Inclusive Communities Fund

Response to consultation
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Recipient

Department of Health, Disability, and Ageing
InclusiveCommunitiesFund@health.gov.au

Dietitians Australia contact

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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.

About Dietitians Australia

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

The Accredited Practising Dietitian (APD) program is the credentialling program of Dietitians Australia. It provides an assurance of safe and quality dietetic practice and is the foundation of self-regulation of the dietetic profession in Australia.

APDs are uniquely trained to provide essential support for people with disability by assessing and managing swallowing difficulties, ensuring safe mealtime practices, addressing tube feeding and complex nutrition needs, and preventing malnutrition. They also guide families in managing allergies, intolerances, and specialised diets that can affect growth, learning, and participation. Recognising dietitians as part of the disability workforce will ensure children and adults receive safe, timely, and holistic care. APDs are also uniquely trained to provide one-on-one medical nutrition therapy to people with disability in a clinical context across a broad range of disease and health conditions. Dietitians must hold the APD credential and meet continuing professional development and recency of practice standards annually to access Medicare, Department of Veterans Affairs, National Disability Insurance Scheme, worker's compensation schemes and most private health insurers. Dietitians are essential providers of functional capacity-building supports that enable people with disability to participate more fully, confidently and independently in inclusive community life.

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

Summary and recommendations

Dietitians Australia (DA) welcomes the Australian Government's $200 million Inclusive Communities Fund and its focus on strengthening the capability of community organisations to provide more inclusive and accessible opportunities for people with disability. The Fund is intended to support greater participation in social, recreational, arts, sporting, cultural and other community activities, while creating lasting change beyond the three-year funding period.

Our key recommendation

DA recommends that **food, nutrition, hydration, eating and drinking be explicitly recognised as important dimensions of community inclusion in the grant guidelines, assessment criteria and program design of the Inclusive Communities Fund**.

Food is embedded in everyday community life, from sporting clubs, neighbourhood centres, shared meals and community gardens to cultural celebrations, volunteering, festivals and social groups. If food-related needs are not considered, people with disability can be excluded from both the activity itself and the social connection and sense of belonging that occur around it.

Supporting recommendations

Table 1 below shows the supporting recommendations.

Table 1. Supporting recommendations

Recommendation	Proposed action
1. Explicitly include food, nutrition, hydration, eating and drinking within the Fund	Ensure Fund grant guidelines, assessment criteria and program design recognise food-related accessibility and participation as legitimate areas for investment.

2. Use APD expertise to build community capability	Enable funded organisations to engage Accredited Practising Dietitians (APDs) for training, co-design, accessibility reviews, development of practical resources and advice on inclusive food, eating and drinking practices that support safety, dignity and participation. Require that funded training or advice involving eating, drinking, swallowing, texture modification or mealtime assistance is developed or delivered by appropriately qualified professionals.
3. Fund practical food-related accessibility improvements	Support measures such as accessible menus and communication tools, staff education about texture-modified foods, adaptive eating and drinking equipment, sensory-friendly environments, and inclusive community kitchens, cooking classes, gardens and food activities.
4. Reach the settings where community life happens, within the Fund's design	Confirm that funded organisations may procure specialist expertise from small private providers, including APDs. Make clear that not-for-profit social enterprises are eligible, and consider how recognised social enterprises more broadly could take part. Support council-led and community-organisation-led precinct programs that build inclusive practice in local businesses, such as hospitality and retail settings, without direct funding to for-profit entities. Consider longer-term approaches to inclusion capability in for-profit community settings through the foreshadowed Social and Community Participation market reform consultation.
5. Ensure equitable access across communities	Prioritise approaches that minimise out-of-pocket costs and address barriers experienced by people on low incomes and people in regional, rural and remote communities. Funding and procurement arrangements should not unintentionally favour large organisations or exclude smaller community organisations and specialist providers.
6. Build sustainable and scalable models	Fund the development, adaptation and evaluation of proven approaches, resources and training that can be embedded in organisations and shared nationally. This could include adapting established food education, community garden and food-literacy initiatives for disability inclusion.
7. Embed dietetic expertise across the funding cycle	Ensure access to APD expertise can be incorporated into project design, implementation, workforce development and evaluation where food, nutrition, hydration, eating or drinking are relevant to participation and inclusion.
8. Safeguard the boundary with individualised supports	State in Fund guidelines and related NDIA guidance that participation in Fund-supported activities is not evidence that individualised disability-related nutrition and dietetic supports are no longer required, and that Fund-supported programs are not alternative service capacity for planning or support determination purposes.
9. Evaluate lasting change and interaction	Build program-level evaluation into the Fund from the outset, including participation outcomes for people with complex disability-related eating, drinking and nutrition needs, and evidence on the interaction between Fund-supported community capability and individualised supports, to inform the statutory review of the NDIS Amendment Act.
10. Fund a national training and resource program on safe, inclusive food practices	Fund Dietitians Australia, with disability-led partners, to develop and deliver national training and resources for community organisations covering texture modification awareness, sensory-friendly food environments and safe mealtime practices, building on the department's previous investment in DA's disability capacity-building program with AFDO.

