the needs of older Australians with disability and ensure equitable support across the NDIS and the aged care system for people with disability regardless of age.

Issues raised by Dietitians Australia members regarding the NDIS-aged care interface include:

- Access to enteral feeding equipment and supplies remains variable across Australia and who pays for what and under which scheme remains poorly defined
- Who is responsible (Aged Care vs NDIS vs Health) for the nutrition care and associated costs for the elderly person who has disability is still debated, causing people to "fall between the cracks"
- There is a paucity of information available in the public domain for consumers to understand the relationship between aged care and the disability sector, leading to barriers in accessing appropriate and timely nutritional care

- There is a paucity of information available in the public domain about the nutritional requirements and functional, psychosocial or health changes of elderly Australians with a disability
- The level of nutrition skill and knowledge of the aged care and NDIS workforce is insufficient to manage the needs of older Australians.
- A functional or acquired disability increases the risk of developing malnutrition, compounding the effects of physical and psychosocial changes that occur naturally with ageing. This complexity is poorly understood across the aged care and NDIS workforce
- NDIS planning process does not appear to sufficiently capture the nutrition risks associated with ageing, nor provide appropriate linkage to nutrition supports and services.

5.1.5.2 Mental health and NDIS interface

Dietitians in attendance at the recent Dietitians Australia Mental Health Think Tank (24/07/2020) reported that people with psychosocial disability have difficulty accessing funds for APD services through the NDIS.

> ***"I'm finding we've been requested by clients to provide reports from a mental health component to get them funding under NDIS, and it fails quite regularly to be able to get funding." (Accredited Practising Dietitian, Dietitians Australia Mental Health Think Tank, 24/07/2020)***

> ***"…it's quite challenging and it's quite restrictive what dietetics you can actually get approved…" (Accredited Practising Dietitian, Dietitians Australia Mental Health Think Tank, 24/07/2020)***

This in part relates to poor recognition of the role of food, fluids, nutrition and APDs in mental health care and the lack of nutrition education provided to the disability and mental health workforce.

> ***"Certainly, I think there needs to be better education in terms of other professions, so doctors, nurses, other allied health, they don't really know what we do or the benefits that we could have for our clients. So, just giving them that understanding of how useful we can be for these mental health clients and really the impact that nutrition can have for them in their lives, I think that's really important." (Accredited Practising Dietitian, Dietitians Australia Mental Health Think Tank, 24/07/2020)***

A Dietitians Australia submission to the Productivity Commission Inquiry into mental health put forward evidence for the role of food and nutrition in supporting the physical and mental health, and social and economic participation of all people including those with psychosocial disability.(5, 6) It is important that access to nutrition care for people with psychosocial disability is not neglected by the NDIS.

Dietitians Australia considers it important that disability, aged care, mental health and other systems, are flexible, streamlined and aligned to ensure that all people with disability including those whose needs change over time, receive the services they need from the most appropriate system, regardless of who is responsible for funding or delivering them.

Dietitians Australia key recommendations

1. NDIA considers the unique needs of older Australians with disability and ensure equitable support across the NDIS and aged care system
2. NDIA ensure equitable access to NDIS including nutrition supports and APD services for people with psychosocial disability
3. Interface issues with other systems are systematically explored and addressed

5.2 Mainstream services

This section addresses issues and barriers to food, fluid and nutrition care in the mainstream setting.

5.2.1 Absence of a National Food and Nutrition Policy

Dietitians Australia considers that leadership by the Australian government to address food, fluid and nutrition issues is weak and non-committal. There is no current National Food and Nutrition Policy to provide an overarching policy framework to address the cost and increasing prevalence of diet-related chronic disease and promote nutritional wellness across the population.(8, 46, 47) The last National Food and Nutrition Policy was released in 1992, over 26 years ago. A comprehensive and contemporary National Food and Nutrition Policy would position food and nutrition as an important factor in the promotion of quality of life and prevention of disease across a broad range of demographics.(8, 46, 47)

Dietitians Australia considers it vital that the Australian Government develops and implements a National Food and Nutrition Policy that encompasses the health of all Australians, including people with disability living both in the community and in care. This would ensure prioritisation of nutrition, through screening, assessment, care planning, adequate food and fluid delivery, support during mealtimes and workforce development, education and training.

Dietitians Australia key recommendation

1. The Australian government to invest in the development, implementation and evaluation of a National Food and Nutrition Policy.

