Dietitians Australia submission to the Select Committee on Foundational and Disability Supports Available for Children and Young People in New South Wales

Response to consultation
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Recipient

Select Committee on Foundational and Disability Supports Available for Children and Young People in New South Wales, NSW Legislative Council

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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 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 credential is Dietitians Australia's credentialling program. It provides assurance of safe, quality dietetic practice and is the foundation of self-regulation of the profession in Australia. Dietitians must hold the credential and meet continuing professional development and recency of practice requirements each year to provide services under Medicare, the National Disability Insurance Scheme and most other funded programs.

Accredited Practising Dietitians support children and young people with disability and developmental differences by assessing and managing nutrition and feeding needs that affect growth, health, learning and participation. APDs are uniquely trained to provide essential support for people with disability by assessing and managing nutritional needs associated with feeding and swallowing difficulties, working within multidisciplinary teams, 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.

This submission was prepared by the Dietitians Australia Policy and Advocacy team following processes approved by the Board of Dietitians Australia. Stakeholder contributions, including experiences from Accredited Practising Dietitians and participants, were provided by Dietitians Australia members.

Summary and recommendations

Our key recommendation

That the Committee recommend that the NSW Government name nutrition and dietetics in its foundational supports service specifications, central intake and referral criteria, multidisciplinary service models, and commissioning arrangements, so that every child whose nutrition, growth or feeding needs are identified has a funded pathway to assessment and intervention by an Accredited Practising Dietitian.

Executive summary

Dietitians Australia welcomes the opportunity to provide a further submission to the NSW Parliament Select Committee on Foundational and Disability Supports Available for Children and Young People in New South Wales. Building on the Committee's first report and the NSW Government response, this submission focuses on practical decisions about nutrition and feeding within service design, commissioning, workforce capacity and evaluation (NSW Legislative Council Select Committee on Foundational and Disability Supports Available for Children and Young People in New South Wales [Select Committee], 2026; NSW Government, 2026).

Children with developmental differences and disability may experience nutrition and feeding difficulties. In autistic children, these can include food selectivity, restricted dietary intake and nutritional concerns (Ferrara et al., 2025; Alhrbi et al., 2025). Accredited Practising Dietitians provide specific expertise in assessing nutritional risk and delivering evidence-based nutrition supports (Dietitians Australia, n.d.).

Accredited Practising Dietitians are not consistently recognised within allied health and early intervention services, including emerging foundational supports (Dietitians Australia, 2025). Identifying a feeding concern without assessing its nutritional consequences can leave a child's needs inadequately managed. NSW should ensure that recognition of nutrition risk leads to funded Accredited Practising Dietitian assessment, intervention and follow-up.

NSW Health recognises paediatric dietitians as part of the Paediatric allied health workforce (NSW Ministry of Health, 2025, p.13):

> *"Paediatric dietitians assess the nutritional status, growth and needs of infants, children and adolescents. They provide advice, education and support to parents/carers to assist them with adopting age appropriate nutritional guidelines for their children and families. They support families whose children present with chronic health conditions or special needs."*

Dietitians Australia asks the Committee to recommend that NSW explicitly include Accredited Practising Dietitians in Thriving Kids and other foundational supports service specifications, intake and referral pathways, commissioning and workforce planning. Accredited Practising Dietitians should contribute to general supports and deliver individual or group targeted care where nutrition needs are identified (Department of Health, Disability and Ageing, 2026; NSW Department of Communities and Justice, 2026). This would connect early identification with practical care for children and families, drawing on government, non-government and private providers.

NSW plans to begin general supports in October 2026 and targeted supports in January 2027, with central intake for targeted supports managed by DCJ (NSW Department of Communities and Justice, 2026). Dietitians Australia's immediate priority is to embed nutrition risk identification, referral to Accredited Practising Dietitians and funded dietetic capacity in these arrangements. The Committee's wider remit also requires pathways for older children and young people beyond the Thriving Kids age range.

Recommendations

That the Committee recommend that the NSW Government name nutrition and dietetics in its foundational supports service specifications, central intake and referral criteria, multidisciplinary service models, and commissioning arrangements, so that every child whose nutrition, growth or feeding needs are identified has a funded pathway to assessment and intervention by an Accredited Practising Dietitian.

