A joint project between

NSW GOVERNMENT Family & Community Services

Cerebral Palsy ALLIANCE
All for you

Dietetic Core Standards

Outlining the skills and knowledge required for dietitians working with people with disability.

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About the Standards

The Dietetic Core Standards have been developed as a joint project between the NSW Department of Family and Community Services (FACS), and Cerebral Palsy Alliance (CPA) in 2016. A working party of experienced clinicians, academics and other key stakeholders were involved in the process over a 12 month period.

Background

Within FACS, the Clinical Innovation and Governance (CIG) Unit is responsible for establishing core standards for allied health disciplines, as well as common core standards for all disciplines. The four universal Common Core Standards focus on professional supervision, philosophy/values/beliefs, working alliance and service delivery approaches.

The purpose of core standards is to promote professional development and continuous improvement for practitioners working with people with disability by outlining the minimum requirements necessary to work effectively with people with disability, their families/carers, support workers and other professionals. They also serve to maintain consistency across practitioners' work as they form part of a practitioner's learning plan. They do not replace traditional professional training and are not meant to imply the boundaries of professional knowledge, nor are they intended to limit professional development areas. Core standards also benefit people who use nutrition and dietetic services through guiding practitioners to maintain standards of safe, evidence-based and contemporary practice.

Currently FACS has core standards for the areas of: Speech Pathology, Physiotherapy, Occupational Therapy, Behaviour Support, Psychology, and Nursing and Health Care. Although some interface exists between Nursing and Health Care core standards, Mealtime Management Core Standards and the FACS Health and Wellbeing Policies and Procedures, there are no core standards for nutrition and dietetics. This was identified within FACS as a gap, and a risk to people living with disability.

The need for Dietetic Core Standards, especially for people with intellectual disability and complex support needs, was highlighted by the NSW Ombudsman Report of Reviewable Deaths 2012-2013 (1).

The report found that obesity, poor diet and lack of physical activity presented as the greatest risks to people in residential care, as evidenced by:

- Over one-third of people in disability services and over half of the people in assisted boarding houses who died were obese.
- Only 53% had ever seen a dietitian.
- Only 44% had seen a dietitian in the year prior to their death.

It also highlighted that people requiring assistance with meals were a critical risk group, evidenced by:

- Almost three-quarters of those who died required assistance with meals (n=167)
  - 23 people required enteral nutrition, with 17 of these relying on this as their sole source on nutrition
  - 148 people had dysphagia (high risk for malnutrition and dehydration)
  - 128 people required mealtime support guidance in the form of mealtime management plans or eating and drinking plans

This project seeks to embed the standards within the professional practices of the newly emerging disability support sector, by ensuring people in receipt of FACS-operated and funded services are adequately supported in their transition to the NDIS in terms of their dietary needs. In this way, the Dietetic Core Standards will not only inform best practice, but will also ensure best practice is implemented in FACS daily operations, NDIS transition and service delivery transfer between now and June 2018. As such, this project is the first step in the process of identifying gaps in current service delivery, promoting best-practice in dietary support for people in FACS disability services, and leaving a best practice legacy for the new disability support sector. By so doing, this project will lay the foundation for future services to include nutrition and dietetics as a fundamental component of holistic service provision for people with disability. It is recommended that the Standards be regularly updated to accommodate changes to service provision that will occur throughout the transition to the NDIS by 2020.

Using the Standards

The Core Standards should be used in conjunction with the Dietitian's Association of Australia National Competency Standards for Dietitians in Australia (2), Statement of Ethical Practice (3), and the Code of Professional Conduct (4) for all Accredited Practising Dietitians.

