Support at Home Program

Submission to the Community Affairs References Committee Senate Inquiry

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Recipient

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Senate Standing Committees on Community Affairs
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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.

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About Dietitians Australia

Dietitians Australia is the national association of the dietetic profession with over 9,000 members, and branches in each state and territory. Dietitians Australia is the leading voice in nutrition and dietetics and advocates for the profession and the people and communities we serve.

The Accredited Practising Dietitian (APD) program provides an assurance of safety and quality and is regulated by the *National Alliance of Self Regulating Health Professionals* (NASRHP) and Dietitians Australia. APD is the only national credential recognised by the Australian Government, Medicare, the Department of Veterans Affairs, the National Disability Insurance Agency and most private health funds as the quality providers of nutrition and dietetics services in Australia.

APDs work across the aged care system, in residential services, in home and community care, in hospitals and in primary care. They are uniquely positioned to assist older people in mitigating functional decline through adequate nutrition and hydration to meet their needs, which can enable them to live more safely, independently and with dignity at home, and prevent avoidable hospitalisation and premature entry to residential aged care.

This submission was prepared by Dietitians Australia, with contributions from its members following the Conflict of Interest Management Policy and processes approved by the Board of Dietitians Australia.

Summary

Dietitians Australia would like to thank the Community Affairs References Committee for the opportunity to provide a response to the Support at Home (SaH) Program inquiry and requests the opportunity to give evidence at one of the committee's remaining public hearings.

Dietitians Australia advocates for improved access to Accredited Practising Dietitians (APDs) to receive high quality nutrition and dietetic care, and improved food and nutrition to meet the needs of older Australians.

APDs play a vital role in supporting the food and nutrition needs of older people across the continuum of aged care, including those living in the community to stay at home for longer, those in hospital seeking restorative care and reablement to transition back to independent living, as well as older people transitioning into residential aged care facilities or palliative care.

Significant achievements to date include presenting evidence before the Royal Commission into Aged Care Quality and Safety and to the Senate Community Affairs Legislation Committee at a hearing on the Aged Care Bill 2024.

Dietitians Australia advocated for and welcomed the strengthening of the new *Aged Care Act 2024* and Aged Care Quality Standards, and in particular the introduction of Standard 6: Food and nutrition for residential aged care. This has enabled APDs to work more closely with residential aged care facilities, food service staff and residents to improve the quality of menus and enhance the dining experience shown to improve nutrition-related clinical indicators including malnutrition, unintentional loss of weight and lean muscle mass, risk of falls and pressure injuries.

Dietitians Australia also advocated for and welcomed the meal requirements that apply to in-home aged care programs, including the SaH program as a condition of registration under the *Aged Care Rules 2025* (Section 148-20 of the Aged Care Rules 2025). Providers delivering meal services to older people through government-funded aged care services under registration category 1 (Home and community services) and registration category 4 (Personal and care support in the home or

community) must ensure they are nutritious and appetising and have regard for the older person's needs and preferences.

We welcome the annual dietitian assessment of home-delivered meals, snacks and drinks to older people, and integrating dietitian assessment findings to support providers to continually improve their services for older people. Dietitians Australia are concerned this may place additional strain on smaller providers, particularly those located in regional and remote areas, or by sole trader caterers. With the federal budget 2026-27 allocated to continue strengthening food and nutrition for aged care, Dietitians Australia calls for the Australian Government to consider allocating a portion to supporting smaller in-home aged care providers to meet the requirement under the strengthened Aged Care Quality Standards.

APDs are also deeply concerned that food and nutrition are viewed as a lifestyle expense in the in-home aged care setting rather than clinical care and perceive participants to be at greater clinical risk because the safeguards of the Strengthened Aged Care Quality Standard 5.5.5 (regular malnutrition screening) and Standard 6 (Food & Nutrition) do not apply.