To support this, Dietitians Australia recommends that the NSW Government:

- **Recognise nutrition and feeding as core components of foundational supports** and include Accredited Practising Dietitians within Thriving Kids and multidisciplinary care.
- **Provide tiered, needs-based nutrition and feeding support**, with clear referral pathways to Accredited Practising Dietitians across foundational supports, the NDIS, health, early childhood education and care, and school settings.
- **Support equitable access to Accredited Practising Dietitians across NSW through flexible and culturally responsive services**, workforce planning and commissioning arrangements that draw on the available dietetic workforce, including appropriately qualified private providers, sole traders and small and locally based practices.
- **Include Accredited Practising Dietitians,** alongside children, families and carers, in co-design, service planning and evaluation to ensure nutrition and feeding needs, access and outcomes are considered in the development and monitoring of foundational supports.
- **Partner with Dietitians Australia to develop evidence-based nutrition screening and risk-assessment tools** to support prevention, early identification and appropriate referral.
- **Fund sufficient Accredited Practising Dietitian time within Thriving Kids and foundational supports** for individualised assessment, counselling, behaviour change, follow-up and coordination, according to children's assessed needs.

- **Establish clear referral pathways and funding responsibilities** across foundational supports, NSW Health and the NDIS so children can access oral nutrition supplements and enteral nutrition support where clinically required.
- **Invest in the paediatric and disability dietetic workforce delivering foundational supports**, including funded training, paid student placements and payment for supervision and mentoring.
- **Ensure family capacity-building is backed by access to individual Accredited Practising Dietitian assessment and intervention**, where education or group programs alone cannot meet a child's nutrition and feeding needs.
- **Map paediatric dietetic capacity and model future demand**, covering met and unmet demand across public, community, commissioned and private services and the demand arising from the expansion of foundational supports and changes to NDIS access.
- **Fund a NSW training and resource program** for stakeholders delivering Thriving Kids and other foundational supports. Partner with Dietitians Australia and disability-led organisations to develop and deliver training on recognising nutrition and feeding concerns, sensory-friendly food environments, texture modification awareness, safe mealtime practices and referral to Accredited Practising Dietitians. Build on the Australian Government's previous investment in Dietitians Australia's disability capacity-building program with the Australian Federation of Disability Organisations (AFDO), adapting resources to children, families and NSW service settings (https://dietitiansaustralia.org.au/advocacy-and-policy/capacity-building-disability-dietitians.)

The role and value of Accredited Practising Dietitians

Accredited Practising Dietitians have specific expertise in nutrition assessment, intervention and monitoring for children and young people with disability. Accredited Practising Dietitians assess nutritional status and dietary intake, identify nutrition risk, provide medical nutrition therapy where required, and support families and other professionals with practical, evidence-based strategies to meet a child's nutrition and feeding needs. Dietetic intervention can support growth, health, functional capacity and participation in everyday settings. This may include management of restricted eating, food allergies, enteral feeding, food fortification and mealtime nutrition concerns. Accredited Practising Dietitians work closely with children, young people, families and multidisciplinary teams to provide individualised nutrition care (Dietitians Australia, n.d.).

The counselling and behaviour change aspects of dietetic care are essential to helping families apply nutrition knowledge. Accredited Practising Dietitians provide clear, practical advice backed by the evidence and reasoning for recommendations, including examples of nutritious meals and strategies that families can sustain. Foundational supports should fund sufficient time for this work, rather than relying on brief consultations or the provision of a fact sheet.

Nutrition concerns are particularly relevant for autistic children and young people, who may experience food selectivity, restricted dietary variety and sensory-related eating difficulties (Ferrara et al., 2025). Differences in dietary intake and micronutrient status have also been identified compared with typically developing children (Alhrbi et al., 2025). Support should therefore be based on individual nutrition and feeding needs rather than diagnosis alone.