The standards may be used by:

Practitioners to:

- Describe minimum levels of skills and knowledge for dietitians already working in the sector
- Self-assess their level of skills and knowledge in working with people with disability
- Guide professional development plans and supervision goals
- Inform clinicians wishing to upskill in this area where they need to focus their learning
- Undertake reflective practice
- Support skill development:
  - For student dietitians undergoing university training or student placements
  - For newly graduated dietitians
  - For established dietitians new to the disability field of practice
  - For established dietitians who may have previous experience in the disability field but have taken time out of the workforce or specific disability area of practice

Managers to:

- Inform the capabilities required when recruiting dietitians in the sector
- Inform the performance appraisal process and support professional development of dietitians
- Identify areas within their service where dietitians can provide appropriate skills and expertise

Persons with disability, families/ carers and the community to:

- Exercise choice and control when choosing a dietitian as a service provider under the National Disability Insurance Scheme (NDIS)
- Provide participants of the NDIS or their support person with indicators for areas that a dietitian should have experience in when working in the disability sector
- Assist NDIS participants to set goals in relation to nutrition

Dietetic Core Standards: Domains of practice

The domains of practice identified for the Dietetic Core Standards were based on similar areas of practice in other discipline-specific core standards, as well as identified areas of knowledge which are specific to dietitians working in disability. The Disability Role Statement developed by the DAA Disability Interest Group (2014)(5) has been incorporated and expanded upon to fully describe the specific skills and knowledge required by a dietitian to work with people with disability.

Each domain provides background to the importance of that particular set of skills, including statistics and evidence base where available. Overall, the evidence base for nutrition assessment and intervention in persons with disability is developing, and much of what is outlined below is based on practice-based evidence of experienced clinicians.

Domain 1. Understanding disability and acting ethically and in a sensitive manner

Working with people with disability can be rewarding and challenging, both professionally and personally. Domain 1 covers the essentials of what a dietitian needs to understand before working with this population.

It is essential to have excellent communication skills, not only to be able to communicate with the client but also to be able to communicate with other team members, support workers and family/carers. Highly developed problem solving skills are also essential as often unusual issues arise which require inventive solutions.
Having awareness around current policies and legislation when providing services to people with disability is important to ensure the person is provided the level of service they are entitled to, and given choice and control over their lives. **Using a person-centred approach ensures a person with disability is at the centre of decisions relating to their lives.** However, it is important to never underestimate the capacity of a person with a disability, but equally as important to not overestimate. Understanding informed consent, particularly with a person with intellectual disability is also critical to ensure clinical decisions are made in the best interests of the person. Supported decision-making is also an important area to understand. This is a process of assisting a person with disability to make their own decisions, so they can develop and pursue their own goals, make choices about their life and exercise some control over the things that are important to them. Currently there are a number of projects exploring supported decision-making for people with disability. Further information can be found here.
There are many nutrition-related risks which are linked to disabilities and specific syndromes and conditions, and these should act as prompts for further investigation. People with disability are now living longer and fuller lives, and are therefore becoming susceptible to conditions associated with aging as well as chronic health conditions. Often, age-related conditions such as dementia can be experienced much earlier in a person with disability. Overall, a holistic and team approach to health care for a person with disability can allow them to achieve their full potential in life. **A clear understanding of each team member's role is essential to maintaining professional boundaries and ensuring a smooth approach to addressing a client's goals.**

Key tasks/elements		Observable/measurable actions		Formal training or resources
1.1	Understanding disability	1.1.1	Understands the definition of disability	ADHC Common Core Standards: Philosophies, Values & Beliefs (6) Disability Awareness Resource: For Students (7)
		1.1.2	Understands the definition of intellectual disability	
		1.1.3	Ability to work with people with a disability who have intellectual impairment, behaviours of concern and a mental illness	
		1.1.4	Understand the basis of the International Classification of Functioning and its relevance to nutrition	Mealtime-related ICF codes (8)
		1.1.5	Awareness of the cultural differences in how a person with disability is viewed	
		1.1.6	Understand informed consent and the role of a Person Responsible or a Public Guardian in the context of intellectual disability or cognitive impairment	Fact sheet: person responsible (9) Fact sheet: public guardian (10)
		1.1.7	Understands the process of supported decision-making	Supported decision-making factsheet (11)
		1.1.8	Knowledge of policies, procedures, and guidelines relating to healthcare in disability in line with mandatory organisation/site-specific , state and federal policy directives	Legislation, agreements and partnerships of ADHC (12) NSW Council for Intellectual Disability: Health Fact Sheets (13)