The Fund in the context of current disability reforms

Dietitians Australia notes the consultation paper's acknowledgement that further changes are expected to NDIS funding for Social, Civic and Community Participation supports and Capacity Building Daily Activity supports, and that these changes are not the focus of this consultation. DA raises four related issues that bear directly on how the Fund should be designed.

Many people with disability have eating, drinking, swallowing and nutrition support needs that require individualised support from qualified professionals. A more inclusive community activity cannot replace that support. Fund guidelines and related NDIA guidance should state clearly that participation in a Fund-supported activity is not evidence that a person no longer needs individualised disability-related nutrition and dietetic supports, and that Fund-supported programs are not alternative service capacity when plans are developed or support determinations are made.

The timing of the Fund also matters. The first grants are expected by June 2027, changes to individualised participation supports may take effect earlier, and current ILC grants finish from July 2027. Community capability should be built before individualised supports are reduced, and the department should manage continuity across the transition from the ILC Program to the Disability Peer Support and Connections Program and the Fund.

DA welcomes the department's plan to consult separately on NDIS Social and Community Participation market reform and requests inclusion in that consultation, given the direct relevance of participation supports to nutrition, mealtimes and dietetic practice.

The Fund provides $200 million over three years for all community inclusion purposes nationally. At that scale it cannot absorb needs currently met through individualised supports. The Fund's evaluation should gather evidence on how Fund-supported community capability interacts with individualised supports, so the statutory review under the National Disability Insurance Scheme Amendment (Securing the NDIS for Future Generations) Act 2026, which must examine interaction with foundational supports, has that evidence available.

Why food, nutrition and dietetic expertise matter for inclusive communities

Accredited Practising Dietitians support one of the most fundamental activities of daily living, eating and drinking, for people whose disability directly affects their capacity to do so safely, adequately and independently. The therapeutic support APDs provide enables and equips people with disability to participate in education, employment, family routines, social activities and community life. Nutrition and dietetic supports are functional, capacity-building and disability-specific.

Inclusive communities must therefore consider food, nutrition, hydration, eating and drinking as part of accessibility and participation. Community organisations may unintentionally exclude people with disability when food-related needs, sensory or communication requirements, texture modification, accessible food information or support with eating and drinking are not considered. Building the capability of community organisations in these areas can complement individual dietetic supports by creating environments in which people with disability can participate more fully, safely and independently in their local communities.

The Inclusive Communities Fund provides an important opportunity to build this organisational capability through training, practical resources, co-design and access to appropriate expertise, including Accredited Practising Dietitians. This should complement, rather than replace, individually required disability-related nutrition and dietetic supports.

Food insecurity, disability and community inclusion

The United Nations publication[1] *"Promoting the Rights of Persons with Disabilities through the Sustainable Development Goals. A resource package. Food and nutrition (2024)"* reports that across the European Union, 16.1% of people with disability were living in "food poverty", compared with 7.5% of people without disability. This means people with disability were more than twice as likely to experience food poverty. Australian evidence shows a similar disparity (Box 1).