Member feedback provided to Dietitians Australia identifies concerns about children not meeting growth milestones, restricted food variety and volume, and taste and smell sensitivities. Families may recognise that they need help but experience stigma in seeking dietetic care, followed by difficulty finding funding. NSW should provide clear, accessible information showing where and how families can access an Accredited

Practising Dietitian. The Committee identified the lack of clear information on foundational supports as a finding in its first report (Select Committee, 2026, Finding 11).

Feeding difficulties may require input from several disciplines, beyond dietetics. Within multidisciplinary care, Accredited Practising Dietitians provide distinct expertise in identifying the nutritional consequences of feeding difficulties and determining when dietetic intervention is required (Dietitians Australia, n.d.).

Multidisciplinary services should make each discipline's contribution explicit. Accredited Practising Dietitians assess whether dietary intake meets a child's nutritional needs and translate that assessment into an individual nutrition plan, practical family strategies and monitoring (Dietitians Australia, n.d.). Commissioned services should demonstrate how children can access this expertise, whether through an employed Accredited Practising Dietitian or a funded partnership with an appropriately experienced private practitioner.

Member feedback also describes dietitians being left out of school and early intervention services, with other professionals attempting to cover dietetic needs when Accredited Practising Dietitian funding is insufficient. Dietitians Australia is concerned that low funded use of dietetic services may then be interpreted as low demand, reinforcing inadequate funding. Service planning should identify unmet need, rather than relying solely on historical service use.

Foundational supports should recognise nutrition and feeding needs, with clear pathways to Accredited Practising Dietitians when dietetic assessment or intervention is required.

A tiered, integrated model of nutrition and dietetic support

Children and young people's nutrition and feeding needs vary considerably. Support should therefore be matched to need and range from early identification and family capacity-building through to individual Accredited Practising Dietitian intervention and specialist multidisciplinary care. For younger children, this approach is consistent with Recommendation 6 of the NDIS Review, which calls for a continuum of mainstream, foundational and specialist supports for children under the age of nine and their families (Independent Review into the National Disability Insurance Scheme, 2023). Early identification and support can help address nutrition and feeding concerns before they become more significant.

In its first report, the Committee found that universal services provide key entry points but are not systematically embedded within early identification, referral and prevention pathways (Finding 12), and that universal services are supporting families with complex needs without sufficient resourcing, integration or specialist backup (Finding 15) (Select Committee, 2026). The tiered model set out below responds to both findings. The model is flexible and children need not complete each level sequentially.

Table 1. Proposed tiered flexible model of nutrition and feeding support within foundational supports

Level	Examples of support
Universal support	Accessible evidence-based nutrition and feeding information for families and resources for early childhood and education settings.
Early identification	Simple nutrition and feeding screening across child and family services, with clear referral to an Accredited Practising Dietitian when nutrition risk is identified.
Targeted foundational support	Parent education, group programs and practical mealtime and feeding strategies led or supported by an Accredited Practising Dietitian.
Individual intervention by an Accredited Practising Dietitian	Individual assessment and intervention for identified nutrition and feeding needs.
Specialist multidisciplinary care	Coordinated input from Accredited Practising Dietitians and other professionals for children with complex feeding, swallowing, medical or nutritional needs.

Note 1: All supports, programs, screening tools and educational resources addressing nutrition, hydration, feeding, eating or drinking to be developed with input from appropriately experienced Accredited Practising Dietitians, to ensure they are evidence-based, clinically appropriate and supported by clear referral and escalation pathways.

Dietitians Australia recommends that NSW Government partner with the profession to develop evidence-based resources, screening and referral tools, and workforce education that connect general supports with targeted Accredited Practising Dietitian care.

Member feedback highlights parental anxiety about growth milestones, appropriate meals and feeding, alongside exposure to conflicting advice from social media influencers and AI-generated recipes and menus. The NSW Government should work with experienced Accredited Practising Dietitians to provide trusted, practical nutrition information through the channels families already use, including accessible digital and social media resources. Telephone information should be complemented by digital and other accessible options. Resources should explain the how and why of recommendations, help families assess nutrition claims critically and avoid reinforcing parental guilt.