Key tasks/elements	Observable/measurable actions		Formal training or resources
1.2 Understands nutrition-related risks/concerns in disability	1.2.1	Understands what is meant by the term dysphagia and the resulting nutritional implications	Living with Dysphagia (Nestle Nutrition) (14) Australian Standards for Texture Modified Foods and Fluids poster (15) Australian standardised definitions and terminology for texture-modified foods and fluids (16) International Dysphagia Diet Standardisation Initiative (17)
	1.2.2	Understands the Australian Standards for Texture Modified Foods and Fluids and is aware of the International Dysphagia Diet Standardisation Initiative	
	1.2.3	Understands reflux, regurgitation, rumination and vomiting and the nutritional implications	
	1.2.4	Understands factors affecting gastric motility, particularly hypotonia, abnormal anatomy or neurological impacts	
	1.2.5	Understands the different types of constipation and standard bowel management strategies for a person with disability	Bristol stool chart (18) ADHC Health and Wellbeing Policy – Part 4: Bowel Care (19)
	1.2.6	Understands the nutrition risks of polypharmacy and has good knowledge of common medications prescribed for people with disability and their side-effects	Medications and Nutrition: A Quick Reference Guide for Busy Clinicians (20) Nutrition and Adults with Intellectual or Developmental Disabilities: Systematic Literature Review Results (21) Position of the American Academy of Nutrition and Dietetics: Nutrition Services for Individuals with Intellectual and Developmental Disabilities and Special Health Care Needs (22) Quick Reference Table: Benefits of Medical Nutrition Therapy for People with Disability (only accessible to DAA members) (23)
	1.2.7	Understands disabilities, syndromes or conditions which increase or decrease energy requirements compared to standard requirements for age and gender	
	1.2.8	Understands multifaceted reasons for individuals to refuse food and fluids and appropriate routes of investigation/referrals	
	1.2.9	Knowledge of unique nutrition-related issues which are linked with particular diagnoses, syndromes or conditions (e.g. Coeliac Disease and Down Syndrome, phenylketonuria and intellectual disability)	
	1.2.10	Understands the diagnosis of pica, its risks to nutrition and general health and basic strategies for management	
	1.2.11	Understands the importance of weight management in a person with a customised shape-seating system, and the time-sensitive nature of working with Occupational Therapists during the fitting process if weight change is expected	
	1.2.12	Understands the role of nutrition in the management of wounds and pressure areas	Prevention and Treatment of Pressure Ulcers: Quick Reference Guide (24)
	1.2.13	Awareness of popular nutritional management strategies which lack evidence base e.g. gluten/casein free diets for Autism Spectrum Disorder	Autism and gluten-free, casein-free diet – summary of evidence (25)

Key tasks/elements		Observable/measurable actions		Formal training or resources
1.3	Knowledge of interdisciplinary team and scope of practice	1.3.1	Understands the different disciplines which may be involved in the support for a person with disability and what their roles are	DAA Scope of practice (26) Mealtime Management Modules: Module 3 – Working Together (27)
		1.3.2	Ability to practice within scope and demonstrates ability to refer appropriately to other professionals	
		1.3.3	Understands the difference between multidisciplinary, interdisciplinary and transdisciplinary practice	ADHC Common Core Standards: Service Delivery Approaches (28)
		1.3.4	Understands specific conditions where a medical specialist and/or specialist dietitian needs to provide overarching management (e.g. inborn errors of metabolism, ketogenic diet for epilepsy)	Sydney Children's Hospital Metabolic Clinic
1.4	Knowledge of services	1.4.1	Knowledge of specialist support services that are available for people with a disability	NSW Council for Intellectual Disability NDIA Find a Provider

Domain 2. Developing person-centred Nutrition Care Plans in the context of disability

Gathering information regarding the person's needs prior to an appointment can assist making the process as smooth as possible.