- In a 2020 Tasmanian study, 23.6% of people with disability experienced low or very low food security, compared with 10.6% of people without disability, more than twice the rate. Disability remained independently associated with food insecurity after accounting for other socioeconomic and demographic factors.[2]
- A nationally representative HILDA Survey [3] study found that Australians with almost all of the 17 health conditions examined were significantly more likely to experience food insecurity. Some conditions associated with disability showed particularly large disparities: people with mental illness or nervous/emotional conditions experienced food insecurity at around **3–5 times** the rate of those without those conditions, while people experiencing blackouts, fits or loss of consciousness had rates around **5–12 times higher** on individual food-insecurity measures.
- The Foodbank Hunger Report 2025 found that 67% of Australian households that include a person with disability or a health issue experienced food insecurity, with three-quarters of those experiencing severe food insecurity. These households were also more likely to report high living costs, low or reduced income or government support, and difficulties travelling to or accessing food as contributing factors.[4]

Box 1 Food insecurity in Australia and the need for inclusive communities.

Together, this evidence demonstrates that people with disability experience disproportionate barriers to food security and food access. This is directly relevant to the Inclusive Communities Fund and reinforces the need to recognise food, nutrition, hydration, eating and drinking as dimensions of community inclusion. The Fund can help community organisations address these barriers through accessible food environments, practical support to participate in food-related activities, inclusive food and meal practices, staff and volunteer training, affordable participation, accessible food and nutrition information and access to appropriate expertise, including APDs. The Fund should therefore support community organisations to build their capability to reduce food-related barriers to participation. This is particularly important for people with disability who may already experience higher food insecurity alongside disability-related barriers to shopping, food preparation, eating, drinking and participating in shared meals. Food relief and social supermarket services are themselves not-for-profit community organisations of the kind the Fund expects to support. Building their disability inclusion capability, including accessible distribution points, suitable foods for people with disability-related dietary needs and staff confidence in disability inclusion, would be a direct and fundable response to this evidence. The Fund should complement, rather than replace, individually required nutrition and dietetic supports. Its role should be to help create **community environments in which people with disability can access food, participate in food-related activities and share meals with greater choice, dignity and inclusion**.

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[1] https://www.ohchr.org/sites/default/files/documents/issues/disability/sdg-crpd-resource/thematic-briefs/food-nutrition-noimages-rev.pdf

[2] Kent, K., Murray, S., Penrose, B., Auckland, S., Visentin, D., Godrich, S., & Lester, E. (2020). Prevalence and socio-demographic predictors of food insecurity in Australia during the COVID-19 pandemic. Nutrients, 12(9), 2682. https://doi.org/10.3390/nu12092682

[3] Fry, J. M., Temple, J. B., & Williams, R. (2024). Food insecurity and health conditions in the Australian adult population: A nationally representative analysis. Nutrition & Dietetics. Advance online publication. https://doi.org/10.1111/1747-0080.12907

[4] Foodbank Australia. (2025). Foodbank Hunger Report 2025. https://reports.foodbank.org.au/foodbank-hunger-report-2025/

Inclusive food environments and the role of APDs

A systematic review[5] of 36 studies found that people with disability experience barriers to eating out including negative attitudes, poor physical and communication access, and limited staff knowledge of disability. The review identified staff training, improved dining environments and consultation with people with disability as key strategies to improve inclusion.

This is directly relevant to people's diet and nutrition status because many people with disability also have disability-related eating, drinking and nutrition needs that can affect whether they can participate safely and confidently in community meals and dining activities. APDs can help community organisations understand these needs, develop inclusive food and meal practices, advise on appropriate food textures and mealtime supports, and build staff and volunteer capability.

People with dysphagia are at significantly higher risk of death from aspiration pneumonia and choking. The NDIS Quality and Safeguards Commission has named mealtime management and preventable deaths a key regulatory priority. It conducted nationwide mealtime management site visits in 2025 and is running a targeted compliance intervention to March 2026.[6] The Commission's scoping review of causes and contributors to deaths of people with disability identified choking-related deaths among its areas of concern,[7] and its Practice Alert on dysphagia, safe swallowing and mealtime management sets out what it expects of disability services.[8] Community organisations that begin running shared meals, cooking activities and food-based events will face the same risks without the regulatory obligations or clinical support that registered providers carry. Where Fund-supported training or advice involves eating, drinking, swallowing, texture modification or mealtime assistance, the guidelines should require that it is developed or delivered by appropriately qualified professionals, including Accredited Practising Dietitians. This protects participants and reduces risk for the community organisations the Fund is designed to support.

The Inclusive Communities Fund could therefore recognise **APDs as a source of specialist expertise in community capability-building**, particularly where food, nutrition, eating and drinking are barriers to participation.

Questions for people with disability, families, carers and kin

Q1. What community activities would you like the Fund to support?