Screening and education resources should help families and professionals recognise growth concerns, restricted eating and feeding difficulties, including when assessment for avoidant/restrictive food intake disorder (ARFID) may be needed. The NSW Government should work with appropriately experienced Accredited Practising Dietitians to develop simple, evidence-based referral triggers and guidance on eating patterns in autistic children and other children and young people eligible for foundational supports. Screening should be embedded in the universal platforms NSW already funds, including the NSW Health schedule of child health and development checks recorded in the Blue Book and the Brighter Beginnings health and development checks for four year olds in early childhood education and care settings. Growth monitoring should use appropriate charts interpreted in the context of the individual child and Accredited Practising Dietitian assessment, with practical guidance for families where home measurements are appropriate.

Accredited Practising Dietitian expertise should be available through commissioned teams and funded arrangements with private practitioners. These options should support continuity and local access, including where an ongoing partnership is more practical than recruiting an Accredited Practising Dietitian into every service.

Access to Accredited Practising Dietitian expertise should extend across the settings in which children receive support, including early childhood education and care and school settings, where nutrition and feeding needs may affect health, development and participation (Dietitians Australia, 2025).

Member feedback provided to Dietitians Australia identifies gaps in access to Accredited Practising Dietitians through early childhood services and schools, alongside variable access to disability-specific dietetic expertise within community health. NSW should support community health dietitians to develop these skills and establish clear referral and escalation pathways to appropriately experienced Accredited Practising Dietitians and NDIS access processes where children's needs exceed the support available through Thriving Kids or foundational supports.

Family capacity-building should not assume that parents can take on additional responsibilities without adequate support. Our members report that parents are already balancing caring, employment and household responsibilities. Dietitians Australia recommends that NSW design practical support around family capacity and provide access to individual Accredited Practising Dietitian care when education or group programs alone do not meet a child's needs.

Clear Accredited Practising Dietitian referral pathways between foundational supports, the NDIS, NSW Health, early childhood and education would support continuity of care (Select Committee, 2026).

A practical "no wrong door" pathway should connect families with hospital and community health services, relevant Medicare-funded services and NDIS supports where applicable. Children with disability may need both medical and disability supports. Foundational supports should include clear escalation and referral pathways to NSW Health and the NDIS when a child's needs exceed the support available, including for children whose higher support needs have not previously been identified.

Oral nutrition supplements and enteral nutrition support

Dietitians Australia recommends clear funding and service responsibilities for oral nutrition supplements and enteral nutrition support where individually assessed as necessary. Children with restricted intake or complex feeding needs should not lose access to required nutrition support when moving between systems. Thriving Kids should not be designed on the assumption that participating children will never require NDIS support in the future.

Dietitians Australia recommends that children accessing Thriving Kids have clear pathways to oral nutrition supplements and enteral nutrition support where clinically required. Some children, including autistic children with restricted food variety, limited intake or taste and smell sensitivities, may require these supports to meet their nutritional needs and support growth and development. Access should be based on individual assessment by an Accredited Practising Dietitian, with ongoing monitoring and review.

Children and young people beyond the Thriving Kids age range

The Committee's remit covers children and young people, while Thriving Kids covers children aged 8 and under. Nutrition and feeding needs do not end at nine. School age children and adolescents with disability continue to require dietetic support for growth, restricted eating, enteral feeding and mealtime participation, including at school entry and school transitions. Foundational supports for older children and young people should apply the same principle recommended for Thriving Kids: where a nutrition or feeding need is identified, there is a funded pathway to an Accredited Practising Dietitian through school linked allied health, community health or commissioned services.

Equitable access and workforce capacity across NSW

The dietetic workforce is already constrained

Available evidence indicates that the capacity of the paediatric dietetic workforce in NSW is already constrained, while demand for nutrition, feeding and developmental support is evident across both specialist and community settings.

Broader dietetic workforce pressures: paediatric pressures sit within a broader NSW dietetic workforce that is itself expected to require substantial growth. NSW Health recorded 856 nutrition and dietetics professionals by headcount in 2021. Workforce modelling projects annual growth in demand of approximately 1.7% under a low-demand scenario to 2.4% under a high-demand scenario and estimates that the workforce will need to grow by approximately 39–59 new professionals each year to meet projected community need by 2040 (NSW Ministry of Health, 2023).