5.2.2 Funding arrangements

There is a lack of funding to support community need for dietetic services for people with disability.(12) Most people with disability do not have access to NDIS funding and thus are required to access nutrition supports and APD services using mainstream funding arrangements. Key mainstream funding issues include:

- Not enough funded positions for APDs practising in the area of disability, or funded positions for APDs in the community, inpatient or outpatient settings.(5-7, 44)
- Insufficient duration and number of MBS rebated sessions available for APDs. Current funding only entitles eligible people to 5 sessions per year, across all allied health professionals.(12) This makes it impossible to deliver evidence-based care for people with

chronic and complex needs. Items of sufficient number and duration are needed to support building of relationships, communication, and incremental behaviour change

- Dietitians are not listed as allied health providers for the Medicare eligible allied health services (M10) for children with autism, pervasive developmental disorder and disability (82000, 82005, 82010, 82015, 82020, 82025, 82030, 82035). Yet, there is a growing body of evidence on the nutrition issues experienced in people with disability and the integral role that dietitians play in managing these issues.(2, 38)
- Items for Accredited Practising Dietitians not available in the Better Access program to support access to APDs for people with psychosocial disability(5, 6)

An effective disability health system cannot operate without appropriate funding of allied health and dietetic services. Improvements to funding arrangements are required to support community need.

Dietitians Australia key recommendations

1. Australian federal, state and territory governments fund positions for APDs in community, inpatient and outpatient settings, including disability-specific positions
2. APDs included in teams for autism, pervasive developmental disorder and disability (M10) and provided with their own unique 800** number for the dietary treatment of people with these forms of disability
3. Increase in number and duration of MBS items to support building of relationships, communication, and incremental behaviour change
4. APDs available through the Better Access Program

5.2.3 Telehealth services

APD services may be delivered by telephone and videoconference (telehealth) facilities, to reach people with disability who may have limited access to APD services locally. APD services delivered via telehealth would be particularly relevant to people with disability living in rural and remote areas, where the prevalence of chronic disease is high but access to services is low. Telehealth could also increase access for people with disability living at home but find it difficult to attend appointments due to mobility issues, mental illness or frailty, or when the clinic doesn't have accessible facilities.

NDIS participants may access telehealth services. However, access through the mainstream setting has historically been limited due to restrictions placed on Medicare items and private health insurance. Access to telehealth has recently been granted through the Medicare system and through

some services funded by private health insurers, due to the COVID-19 pandemic. However, it is not clear whether these services will be adequately supported into the future.

Both people with disability and allied health professionals require ongoing support, education and training to ensure they are able to effectively utilise telehealth services.

Dietitians Australia key recommendations

1. Government should expand access to telehealth services under Medicare
2. Private health care funders should continue to support access to allied health professionals via telehealth services
3. Government to invest in training and support to enable both providers and consumers to utilise telehealth facilities
4. Government and health care funders should increase remuneration for telephone and videoconference-delivered consultations provided by APDs

5.2.4 Community health and specialised disability services

There is a need for greater access to APDs through community health services. In Australia, the number of dietitians for a given population size is much less than for other professions,(48) despite the fundamental role of food and nutrition in supporting physical and mental health. There is also a need for specialised disability services that provide integrated models of health care, where each of the team members are appropriately educated and skilled to provide services for people with disability and understand the role of food and nutrition in health care.

It is the responsibility of Australian federal, state and territory governments, Primary Health Networks (PHNs) and other relevant stakeholders, to collaborate with APDs and peak bodies such as Dietitians Australia, in the development of integrated models of care to support people with disability. Integrated models of care should include APDs and allied health professionals in the team.

Community-based disability services should provide dedicated funding for APDs and not rely on the development of the private practice and NDIS workforce to meet community need. Notably, there are a growing number of community-based disability services. However, many do not include APDs in the multidisciplinary team. A current example is the Specialised Intellectual Disability health clinics recently established by NSW Health in parts of Sydney, Australia. Dietitians Australia would like to see Australian federal, states and territory governments commit funding to address the food, fluid and nutrition care needs of people through delivery of APD services in the community settings.

Dietitians Australia key recommendations

1. Australian federal, state and territory governments, PHNs and other relevant stakeholders should develop models of integrated healthcare to support people with disability that include APDs and allied health professionals in the team
2. Australian, state and territory governments, PHNs and other relevant stakeholders should consult with peak bodies such as Dietitians Australia in the development of integrated models of care
3. Australian, states and territories governments should fund dedicated APD positions in community health services including specialised disability health teams
4. Governments to establish appropriate dietetic staff:patient ratios for community services and fund dietetic services accordingly

5.2.5 In-patient and out-patient hospital services

APDs have a role in supporting people with disability within inpatient and outpatient hospital settings. However, the availability and distribution of APD services is imbalanced geographically and between hospitals. It is not uncommon for hospitals to lack dietetic services altogether.