DA supports the Fund enabling people with disability to participate in ordinary community activities, including those identified in the consultation paper such as sporting clubs, theatre groups, community gardens, volunteering groups and multicultural organisations.

DA particularly encourages the Fund to support inclusion in activities where food, eating and drinking are part of participation, including:

- community gardens, cooking groups and community kitchens;
- neighbourhood houses, community centres and social groups;

[5] Hemsley, B., Almond, B., Given, F., Darcy, S., L'Espoir Decosta, P., Dann, S., et al. (2023). Craving inclusion: A systematic review on the experiences and needs of people with disability eating out. Disability and Rehabilitation, 46, 5183–5198. https://doi.org/10.1080/09638288.2023.2295006

[6] NDIS Quality and Safeguards Commission. NDIS regulator targets choking risks following nationwide mealtime checks. https://www.ndiscommission.gov.au/media-centre/ndis-regulator-targets-choking-risks-following-nationwide-mealtime-checks

[7] NDIS Quality and Safeguards Commission. Scoping review of causes and contributors to deaths of people with disability in Australia. https://www.ndiscommission.gov.au/about-us/what-we-do/inquiries-and-reviews/death-people-disability

[8] NDIS Quality and Safeguards Commission. Practice Alert: Dysphagia, safe swallowing and mealtime management. https://www.ndiscommission.gov.au/sites/default/files/2022-05/practice-alert-dysphagia-safe-swallowing-and-mealtime-management.pdf

- sporting and recreation clubs where meals, snacks and social events form part of participation;
- cultural and multicultural activities where food is an important part of connection, culture and identity;
- festivals, markets, community events and volunteering activities involving food;
- food relief, community pantry and social supermarket services run by community organisations; and
- shared meals and other community activities that support friendship, belonging and social connection.

Are there good examples of community activities?

Good approaches include activities where people with disability participate alongside other community members and where inclusion is built into the design from the outset. Examples include inclusive community gardens, cooking programs, neighbourhood meals, cultural celebrations and volunteering programs where food-related needs are anticipated and accommodated. Successful approaches should be co-designed locally and should focus on genuine participation, relationships and belonging. Our members have recommended adapting proven food-literacy and kitchen-garden models, such as the Stephanie Alexander Kitchen Garden approach, for disability-inclusive community settings including community gardens, neighbourhood houses and community kitchens, with sustainable funding beyond initial grants.

What barriers can people face?

Dietitians working with people with disability see that participation can be affected when food, nutrition, eating and drinking needs have not been considered. Barriers can include:

- appropriate food choices not being available;
- texture-modified foods or other disability-related eating and drinking requirements not being accommodated;
- sensory, communication, cognitive or physical needs relating to food being poorly understood;
- menus, ingredients or food information not being provided in accessible formats;
- staff or volunteers lacking confidence in supporting people with disability around eating and drinking;
- food-related activities being designed in ways that unintentionally exclude some participants; and
- the cost of food or participation creating an additional barrier for people on low incomes.

These barriers can affect more than nutrition. If someone cannot safely or comfortably take part in a shared meal, barbecue, cooking activity, sporting event or cultural celebration, they can also miss opportunities for friendship, belonging and community connection.

The Fund could help community organisations identify these barriers in advance, build staff capability and know when advice from people with disability, disability-led organisations or appropriately qualified health professionals, including Accredited Practising Dietitians, is needed.

Q2. How can we make sure the Fund works well for all people with disability?

DA strongly supports the Fund being designed for the diversity of people with disability, including First Nations people, LGBTQIA+ people, people from different cultural and language backgrounds, younger and older people, people on low incomes, and people living in regional, rural and remote communities, as identified in the consultation paper.

A one-size-fits-all approach will not achieve inclusion. DA recommends that the Fund:

- require meaningful co-design with people with disability and disability-led organisations;
- support locally led approaches rather than impose a single model;
- recognise cultural, religious and personal food practices;
- provide information and resources in accessible formats and appropriate languages;
- consider affordability so that food costs, fees or participation costs do not create additional barriers;

- include people with complex disability-related eating, drinking and nutrition needs, not only people requiring physical access modifications;
- recognise the different needs of children, young people, adults and older people; and
- give specific attention to regional, rural and remote communities, where organisations may have fewer resources and less access to specialist disability and allied health expertise.