Access to Accredited Practising Dietitian services varies across NSW, with workforce shortages, distance and travel creating particular barriers for regional, rural and remote communities (Select Committee, 2026; Dietitians Australia, 2025). In its first report, the Committee found that workforce shortages limit timely access to prevention, early interventions and foundational supports, and are a compounded, cross-sectoral challenge (Select Committee, 2026, Finding 7). Dietetic capacity should be included in the response.

NSW Ministry of Health's (2025) report *Paediatric Allied Health Workforce: Horizons Scanning and Scenario Generation Report* identified only 36 FTE paediatric dietitians in December 2022, representing approximately 6% of the dietetic workforce captured in the analysis. These data do not represent the entire NSW paediatric dietetic workforce, as some highly specialised paediatric services were excluded from the analysis. Nevertheless, they provide an important indication of the relatively small dietetic workforce within NSW Health to provide paediatric services. The report also identified longstanding workforce shortages, increasing demand, extensive waiting lists and limited capacity for prevention and early intervention across paediatric allied health services across NSW. While NSW has subsequently invested in an additional 32 FTE paediatric

allied health positions across several professions, and 15 Local Health Districts[1], publicly available data do not provide a clear profession-specific picture of paediatric dietetic capacity across NSW Health, community services, private practice and the disability sector. Furthermore, the report recognises that maintaining the skilled specialist capability of the allied health paediatric workforce is crucial to ensuring optimal outcomes for the children and young people of NSW.

Retaining experienced dietitians and maintaining service capacity

A workforce exodus among Accredited Practising Dietitians is already occurring, raising a serious workforce risk for NSW. Transition planning should therefore address provider viability and continuity of care alongside recruitment. The current NDIS reforms have further weakened an already fragile allied health market. Many providers are already reporting pressures that may force them to reduce services, close their books, withdraw from disability work, or cease operating altogether. This would further reduce access for participants and children and young people who require access to future foundational supports and who already face long wait times and limited service options. The declining sustainability of dietetic workforce supply within the disability sector is causing deep concern. With access to dietetic therapy being restricted and inappropriately priced, the viability of practices is at-risk. Over 80% of our private practitioner members are sole practitioners and small business owners. Many dietitians are now forced to leave the sector and redirect their work to other sectors. This will result in a significant reduction in disability service delivery capacity and will leave children and young people with fewer safe and qualified providers.

Dietitians Australia has over the last 2 years conducted surveys amongst Accredited Practising Dietitians to understand the sentiment. It provided staggering findings. These are presented in the highlighted section below.

- **June 2024 – Price freeze. 25%** of Accredited Practising Dietitians in the disability sector were considering stopping some or all services to NDIS participants due to the ongoing pricing restrictions since 2019 (note pricing was frozen for 5 years prior and not indexed despite rising costs).
- **June 2025 -** Price reduction effective 1 July 2025. **64%** of Accredited Practising Dietitians working in the disability sector indicated that they were considering ceasing or reducing NDIS services. Dietitians reported business losses.
- **June 2026 -** Price reduction effective 1 July 2026. Many Accredited Practising Dietitians have now informed Dietitians Australia that their businesses are no longer viable and they will cease to accept new NDIS clients. Furthermore, they indicated their intention is to leave the sector completely given. that business losses are projected to rise and due to the ongoing rise in business operating costs.
- **A loss of skilled dietetic workforce within the sector will place children and young people at risk and diminish the efficiency and goals of the NDIS, early childhood intervention and Thriving Kids.**

This is particularly relevant to the development of foundational supports. Expansion of community-based and early intervention services will not, by itself, create additional workforce capacity. If children and young people are expected to receive more support outside the NDIS, governments must ensure that the services receiving this demand have sufficient allied health capacity, including dietetics.

1 https://www.health.nsw.gov.au/news/Pages/20251203_00.aspx

Flexible and culturally responsive services can improve access and reflect local needs (Select Committee, 2026). This may include outreach, telehealth, mobile services and partnerships with health, education, early childhood and Aboriginal Community Controlled Health Organisations.

