

NDIS Evidence Advisory Committee Specific Supports Review – Smart Home Appliances for cooking, Exercise Physiology

Response to consultation

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Recipient

NDIS Evidence Advisory Committee

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Dietitians Australia acknowledges all traditional custodians of the lands, waters and seas that we work and live on across Australia. We pay our respect to Elders past, present and future and thank them for their continuing custodianship.

The leading voice in nutrition and dietetics

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About Dietitians Australia

Dietitians Australia is the national association of the dietetic profession with over 8500 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.

Dietitians Australia's credentialing program, the Accredited Practising Dietitian (APD) program, provides an assurance of safe and quality practice, and is the foundation of self-regulation of the dietetic profession in Australia. Accredited Practising Dietitians (APDs) play a vital role in providing disability supports under the National Disability Insurance Scheme (NDIS).

APDs are uniquely trained to provide essential support for people with disability, for example, assessing and managing swallowing difficulties, ensuring safe mealtime practices, addressing tube feeding and complex nutrition needs, and preventing malnutrition.

This submission was prepared in consultation with members of Dietitians Australia's Disability Sector Reference Group following the [Conflict of Interest Management Policy](#) and processes approved by the Board of Dietitians Australia. Contributors include Dietitians Australia members with expertise in clinical practice.

Summary

Smart Cooking and Blending Technologies

Dietitians Australia seeks the NDIS Evidence Advisory Committee's (EAC's) ongoing endorsement of Smart Home Appliances related to cooking and blending to remain as supports that can be funded under the NDIS to ensure participants have funded access where these supports are needed. Below we set out the reasons why these items must remain as included supports for NDIS funding.

Exercise Physiology

Dietitians Australia also strongly recommends that Exercise Physiology remain an included support for NDIS funding. Dietitians Australia fully supports the submission made by the Exercise and Sports Science Association (ESSA).

Discussion

Smart Cooking and Blending Technologies

Dietitians Australia calls for continued funded access to the items listed. Below each item, we identify who uses or might use this support, how and why people use it, justification against the updated NDIS reasonable and necessary criteria, and comparison with other supports.

Smart Cooking Appliances – eg, Thermomix

Who uses or might use this support

Participants with **physical, cognitive, or psychosocial disabilities** who experience barriers to safe and independent meal preparation. This includes people with limited strength, coordination, tremor, fatigue, intellectual disability, autism, or acquired brain injury. Parents or carers of children with disability may also benefit for preparing modified or specialised meals.

How and why people use this support

The Thermomix combines weighing, chopping, stirring, and cooking into a single appliance, enabling participants to:

- Prepare **nutritionally balanced meals** safely and independently.
- Follow **step-by-step guided recipes**, supporting learning, sequencing, and skill development.
- Achieve **consistent dietary outcomes**, including texture-modified or therapeutic diets.
- Reduce reliance on **take-away foods or paid supports**, promoting autonomy and skill-building.

Justification under updated NDIS reasonable and necessary criteria

- **Related to your disability:** Supports participants with functional limitations in cooking and meal preparation.
- **Helps pursue your goals:** Enables achievement of NDIS plan goals such as **independent living, nutrition management, and daily living skills**.
- **Facilitates social and economic participation:** Supports participation in family or community meals.
- **Value for money:** Combines multiple appliances into one device, reducing costs of support workers or multiple tools.
- **Effective and beneficial:** Widely accepted assistive technology with strong evidence for supporting independence and safe meal preparation.
- **Reasonable for informal supports:** Reduces reliance on carers for meal preparation, allowing families to focus on other care priorities.
- **NDIS support:** Clearly aligns with reasonable and necessary supports for daily living and skill development.

Other supports

Adaptive kitchen tools, other multicookers, support worker assistance, or meal delivery services. These may achieve similar outcomes but **offer less automation, safety, and capacity-building potential**.

Dietitians Australia draws the committee's attention to the case example set out in this Administrative Appeals Tribunal outcome: [RHRD and National Disability Insurance Agency \[2022\] AATA 1766 \(21 June 2022\)](#). This case demonstrates very clearly why items, such as Thermomix, should remain fundable through the NDIS for participants for whom no other items are suitable.

Below, we present the rationale for other essential appliances, which must remain as supports that can be funded through the NDIS. These items may or may not be enhanced with smart technology.