For First Nations people and culturally and linguistically diverse communities, food can have important cultural, family and community significance. Inclusion initiatives should therefore be developed with the relevant communities and should not rely solely on generic disability or nutrition resources. Partnerships with Aboriginal Community Controlled Organisations should be recognised as a preferred delivery approach for First Nations communities.

Similarly, inclusion must reflect the life course. A young person participating in a sporting club, an adult joining a community cooking program and an older person attending a neighbourhood meal may experience very different barriers.

Guidelines should also allow small and volunteer-run organisations to demonstrate they are working with people with disability through partnership arrangements and co-design evidence, rather than through documentation requirements that only large organisations can meet.

Questions for Disability Representative Organisations, advocates and community organisations

Q1 What support, resources or changes would help organisations become more inclusive and accessible for people with disability?

Community organisations need practical tools, training and expert guidance to understand and respond to disability-related barriers, including those relating to food, nutrition, eating and drinking.

The Fund should help organisations to:

- improve the accessibility of community meals, cooking activities, community gardens and food-based events;
- provide inclusive food choices and appropriate texture-modified foods where relevant;
- understand sensory, communication, physical and cognitive barriers affecting eating, drinking and food choice;
- develop accessible menus and food information;
- build staff and volunteer confidence;
- make food relief, community pantry and social supermarket services accessible and appropriate for people with disability-related dietary needs;
- review food-related policies, procedures and activities through an inclusion lens; and
- recognise when specialist advice from an APD or another appropriately qualified professional is required.

Community organisations should be supported to co-design initiatives with people with disability and disability-led organisations. For food and nutrition initiatives, partnerships could bring together people with disability, disability-led organisations, community organisations and APDs to identify barriers and develop practical solutions. An example of this is Dietitians Australia partnered with the Australian Federation of Disability Organisations (AFDO) to develop an education program and resources to upskill dietitians in working with people

with disability. The project was funded by the Australian Government Department of Health, Disability and Ageing [9]. (See additionally Appendix A).

DA recommends the department fund Dietitians Australia, working with disability-led partners such as AFDO, to develop national training and resources for community organisations on safe and inclusive food practices. The priority areas are texture modification awareness, sensory-friendly food environments, and knowing when specialist advice is needed. The department has previously funded DA to build dietetic workforce capability in disability through the AFDO partnership. The same model, applied to community organisations, would give every funded project access to consistent, safe, expert-developed materials instead of each organisation developing its own.

Q2. What activities should the Fund support, given that it will not pay for service delivery?

DA supports the Fund focusing on capability-building activities. The consultation paper proposes activities including expert advice, disability inclusion training, lasting partnerships, small accessibility purchases and projects that change how organisations operate. Table 2 demonstrates examples of inclusion measures provided by our disability expert members, the barriers addressed, how each measure relates to the Inclusive Communities Fund, and the relevance of each measure to Accredited Practising Dietitians (APDs).

Table 2. Practical food, eating and drinking inclusion measures relevant to the Inclusive Communities Fund

Practical inclusion measure	Barrier addressed	How it relates to the Inclusive Communities Fund	Relevance to APDs
Communication boards and visual, Braille and audio menus	Communication, vision and cognitive access barriers	Could be supported as practical accessibility resources that make community food settings easier to navigate and participate in	APDs can help ensure food and nutrition information is clear, accessible and appropriate
Staff knowledge of texture-modified foods	Difficulty safely accessing suitable meals for people with swallowing or eating difficulties	Fits the Fund's focus on staff training, expert advice and organisational capability-building	APDs can provide education on texture-modified foods, meal suitability and inclusive food practices
Accessible plates, cups and cutlery	Physical and functional barriers to eating and drinking independently	Could be supported as small accessibility purchases that improve participation in community food activities	APDs can advise on practical mealtime supports that promote independence, safety and dignity
Sensory-friendly or quieter areas in public spaces such as cafés and restaurants	Noise, sensory overload and environmental barriers	Supports changes to how community organisations design and operate their spaces	APDs working with people with sensory-related eating difficulties can help identify barriers that affect food participation
More frequent or permanent low-sensory periods in supermarkets and food settings	Sensory barriers that restrict access to shopping and food environments	Demonstrates how changing organisational practices can create more consistently inclusive community environments, delivered	APDs can identify how food access and sensory environments affect nutrition, independence and participation