Accredited Practising Dietitians should be included in workforce planning and service commissioning to ensure nutrition and feeding expertise is available within foundational supports. Commissioning arrangements should draw on appropriately qualified Accredited Practising Dietitians across government, non-government and private settings, including sole traders and small and locally based practices (Dietitians Australia, 2025).

NSW Government should recognise the advanced skills required for paediatric and disability dietetic practice through appropriate remuneration, funded training and professional development. Workforce investment should include paid student placements and payment for supervisors' and mentors' time, including in private practice. Community health dietitians should have access to upskilling in disability-related nutrition needs and clear guidance on referral when more experienced or specialist input is required. The above measures align with the cross-sector workforce strategy recommended in the Committee's first report, which includes student placement pipelines and supervision supports (Select Committee, 2026, Recommendation 14).

Capacity Building in Disability for Dietitians (CBDD) training resource

We particularly refer to our Capacity Building in Disability for Dietitians (CBDD) training resource which aims to enhance dietitians' knowledge, skills and confidence to respond to the needs of people with disability and improve access to timely, inclusive, relevant and high-quality dietitian services: https://dietitiansaustralia.org.au/advocacy-and-policy/capacity-building-disability-dietitians. This program could be used to upskill dietitians in disability related work.

Panel arrangements and commissioning for Accredited Practising Dietitians

The NSW Department of Communities and Justice (DCJ) is exploring a panel arrangement for private allied health practitioners, including to address gaps in workforce capacity or provide specialised expertise not available within commissioned services (NSW Department of Communities and Justice, 2026). This provides an opportunity to ensure Accredited Practising Dietitian expertise can be accessed where nutrition and feeding needs are identified but dietetic expertise is not available within the existing multidisciplinary team.

Dietitians Australia supports this approach in part, but recommends that Accredited Practising Dietitians be explicitly eligible for the panel and for direct commissioning wherever nutrition, growth, feeding, eating or drinking needs are identified. Panel arrangements should be accessible to sole practitioners and small locally based providers, use appropriate qualification and competency requirements, support continuity of care, and provide sustainable pricing that recognises assessment, preparation, liaison, travel and reporting. Accredited Practising Dietitians should complement commissioned multidisciplinary services rather than being limited to temporary or last-resort gap filling.

Commissioning should provide payment for adequate dietitian hours, including assessment, counselling, behaviour change, review, resource development and non-face-to-face liaison. Member feedback describes some children receiving paediatric dietetic care as needing approximately 30–60 hours per year. This is an indicative practice example, not a standard allocation: funded time should reflect each child's assessed needs. Where funding is allocated to organisations or regions rather than individuals, contracts should still ensure that children can access the required intensity and continuity of Accredited Practising Dietitian care.

Member feedback also identifies insufficient funded hours, unfunded review and resource-development time, travel costs and administrative requirements as constraints on access and provider capacity. Pricing and commissioning should recognise the full work required to deliver care and avoid administrative demands that unnecessarily reduce clinical time. Adequate Accredited Practising Dietitian capacity cannot be assessed from appointment numbers alone.

Dietitians Australia recommends that the NSW Government work with Accredited Practising Dietitians on sustainable payment arrangements that support general and targeted supports, including longer dietetic consultations, telehealth and non-face-to-face liaison with families' care teams where needed. Within NSW-funded services, commissioning should fund these activities directly, including travel where required, to support coordinated care.

Dietitians Australia recommends that the NSW Government:

- map paediatric dietetic capacity and met and unmet demand across public, community, commissioned and private services;
- model likely dietetic workforce demand arising from the expansion of foundational supports and changes to NDIS access;
- ensure commissioning models explicitly include access to dietetic assessment and intervention where nutrition, feeding, growth, eating or drinking needs are present;
- invest in dietetic workforce development and retention, particularly in regional, rural and remote NSW; and
- explicitly include Accredited Practising Dietitians in all foundational supports commissioning and the proposed private allied health panel, with equitable access for sole practitioners and small providers and sustainable payment arrangements.
- monitor whether children are experiencing delays, service gaps or loss of support as responsibilities shift between the NDIS, foundational supports and mainstream services.