Persons with disability may have specific needs relating to access, communication or environmental stressors (e.g. aversive to noisy or crowded environments). Similarly, an understanding of a person's syndrome or condition may guide specific data collection during assessment and save time. **Consultations with persons with disability can often require extra time and more preparation.** There are no standard or validated tools for nutrition screening or assessment and very few evidence-based interventions. Monitoring can also be difficult when a person has communication difficulties and outcomes may not be able to be clearly defined. Appropriately identifying and prioritising nutrition issues in a person-centred way is important, particularly in a person whose health may fluctuate.

Given the results from the 2012/2013 Ombudsman's report (1), nutrition in disability should be a considered as a much higher priority, and this is supported by the Position Statement by the Academy of Nutrition and Dietetics in the United States (22).

Key tasks/elements	Observable/measurable actions	Formal training or resources
2.1 Screening and referral	2.1.1 Encourages utilisation of the Nutrition and Swallowing Risk Checklist as part of screening and referral for a person with disability (mandatory annual completion in ADHC-operated services) 2.1.2 Applies knowledge of risk factors from 1.2 when determining whether referrals are appropriate 2.1.3 Educates services and families on the risks from 1.2 to build capacity to improve nutrition and health outcomes	ADHC Health and Wellbeing Policy – Nutrition and Swallowing (29) Development of the Nutrition and Swallowing Checklist, a screening tool for nutrition risk and swallowing risk in people with intellectual disability (30) Mini Nutritional Assessment (MNA) (31) Malnutrition Universal Screening Tool (MUST) (32)
2.2 Assessment and reassessment	2.2.1 Demonstrates ability to identify the most appropriate assessment methods for an individual based on diagnosis, physical abilities, cognition and communication methods 2.2.2 Paediatrics: demonstrates ability to select and interpret correct growth charts for growth assessments 2.2.3 Demonstrates ability to carry out appropriate physical assessment based on diagnosis, anatomy, mobility 2.2.4 Ability to interpret biochemistry relevant to assessment or work with doctor/medical team to suggest appropriate biochemistry investigations (e.g. Coeliac screening in Down Syndrome, and nutritional indicators such as Vitamin D) 2.2.5 Ability to assess the capacity and capability of the person with disability, their family/ carers, and support workers to follow dietetic recommendations in consultation with appropriate professionals e.g. psychologist, speech pathologist 2.2.6 Demonstrates ability to appropriately document findings in an accessible format (way that the person and their family/carers can understand) where appropriate 2.2.7 Utilise the International Classification of Functioning to inform assessment, care plans and decision making 2.2.8 Awareness of tools available for assessment of physical activity in a person with disability	Broadening your Practice - Nutrition for Clients with Disabilities (Webinars available to DAA members only) (33) CDC Growth Charts for Children with Special Health Care Needs – training module (34) Cerebral Palsy Management Guidelines 2-6yrs (still in draft) – NSW Health Child Health Network Accessible format explanation (35) ADHC Accessible information checklist (36) Assessing physical activity (P55-70) IPAQ-ID tool (validated in ID) (37)