Blenders for Texture-Modified Diets

Who uses or might use this support

Participants with **dysphagia or chewing difficulties**, such as those with cerebral palsy, acquired brain injury, Parkinson's disease, Down Syndrome, or intellectual disability.

How and why people use this support

High-quality blenders allow preparation of meals that meet International Dysphagia Diet Standardisation Initiative standards ([IDDSI standards](#)), ensuring safe swallowing. They enable:

- **Home-prepared, nutritionally balanced meals**, reducing reliance on costly commercial purees.
- Safe texture modification for **choking prevention**.
- **Independence and participation** in meal preparation.
- Capacity-building for caregivers or participants to manage daily nutrition safely.

Justification under updated NDIS reasonable and necessary criteria

- **Related to your disability:** Enables safe consumption of meals for participants with dysphagia.
- **Helps pursue your goals:** Supports goals related to **independent living, nutrition management, and safe eating**.
- **Facilitates social and economic participation:** Enables participation in family meals and social dining settings.
- **Value for money:** Cost-effective compared to ongoing reliance on commercial pureed meals or full-time support.
- **Effective and beneficial:** Supported by dietetic guidelines and best practice for texture-modified diets.
- **Reasonable for informal supports:** Reduces need for extensive family or carer involvement in meal preparation.
- **NDIS support:** Directly addresses functional and health-related goals under the participant's plan.

Other supports

Manual mashing tools, stick blenders, or commercial pureed meals. These may partially achieve outcomes but **lack consistency, safety, or nutritional adequacy**.

High-powered blenders for blended tube feeding

Who uses or might use this support

Participants receiving **enteral feeding** who wish to use **home-prepared blended foods**, particularly those with neurological disability, cerebral palsy, autism, or gastrointestinal conditions.

How and why people use this support

High-powered blenders (eg, Vitamix) produce smooth, consistent blends suitable for safe tube administration. They enable:

- preparation of **individualised, nutritionally complete feeds** in line with dietitian recommendations
- maintenance of **cultural, family, and sensory preferences** in blended tube feeds
- reduction in reliance on commercial formulas, supporting **autonomy and cost savings**

- safe, efficient preparation that reduces risk of tube blockage or gastrointestinal intolerance.

Justification under updated NDIS reasonable and necessary criteria

- **Related to your disability:** Supports participants unable to meet nutrition needs orally.
- **Helps pursue your goals:** Enables participants or caregivers to manage **tube feeding independently and safely**, aligned with plan goals.
- **Facilitates social and economic participation:** Supports inclusion in family meals and culturally appropriate diets.
- **Value for money:** Reduces ongoing cost of commercial formulas and intensive support worker assistance.
- **Effective and beneficial:** Supported by clinical dietetic practice and evidence for safe home-prepared blended feeds.
- **Reasonable for informal supports:** Reduces extensive manual preparation time for family or carers.
- **NDIS support:** Aligns with reasonable and necessary supports for nutrition, health, and independent living.

Other supports

Standard blenders or hand mixers (insufficient for tube feeding) and commercial enteral formulas (less personalised, may reduce autonomy). High-powered blenders uniquely support **nutrition, participation, and functional goals**.

Exercise Physiology

Dietitians Australia recognises Exercise Physiology as a highly qualified allied health profession which is a recognised and funded capacity building and therapy support in the NDIS.

Accredited Exercise Physiologists (AEPs) and Accredited Exercise Scientists (AESs) are university-qualified professionals who achieve ESSA accreditation after meeting rigorous accreditation and registration standards. They work across a wide range of clinical and community settings alongside other allied health professionals, including Accredited Practising Dietitians, to deliver effective, evidence-based disability therapy and capacity building supports.

AEPs hold a minimum four-year tertiary qualification and are the experts in clinical exercise interventions and movement based therapeutic supports. They provide safe, effective, and values-based therapy to NDIS participants as part of the multidisciplinary team.

For people living with disability, AEPs offer evidence-based approaches that can improve motor skills, physical literacy, social participation, and mental health outcomes. These interventions are not simply about physical activity - they are structured, tailored, and clinically informed therapies designed to address developmental barriers and enhance functional independence.

Dietitians Australia views inclusion of AEPs in NDIS funded supports as essential. We fully support the submission made by ESSA to this committee.