Increasing rural and remote dietetic services in NSW

NSW Health's workforce analysis (NSW Ministry of Health, 2020) identified a marked perceived undersupply of dietitians in rural and remote areas, rated at 23 out of 100 by stakeholders, and concluded that metropolitan workforce redeployment was not a sustainable solution. It also found that inconsistent access to dietetic supports through the NDIS shifted unmet demand to public health services, supporting deliberate investment in community-based dietetic capacity as foundational supports are developed. Whilst the NSW report was published in 2020, members continue to raise similar concerns in 2026. More recent NSW Health workforce modelling similarly identifies collaborative commissioning and interdistrict partnerships, particularly in rural and remote areas, as potential mechanisms to improve workforce availability (NSW Ministry of Health, 2023).

Dietitians Australia recommends that the NSW Government consider the suggestions previously provided by NSW stakeholders. Dietitians Australia refers to the NSW Health report and the solutions proposed by stakeholders to increase the dietetic rural and remote workforce (NSW Ministry of Health, 2020, p. 63):

- *"Consider offering fractional and shared nutrition and dietetics roles with the private and not-for-profit sector,*
- *Use technological systems to support staff in rural and remote areas and consider how technology might assist fractional FTE across multiple rural and remote sites,*
- *Increase focus on rural placements and residentials,*
- *Consider how specialisation might be supported for the rural and remote workforce, considering that their exposure might traditionally be mostly as a generalist dietitian; and*
- *Address potential practical challenges such as accommodation, help establishing social networks and providing orientation and mentoring support for early career and staff who are new-to-service. "*

Rural service design should combine accessible telehealth, including through community health services, with funded in-person care where needed. Member feedback notes that illness and competing school, work and family commitments can make attendance at visiting clinics, group programs, or mobile clinics difficult. Flexible appointments and follow-up are therefore important to making outreach effective. The rural and remote access guarantee strategy recommended in the Committee's first report, including outreach models, telehealth expansion and mobile allied health teams, should expressly include dietetic services (Select Committee, 2026, Recommendation 5).

Our members reported that dietetic advice should reflect families' local circumstances, including long travel distances to shops and infrequent opportunities to buy food. Practical counselling should help families apply recommendations within these constraints, rather than reinforce a sense that they are failing to meet expectations designed for a different environment.

These findings have direct implications for the design of foundational supports for children and young people. Moving children from NDIS-funded supports into foundational, community or mainstream services will not in itself create additional dietetic workforce capacity. The mapping and demand assessment recommended above should establish whether local services can meet identified needs before children rely on new pathways.

Without explicit workforce planning and investment, there is a risk that children transitioning between the NDIS, foundational supports and mainstream services will encounter longer waiting times, gaps in care or reduced access to necessary dietetic support.

Examples of collaboration and models of care

Paediatric feeding services: dietitians are integral to specialist multidisciplinary care for children with complex feeding difficulties. In a NSW study of multidisciplinary paediatric feeding clinics, dietitians were present at 91% of clinic appointments (Elliot et al., 2024). Across the eight clinics reporting service-capacity data, approximately 626 new-patient appointments were available annually. The median waiting time was 61.5 days, with waits ranging from 5 to 234 days. The study also identified substantial work undertaken outside allocated clinic time. For dietitians specifically, approximately 1.7 hours of additional non-allocated clinical and administrative work were reported for every hour of allocated clinic time (Elliot et al., 2024). These findings indicate both the importance of dietitians within multidisciplinary feeding services and the workforce pressures already experienced by these services (as discussed above).

Existing models show how dietetics can be successfully integrated into multidisciplinary and community-based services.

Model	What it demonstrates
Healthy Kids Bus Stop – NSW (Gosse et al., 2024; Royal Far West, 2022)	Multidisciplinary screening incorporating dietetics, case conferencing and referral.
Autism MEAL Plan (Sharp et al., 2019)	Parent education and mealtime support incorporating dietetic assessment.
Collaborative service models (Dietitians Australia, 2025)	Integration of Accredited Practising Dietitians across health, education and community services.