> ***"…there's no consistency in terms of the direction of where there is dietitians and where there isn't, but the imbalance is a really big problem. Even within Sydney there are some districts where you've got just inpatient and not a lot, or really inadequate community or the opposite. Even within our district one hospital has really adequately funded, or I don't know, compared to everywhere else, adequately funded in patient dietetics. The other hospital does not, there's a third hospital that has none, so that's really, really different." (Accredited Practising Dietitian, Dietitians Australia Mental Health Think Tank, 24/07/2020)***

Continuity of nutritional care is disrupted due to lack of reliable access to APDs across the inpatient-outpatient care continuum.

> ***"Definitely there's just not enough of us, a lot of places don't have inpatient dietitians. We here at Nepean, we have no mental health outpatient service whatsoever, so we can do a little bit as an inpatient when patients are acutely unwell and probably not in the best position to take on board the messages that we're giving them. But there's nowhere to refer to as an outpatient to give follow up and support and to give them the best opportunity to improve their nutrition when they're in a well state. So, just we need more***

of us everywhere." (Accredited Practising Dietitian, Dietitians Australia Mental Health Think Tank, 24/07/2020)

"…I work in an inpatient setting in my local health district, and it's just myself for the 110 beds on eight wards I think, and we have no community dietitian, so I feel a lot of that continue of care and having that support once they leave is really limited…" (Accredited Practising Dietitian, Dietitians Australia Mental Health Think Tank, 24/07/2020)

Dietitians Australia key recommendation

1. Governments to establish appropriate dietetic staff:patient ratios for inpatient and outpatient services and fund dietetic positions accordingly

5.2.6 Community mental health services

The importance of nutrition in the prevention and management of mental illness is now recognised through epidemiological studies(49-53) and Australian trials such as SMILES(54, 55) and HELFIMED.(56, 57) APDs have an important role in assisting individuals and communities to choose foods and nutrition to support physical and mental health outcomes.(3, 5, 6, 54, 58)

As recently raised by the Productivity Commission inquiry into mental health, there is a need for specialist community mental health services to meet the needs of the growing 'missing middle' population.(59, 60) Following recommendations regarding specialist disability services (section 4.2.4), there is a need for the development of integrated models of care that include APDs as part of the multidisciplinary mental health care teams. There is also a need for more dedicated fully funded mental health dietitians, at appropriate staff ratios, to provide services to people with mental health issues and psychosocial disability.(5, 6)

"…our whole district for our department, has a little over one FTE for about 3000 mental health consumers. So, there's that and then that leads onto the next logic …around things like capacity of a dietitian and how many people that you think is reasonable to be able to provide service to within a one FTE role, so staffing ratios essentially, is really hard to communicate …" (Accredited Practising Dietitian, Dietitians Australia Mental Health Think Tank, 24/07/2020)

Dietitians Australia key recommendations

1. Australian, state and territory governments, PHNs and regional commissioning agencies should develop models of integrated care to support people with psychosocial disability that include APDs and allied health professionals in the team
2. Australian, state and territory governments, PHNs and other relevant stakeholders should consult with peak bodies such as Dietitians Australia in the development of integrated models of care
3. Australian, states and territory governments should establish appropriate dietetic staff:patient ratios mental health services and fund dietetic positions accordingly

5.2.7 Mainstream health workforce, education and training issues

In addition to NDIS-specific workforce issues (section 4.1.3 and 4.1.4), there is a need for workforce development, education and training of the mainstream health sector, to better support the rights and needs of people with disability.

Education, training and development of the dietetics workforce

There is a need to increase the capacity of the mainstream dietetic workforce to meet the needs of people with disability including those with mental health issues. Some of the issues in the mainstream dietetic workforce include:

1. Limited opportunities for dietetic students to have exposure to disability as an area of practice, as the private practice environment is not currently set up for student placements. Much of the training of dietitians and other allied health practitioners occurs in hospital or community health services. Student placement programs must be expanded to improve the exposure of students to various practice settings, including private practice, aged care and the NDIS setting. Dietitians Australia advocates that Medicare and Department of Veterans' Affairs should allow students to work under supervision with allied health practitioners to build the allied health workforce, including in the area of mental health.
2. National shortage of post-graduate training and mentoring for dietitians who work with people with disability and mental health concerns. Although Dietitians Australia provides some training and has recently been awarded funding by the NDIA to develop an education program for dietitians.
3. There is a shortage of funding for dietitians across multiple mainstream workforce settings, as described in previous sections of this report.