[9] https://dietitiansaustralia.org.au/advocacy-and-policy/capacity-building-disability-dietitians

Practical inclusion measure	Barrier addressed	How it relates to the Inclusive Communities Fund	Relevance to APDs
		through council-led or community-organisation-led precinct programs.	
Accessible food and meal practices more broadly	Barriers to choice, dignity, safety and participation in shared meals	Directly supports the Fund's purpose of building lasting organisational capability rather than funding ongoing service delivery	APDs can contribute specialist food, nutrition, eating and drinking expertise to community capability-building

Relevant food and nutrition-related activities could include:

- disability inclusion training that includes food, nutrition, eating and drinking;
- development of practical inclusive food and nutrition guidelines for community organisations;
- accessibility reviews of menus, food-related activities and facilities;
- expert advice from APDs about making community food environments more inclusive;
- co-designed resources covering accessible menus, community kitchens, gardens, social eating and food-based activities;
- development of reusable training packages, templates and checklists;
- expert advice delivered in person or by telehealth, so that organisations in regional, rural and remote areas can access the same capability support;
- small accessibility improvements or equipment that enable participation; and
- demonstration projects that develop models which can be shared nationally, including at least one on inclusive food practice.

The consultation paper notes the Fund will not pay for actions organisations are already legally required to take, including reasonable adjustments under the Disability Discrimination Act 1992. DA recommends the guidelines clarify how this boundary applies to food-related inclusion, so that proactive measures such as staff capability in safe mealtimes, accessible menus and inclusive food practices are recognised as fundable capability building rather than excluded as assumed legal obligations.

Q3. What role could local governments play in supporting community inclusion?

Local governments are well placed to support community inclusion because of their connections with community centres, libraries, recreation facilities, sporting organisations, neighbourhood houses, community gardens and local events.

The consultation paper recognises that councils understand local needs, opportunities and priorities and invites consideration of their role in supporting inclusion. Our members' feedback shows how strongly community life runs through local businesses and everyday commercial settings:

> ***"To truly build Inclusive Communities, funding needs to encompass all community spaces, and not be limited to not-for-profit spaces."***

> ***"Fund local cafés, restaurants and other food businesses to become more accessible and accommodating, and to address ableism"***

DA acknowledges the consultation paper does not propose direct funding to businesses or for-profit organisations. Member feedback reflects where community life actually happens: cafés, restaurants, shops and other local businesses. The Fund can reach these settings within its stated design. Social enterprises are a good starting point. Many community food initiatives, including community kitchens, catering enterprises that employ

people with disability and food rescue organisations, operate as social enterprises. The guidelines should make clear that not-for-profit social enterprises are eligible, and the department should consider how recognised social enterprises more broadly could take part, given their community purpose distinguishes them from ordinary commercial businesses.

Local governments and funded community organisations could also deliver precinct-based inclusion programs in which local food businesses receive training, resources and recognition rather than grants. Council-run accessible dining initiatives, sensory-friendly shopping periods and hospitality staff training delivered by qualified professionals would change everyday community settings for people with disability without grant money flowing to a for-profit entity. Funded organisations should also be able to procure specialist expertise from small private providers, including APDs, where that expertise supports capability building. DA suggests the longer-term question of inclusion capability in for-profit community settings be considered in the department's foreshadowed consultation on Social and Community Participation market reform.

Our members also called on local governments to be able to fund transport services and address walkability so people with disability can attend group programs as they are known barriers[10] and important to facilitate community engagement and increase the opportunity for community connectedness, confidence, wellbeing and safety. Local governments could:

- deliver precinct-based inclusion programs that build capability in local businesses and other everyday settings, without direct funding to for-profit entities;
- bring together disability-led organisations, community organisations and relevant health professionals for food or nutrition specific programs led by APDs;
- identify local gaps in accessible community activities related to eating and drinking;
- incorporate inclusive food and nutrition principles into council-run events and programs;
- provide shared training, tools and resources to smaller community organisations;
- support inclusive community gardens, kitchens and food-related programs;
- include food-related accessibility within broader disability inclusion planning;
- disseminate successful food and nutrition resources and models across local organisations; and
- play a coordinating role in regional, rural and remote communities where smaller organisations may have limited capacity.

Where appropriate, councils could help develop local networks so that every small community organisation does not have to find specialist disability inclusion expertise independently.