Dietitians Australia would welcome the opportunity to co-develop a new food and nutrition standard equivalent for the Support at Home Program and quality indicators including universal malnutrition screening at program entry and ongoing to monitor and manage this highly prevalent risk known to reduce quality of life, lengthen hospital admissions and reduce reablement, dignity and independence for older Australians.

Recommendations

1. Introduce a food and nutrition quality standard for in-home aged care and the Support at Home Program equivalent to Strengthened Standard 6 (Food and Nutrition) in residential aged care.
2. Universal malnutrition screening, reporting and follow up to be included in the Support at Home program assessment system and National Aged Care Quality Indicator Program for in-home aged care, with a defined and funded referral pathway to an Accredited Practising Dietitian when risk is identified to support wellbeing and reablement through dietetic care.
3. Add meal preparation and shopping for food to clinical supports in the Support at Home program, exempt from participant contributions, for any participant with identified malnutrition risk, cognitive impairment affecting eating and drinking, and swallowing difficulty (dysphagia).
4. The Australian Government should work with IHACPA and peak bodies including Dietitians Australia and AHPA to ensure costing and pricing for nutrition and dietetic care under the Support at Home program accurately reflect the diversity of older people's allied health needs and the varied contexts in which clinical care is provided. Travel time should be included for APDs servicing older people living in regional and remote areas.
5. The Australian Government allocate a portion of the federal budget 2026-27 announced to strengthen food and nutrition for aged care, to support in-home aged care providers to meet the meal requirements under the strengthened Aged Care Quality Standards, with priority for smaller providers in regional and remote areas.

Response to the terms of reference

Dietitians Australia are responding to selected terms only, with reference to (a), (b), (e), (g), (h), (i).

a) the ability for older Australians to access services to live safely and with dignity at home;

The Royal Commission into Aged Care Quality and Safety ('Royal Commission') concluded that allied health should be regarded as critical to producing 'reablement', vital for enabling older people's physical and mental health and wellbeing.

Dietitians Australia agrees 'Reablement' should mean participants are assessed and receive services, including nutrition and dietetic care when needed, to prevent or delay deterioration in their capacity to function and live independently, as well as possible, for as long as possible. We welcome the inclusion of allied health services in the Restorative Care Pathway and other avenues under Support at Home such as the End-of-Life Pathway.

Accredited Practising Dietitians (APDs) are uniquely positioned to assist older people in mitigating age-related functional decline through adequate nutrition and hydration, enabling them to live more safely, independently and with dignity at home.

For an older person with decreased appetite, fatigue, reduced mobility, frailty, dementia, arthritis, cognitive decline or swallowing difficulty, accessing support with activities of daily living like grocery shopping and meal preparation are health-critical and reablement activities. The consequences of poor appetite and difficulty with preparing and eating nutritious and appetising meals are clinical: weight loss, sarcopenia, malnutrition, impaired wound healing, dehydration, fatigue, falls and hospitalisation.

APDs are qualified professionals and skilled to provide medical nutrition therapy to older Australians living with chronic conditions or experiencing malnutrition or dysphagia (swallowing problems), which are known to reduce quality of life and increase the risk of falls, preventable hospital admissions and pressure injuries. Access to nutrition and dietetic care is a vital out-of-hospital strategy that enables them to be managed in the community and primary care setting, enabling self-management and greater quality of life. However, we know services are under-utilised based on member feedback. The Royal Commission found only two per cent of Home Care Package funding was utilised for allied health services, and no other utilisation data for clinical supports for in-home aged care exists. This limits opportunities to prevent avoidable deterioration and is inconsistent with the objectives of restorative care, reablement and supporting older Australians to remain safely at home. Dietitians Australia recommends the Department releases quarterly reporting data by service type, including dietetics, for greater transparency and a permanent evidence base.

Integrating a routine malnutrition screening tool and a comprehensive needs assessment tool to identify in-home aged care participants with difficulty eating and drinking, and the requirement for nutrition status and nutrition care recommendations to be communicated across the aged and tertiary care continuum, are the safeguards needed to enable older Australians to access allied health care when needed.