Early identification of nutrition needs: evidence from rural and remote NSW demonstrates that nutrition needs can be identified through population-level childhood screening (Gosse et al., 2024; Royal Far West, 2022), rather than only after children enter specialist disability or health services. The Healthy Kids Bus Stop was a multidisciplinary mobile screening model for children aged 3–5 years in rural and remote NSW. More than 4,300 children participated in the program, with screening covering child health, oral health, hearing, dietetics, speech and language, and motor development (Gosse et al., 2024). Dietitian referrals accounted for 6% of all referrals made through the Healthy Kids Bus Stop program (Royal Far West, 2022). This

demonstrates the value of embedding nutrition screening and clear referral pathways within early identification and foundational support models.

These models demonstrate how Accredited Practising Dietitians can contribute through early identification, family support, multidisciplinary care and referral. Building on existing health, education, early childhood and community services can help integrate nutrition and feeding support without creating additional systems for families to navigate (Dietitians Australia, 2025; NSW Government, 2026).

Member feedback describes a continuous care model in which community and NDIS dietitians work with paediatric hospital teams during acute care and resume community support after discharge. It also identifies significant difficulties communicating between hospitals and families after children return home. NSW should support this team approach through clear handovers, shared nutrition care plans and funded Accredited Practising Dietitian liaison with families, GPs, paediatricians, allied health professionals, early learning services and schools.

Dietitians Australia is concerned that inadequate intervention or gaps in foundational supports may leave nutrition and growth needs unmet and shift demand back to hospital services. Service transitions should therefore be supported by continuity of dietetic care and timely escalation when a child's needs change.

Monitoring, evaluation and accountability

Nutrition and dietetics should be included in the planned monitoring and evaluation of Thriving Kids (Department of Health, Disability and Ageing, 2026) and other foundational supports. This would help identify unmet nutrition needs, gaps in access and inequities in service delivery.

Dietitians Australia recommends a small set of publicly reported measures, with results examined by location and priority population groups:

- Timely access: the number of children referred to an Accredited Practising Dietitian, the proportion receiving an assessment, waiting times and unmet referrals;
- Appropriate care: whether children receive the Accredited Practising Dietitian intervention and nutrition support identified through assessment;
- Equity: differences in access and waiting times across metropolitan, regional, rural and remote communities and for Aboriginal and culturally and linguistically diverse families;
- Continuity: service gaps or loss of nutrition support when children move between providers or systems such as the NDIS, health and education; and
- Child and family outcomes: progress against agreed nutrition and feeding goals, family experience and capacity to implement practical strategies.

Growth monitoring, including height, weight and BMI trajectories where clinically appropriate, should be interpreted alongside the child's nutrition, feeding and developmental needs. Growth measures should complement, rather than replace, assessment of dietary adequacy, participation and family experience. Dietitians Australia recommends consistent collection across services and opportunities for national alignment.

The planned National Digital Child Health Record is intended to support sharing of child health and development information (Department of Health, Disability and Ageing, 2026). Dietitians Australia recommends that NSW work with the Australian Government to include relevant nutrition assessments, care plans and growth information, with appropriate consent and access arrangements. Program-level reporting should use suitable aggregated data rather than assume that the clinical record will itself provide all evaluation measures.

Findings should inform workforce planning, referral pathways and future service development (NSW Government, 2026).

Conclusion

Nutrition and feeding should be explicit components of foundational supports, with a funded pathway to Accredited Practising Dietitians when children require dietetic assessment or intervention.

Dietitians Australia asks the Committee to recommend that NSW embed this pathway in current service specifications, central intake, commissioning and workforce transition planning. Clear responsibilities, sufficient clinical time, sustainable access to existing expertise and measurable outcomes would make the commitment to nutrition and feeding support practical and accountable.

Including Accredited Practising Dietitians within foundational supports, multidisciplinary care and referral pathways would help ensure children with identified nutrition and feeding needs can access appropriate dietetic expertise, regardless of diagnosis, service setting or where they live.

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