Q4. What is the best way for community organisations to build meaningful and lasting inclusion?

Funded organisations should be required to demonstrate how inclusion will become part of their normal way of working after funding ends. This could include:

- incorporating disability inclusion into organisational policies and governance;
- embedding inclusive food and nutrition considerations into routine event and activity planning;
- including disability inclusion in induction and ongoing staff and volunteer training;
- developing reusable resources rather than one-off products;
- establishing continuing partnerships with people with disability and disability-led organisations;
- assigning organisational responsibility for maintaining inclusion;
- periodically reviewing accessibility with people with disability;

[10] Schwartz, N., Buliung, R., & Wilson, K. (2019). Disability and food access and insecurity: A scoping review of the literature. Health & Place, 57, 107–121. https://doi.org/10.1016/j.healthplace.2019.03.011

- participating in program-level evaluation, including measures of genuine participation for people with complex disability-related eating, drinking and nutrition needs; and
- sharing successful approaches with other organisations.

Lasting inclusion also means inclusion in shared, mainstream community activities. Consistent with the feedback recorded in the consultation paper, the Fund should not recreate parallel, disability-only programs that separate people with disability from the wider community, including in food-based activities.

The department should also plan for what happens after the three-year funding period. Capability built by the Fund should be sustained through the Disability Peer Support and Connections Program and broader foundational supports arrangements after 2028-29.

For food and nutrition, the long-term goal should be that considering the accessibility of **food, nutrition, eating and drinking becomes a routine part of planning community activities, rather than an adjustment made only after a person with disability encounters a barrier**.

Continuing engagement

Dietitians Australia requests the opportunity to contribute to the development of the Fund's grant guidelines and assessment criteria, and to the department's foreshadowed consultation on NDIS Social and Community Participation market reform. DA is engaging concurrently with consultations on the NDIS Supports Rules, new framework planning and related reforms, and encourages the department to keep the Fund's design coherent with those processes. DA welcomes further discussion of any matter in this submission. Contact: Dr Sabrina Pit, Senior Policy Officer, pao@dietitiansaustralia.org.au.

Appendix A

Clarke's story on video: a lived experience example of food, dignity and community participation. Clarke likes 'Restauranting'.

Dietitians Australia partnered with the Australian Federation of Disability Organisations (AFDO) to develop an education program and resources to support dietitians in working with people with disability. The project was funded by the Australian Government Department of Health, Disability and Ageing. A video was produced as part of the Dietitians Australia Disability Capacity Building Project in collaboration with AFDO.[11] The video shows Clarke attending a local café where he is welcomed as part of the community.[12]

The video provides a practical example of how **eating and drinking are directly connected to community inclusion**. Regular restaurant outings are an important part of Clarke's community participation and enjoyment of life (1:14–1:23), but participation depends on both the physical environment and how people respond to his disability.

Physical barriers such as steps, wheelchair access and table layouts can restrict where he can participate, requiring tables and chairs to be rearranged to accommodate him (1:32–1:54). Just as importantly, inclusion depends on **attitudes and communication**. A positive dining experience occurs when staff address Clarke directly, ask what he would like to eat and give him sufficient time to communicate his choice, rather than speaking only to his support person (1:57–2:25).

The example also demonstrates that inclusive eating may require practical, individualised support. Clarke's food needs to be cut finely so that he can eat it, and his support person adapts how this is done so that he can still enjoy a warm meal alongside others (2:25–2:57). Importantly, the support person describes their role as being there to **assist rather than make decisions**, preserving Clarke's autonomy and choice (3:03–3:28).

This example reinforces that **food, eating and drinking should be considered within community accessibility, not treated solely as health issues**. Inclusion requires environments where people with disability can make their own choices, communicate their preferences, receive appropriate assistance and participate in shared food experiences with dignity.

For the Inclusive Communities Fund, this supports investment in **staff and volunteer training, accessible communication, inclusive food and meal practices, disability awareness and practical guidance for organisations running community meals, events and food-related activities**. These capability-building measures can help ensure that people with disability are not merely able to attend community activities, but can participate safely and meaningfully in the social experiences that occur around food. **APDs play a critical role in these capability building measures.**

[11] Watch the video here: https://www.youtube.com/watch?v=0TprUVMO0qo

[12] https://dietitiansaustralia.org.au/advocacy-and-policy/capacity-building-disability-dietitians