Dietitians Australia recommends universal malnutrition screening, reporting and follow up to be included in the Support at Home program assessment system and National Aged Care Quality Indicator Program for in-home aged care, with a defined and funded referral pathway to an Accredited Practising Dietitian when risk is identified to support wellbeing and reablement through dietetic care.

b) the impact of the co-payment contributions for independent services and everyday living services on the financial security and wellbeing of older Australians;

Under the Support at Home program, we understand dietetic services and oral nutrition supplements where clinically indicated do not require a co-contribution, however everyday living services related to grocery shopping and meal preparation do. This undermines the principles of a food-first approach to nutrition and dietetic care, wellness and reablement, particularly for people living with dementia who rely on these supports to maintain nutrition, hydration and a sense of independence.

Dietitians Australia recommends the addition of supports for meal preparation and shopping for food as clinical supports in the Support at Home program, exempt from participant contributions, for any participant with identified malnutrition risk, cognitive impairment affecting eating and drinking, and swallowing difficulty (dysphagia).

e) the impact on the residential aged care system, and hospitals;

Malnutrition is a direct pathway from home to hospital and from hospital to residential aged care, which positions the Support at Home Program as safeguard that at best could help to prevent hospital admissions and delay entry into residential aged care, by enabling older Australians to remain independent for longer.

Poor nutritional status due to malnutrition is associated with increased falls, frailty, infections, delayed wound healing and reduced functional capacity. Older people who experience malnutrition remain in hospital for longer on average, and without restorative care and reablement, are more likely to enter residential aged care prematurely.

The Australian Government Aged Care Quality and Safety Commission is aware that malnutrition is a serious issue that affects older people's health, wellbeing and quality of life in residential aged care, which is why they are monitoring how well Category 6 aged care providers identify, monitor and respond to malnutrition risk through the Food, nutrition and dining targeted enquiry program.

However, malnutrition doesn't just impact the residential aged care system and hospitals.

APDs recognise that malnutrition is also a significant and often under-recognised issue among older Australians receiving community care. Approximately one in three older adults living in the community are estimated to be malnourished or at risk of malnutrition.

Dietitians Australia recommends universal malnutrition screening, reporting and follow up to be included in the Support at Home program assessment system and National Aged Care Quality Indicator Program for in-home aged care, with a defined and funded referral pathway to an Accredited Practising Dietitian when risk is identified to support wellbeing and reablement through dietetic care.

g) thin markets including those affected by geographic remoteness and population size;

As a member of the Allied Health Professions Association (AHPA) Aged Care Working Group, as well as the peak body for APDs working in aged care, Dietitians Australia understands the impacts of the reform process on the allied health workforce, with implications for worker fatigue and capacity, morale and retention – and consequent negative outcomes for older people requiring dietetic care and allied health services.

Many APDs and allied health professionals are subcontractors rather than employees of in-home aged care providers. Common concerns are uncertainties about billing and how to ensure fair remuneration for full scope of practice and cost of clinical care provision.

Issues such as how to incorporate travel and report writing into the hourly rate have not been straightforward, which will have the greatest impact on older people living in areas of geographic remoteness. This has left some APDs feeling uncertain about what changes in their practice are expected, but also how they will impact on their negotiations and agreements with providers and participants.

Dietitians Australia recommends the Australian Government work with IHACPA and peak bodies including Dietitians Australia and AHPA to ensure costing and pricing for nutrition and dietetic care under the Support at Home program accurately reflect the diversity of older people's allied health needs and the varied contexts in which clinical care is provided. Travel time should be included for APDs servicing older people living in regional and remote areas.

h) the impact on First Nations communities, and culturally and linguistically diverse communities; and

Nutrition support is only effective when it is culturally safe. Dietitians Australia supports assessment and care planning that records cultural food requirements as clinical information, and workforce and service settings that enable First Nations and culturally and linguistically diverse participants to receive culturally safe care and enjoy foods that are aligned with their cultural preferences and practices.

i) any other related matters.