"Every dietitian should be very comfortable and competent and equipped to be able to be working with mental health clients." (Accredited Practising Dietitian, Dietitians Australia Mental Health Think Tank, 24/07/2020)

Education, training and development of the disability and mental health workforce

There is a need to build the capacity of the mainstream workforce to meet the needs of people with disability. We are particularly concerned about the lack of awareness in the mainstream sector about the role of food, fluids, nutrition and APD services in meeting the physical, mental, social and economic needs of people with disability. Evidence of this is also clear from listening to witness accounts to the Royal Commission (section 2.1).

"…we need to actually do a lot more education on nutrition in the wider health professional sectors. Because if other health professionals aren't aware what impact we can have as dietitians, what impact nutrition has in healthcare, we're putting ourselves on the back foot." (Accredited Practising Dietitian, Dietitians Australia Mental Health Think Tank, 24/07/2020)

We strongly urge the Royal Commission to highlight the need for workforce development and education to boost recognition of the role of food, fluids, nutrition and APD services in disability and mental health.

Core education and training of mainstream health sector staff and other stakeholders involved in the care of people with disability should include:

- Understanding of the role of food, fluids and nutrition care in disability
- Understanding the connection between physical and mental health and the role of food and nutrition in the treatment, prevention and management of mental illness and psychosocial disability
- Education on physical health comorbidities and nutrition care
- The role of different members of the workforce including dietitians and how to work as part of a multidisciplinary team

4. Education on the unique needs of different groups of people with disability including people living in rural and remote communities, Aboriginal and Torres Strait Islander peoples, people with mental health issues, children and vulnerable groups.

Dietitians Australia key recommendations

- Government commits funding to build the dietetic workforce

- Government commits funding for education and training of the general workforce regarding the role of food, fluids, nutrition and nutrition care in addressing the needs of people with disability

5.3 Issues and barriers for particular groups of people with disability

Certain groups of people with disability experience compounding disadvantage and poorer access to food, fluids and nutrition care. Targeted measures are needed to address the needs of these individual groups.

5.3.1 Aboriginal and Torres Strait Islander peoples

Aboriginal or Torres Strait Islander peoples should be able to access culturally appropriate APD services and nutrition supports to achieve their social, economic and health goals. Consistent with the principle of self-determination, Aboriginal or Torres Strait Islander peoples should be free to choose an APD provider with the skills and experience relevant to their goals and aspirations to maximise their independent lifestyle and full inclusion in the community.

Feedback from members is that appropriate nutrition care is limited for Aboriginal or Torres Strait Islander peoples, both in the context of mainstream and NDIS settings. Our members report that implementation of the NDIS and withdrawal of territory funded services, has reduced access to APDs for Aboriginal or Torres Strait Islander peoples with disability. It is important that APDs and other health professionals are equipped to provide culturally appropriate services for people with disability across both mainstream and NDIS settings, in metropolitan, regional and rural locations.

Issues regarding access to healthy food and beverages remain a problem in remote communities.

Dietitians Australia key recommendation

1. NDIA and Australian government provide funding to support cultural competency education and training for all health professionals who work with people with disability
2. NDIA and Australian government ensure that APDs and other health professionals, are able to provide culturally appropriate services to Aboriginal or Torres Strait Islander peoples, whether these are mainstream or NDIS services, based in metropolitan, regional or rural locations.

5.3.2 Rural and remote communities

People with disability who live in rural and remote areas are disadvantaged compared to those who live in urban areas because of the lack of access to experienced APD providers and disruption of previously well-functioning systems with the introduction of the NDIS.

Key issues impacting food, fluid and nutrition care for rural and remote populations include:

- Rural and remote clinicians are often working at capacity and are now under further pressure to provide services within the new NDIS service environment, with limited professional or business support
- Issues with recruitment and retention of new clinicians into rural and remote areas appear to be ongoing, leading to workforce pressure and poor access to APDs for people with disability
- Lack of access to healthy and affordable food and nutrition in remote areas leads to poorer nutrition-related health outcomes
- People with disability may lack access or support to use technology to engage remotely with a health professional that best supports their individual needs
- Health professionals including APDs may have limited education and training on the best way to connect with people with disability using telehealth technology

Dietitians Australia key recommendation

1. Australian government and NDIA to provide targeted support for rural clinicians to provide services to people with disability
2. Government to address food supply and access issues including for people with disability living in rural and remote areas
3. NDIA and government to provide appropriate support for people with disability to utilise telehealth services to connect to remotely to APD services
4. NDIA and government to invest in education and training for health professionals to utilise telehealth technology to connect to people with disability

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