As mentioned in our summary, Dietitians Australia advocated for and welcomed the strengthening of the new *Aged Care Act 2024* and Aged Care Quality Standards, and in particular the introduction of Standard 6: Food and nutrition for residential aged care. This has enabled APDs to work more closely with residential aged care facilities, food service staff and residents to improve the quality of menus and enhance the dining experience shown to improve nutrition-related clinical indicators including malnutrition, unintentional loss of weight and lean muscle mass, risk of falls and pressure injuries.

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References

Australian Government Aged Care Quality and Safety Commission. Aged Care Quality Standards | Aged Care Quality and Safety Commission

Australian Government Aged Care Quality and Safety Commission. Food, nutrition and dining targeted enquiry program | Aged Care Quality and Safety Commission

Australian Government Aged Care Quality and Safety Commission. Standard 5: Clinical care | Aged Care Quality and Safety Commission

Australian Government Aged Care Quality and Safety Commission. Standard 6: Food and nutrition - Information for older people | Aged Care Quality and Safety Commission

Australian Government National Health and Medical Research Council 2023 Attachment A Health and Nutrition of older Australians – environment scan. Available at: Attachment A - Health and nutrition of older Australians – environment scan

Castro, P. D., Reynolds, C. M., Kennelly, S., Geraghty, A. A., Finnigan, K., McCullagh, L., Gibney, E. R., Perrotta, C., & Corish, C. A. (2021). An investigation of community-dwelling older adults' opinions about their nutritional needs and risk of malnutrition; a scoping review. Clinical nutrition (Edinburgh, Scotland), 40(5), 2936–2945. https://doi.org/10.1016/j.clnu.2020.12.024

Daly, R. M., Scott, D., Kiss, N., Tieland, M., Baguley, B., & Fyfe, J. J. (2025). Knowledge, awareness, behaviours, beliefs, attitudes, and perceptions of older Australians regarding muscle health and sarcopenia: A national survey. Archives of gerontology and geriatrics, 135, 105835. https://doi.org/10.1016/j.archger.2025.105835

Dietitians Australia. Older People and Aged Care Dietitian Role Statement. [Internet]. 2021. https://dietitiansaustralia.org.au/sites/default/files/2022-02/Older-People-Aged-Care-Role Statement_2021.2.pdf

Dietitians Australia. Malnutrition in Aged Care Position Statement. [Internet]. 2020. https://dietitiansaustralia.org.au/sites/default/files/2021-12/202012-PositionStatement Malnutrition_in_Aged_Care.pdf

Khor, P. Y., Vearing, R. M., & Charlton, K. E. (2022). The effectiveness of nutrition interventions in improving frailty and its associated constructs related to malnutrition and functional decline among community-dwelling older adults: A systematic review. Journal of human nutrition and dietetics : the official journal of the British Dietetic Association, 35(3), 566–582. https://doi.org/10.1111/jhn.12943

Lengfelder L, Mahlke S, Moore L, Zhang X, Williams G, Lee J. Prevalence and Impact of Malnutrition on Length of stay, readmission, and Discharge Destination. Journal of Parenteral and Enteral Nutrition. 2022;46(6). https://doi.org/10.1002/jpen.2322

Rist G, Miles G, Karimi L. The presence of malnutrition in community-living older adults receiving home nursing services. Nutrition & Dietetics. 2012;69(1):46–50. https://doi.org/10.1111/j.1747-0080.2011.01572.x

Royal Commission into Aged Care Quality and Safety, Final Report Volume 1 Summary and recommendations, 2021, 101; Royal Commission into Aged Care Quality and Safety, Final Report Volume 3A The new system, 2021, 176.

Royal Commission into Aged Care Quality and Safety, Final Report: Care, Dignity and Respect – Volume 2 The current system, 68.