Key tasks/elements		Observable/measurable actions		Formal training or resources
2.3	Nutrition diagnosis (PES)	2.3.1	Ability to identify all nutrition diagnoses relevant to the findings of the assessment and link them to disability where relevant	IDNT guidelines Examples of disability-specific PES (available to DAA members only)
		2.3.2	Ability to determine nutrition priorities for a person with complex and multiple comorbidities	
		2.3.3	Ability to prioritise nutrition-related concerns within the context of a person with complex and multiple comorbidities in consultation with an interdisciplinary team for the purpose of service planning to meet the persons goals	
2.4	Nutrition intervention	2.4.1	Ability to work in a person-centred paradigm by taking into account a person's needs, choices and aspirations	ADHC Common Core Standards: Philosophies, Values and Beliefs (6) Step-by-Step Cookbook (38) Good Food, Good Living (39) Australia's Healthy Weight Week for People with Disability (40)
		2.4.2	Ability to set nutrition-related goals with the person/family/carer and develop plan of action	
		2.4.3	Ability to adjust communication and education strategies to accommodate individual needs	
		2.4.4	Knowledge of evidence-based nutrition interventions for disability, or where evidence is lacking, ability to determine appropriate practice-based/accepted practice interventions (e.g. from other experienced clinicians)	
		2.4.5	Demonstrates ability to effectively communicate and collaborate with other health and allied health professionals and support workers involved in the care and support of the person in a team approach	
		2.4.6	Knowledge of Home Enteral Nutrition/ Nutrition Support pathways for people requiring supplements or formula, particularly in the context of the NDIS	Enteral Feeding (see Domain 4) ACI: Nutrition & HEN NDIS Nutrition Support Assistive Technology Assessment Template (in draft)
2.5	Monitoring and evaluation	2.5.1	Ability to formulate a monitoring plan in line with the person's cognition, level of intellectual impairment and capacity to self-monitor or have family/carers/staff monitor	Goal Attainment Scaling (GAS) is one example of goal setting methods Focus on person-centred planning and outcomes-based planning
		2.5.2	Demonstrates ability to schedule follow-up at appropriate times based on person's needs, goals, and capacity to implement interventions as required	
		2.5.3	Ability to carefully estimate ongoing support required based on individual circumstances for the purpose of requesting adequate funding in a client's NDIS plan	

Domain 3. Supporting people with a disability to enjoy safe mealtimes (mealtime management)

For most people, mealtimes are enjoyable times centred around interaction with family and/or friends, with the common goal of preparing and sharing foods enjoyed by all.

Mealtimes also contribute greatly to the quality of life for a person with disability, however it is useful to remember that this is not the case for all people with disability, particularly for someone who has experienced pain or trauma at mealtimes such as a choking incident or severe reflux. **The level of mealtime support required for a person with disability varies greatly, and is highly dependent on type of disability, communication level and physical and cognitive capacity.**

A person with intellectual disability may require support with shopping and meal preparation, whereas a person with Cerebral Palsy who has spastic quadriplegia may require full assistance including being fed by a carer or support worker. Maintaining independence is very important for a person with disability and many assistive products are available to maintain functional ability and independence.

Intellectual disability has a great impact on enjoyment of mealtimes, these are outlined on page 27-30 in the UK resource “Eating well: children and adults with learning disabilities”(41):

- Lack of understanding about the need for a balanced diet may lead to poor food choices among individuals with disability, their family, friends and support staff.
- Physical and dental health problems and difficulties with eating, chewing or swallowing (dysphagia) may directly impact on food choice and the ability to eat well unaided.
- Lack of experienced skilled staff, specialist eating and drinking equipment or insufficient support at mealtimes to help with slow eaters or those who require modified texture foods and drinks may cause difficulties and frustrations.
- Digestive problems such as gastro-oesophageal reflux disorder may deter people from eating.
- Bowel function problems such as constipation and diarrhoea may deter people from eating because of the unpleasant consequences.
- Poor communication skills may mean that food choices are overlooked, the temperature of food is wrong, and portion sizes are misjudged.
- Sensory impairments, the need for assistance with eating, and loss of eating independence may reduce enjoyment at mealtimes.
- Loss of sense of smell and taste secondary to medications or traumatic brain injury greatly affect enjoyment of foods and mealtime.
- Some medicines may have side effects which play a part in abnormal eating behaviour, appetite changes or eating disorders. There may also be interactions between particular drugs and nutrients.
- Structural brain damage or dysfunction such as epilepsy, seen in some people with learning disabilities, have been linked to appetite, metabolic and weight changes, hyperphagia (abnormally increased or excessive appetite), and episodes of binge eating.
- Some people with learning disabilities have abnormal eating behaviours or disorders such as pica, hyperphagia, drooling, rumination and bruxism (teeth grinding).
- A greater number of eating disorders are commonly observed among people with learning disabilities.
- Poverty, poor housing and social isolation may mean that food choice is restricted, and that affordable, good quality food cannot be accessed easily.

Key tasks/elements	Observable/measurable actions		Formal training or resources
3.1 Assessment	3.1.1	Understands the importance of conducting mealtime assessments in collaboration with other practitioners (e.g. speech pathologist, occupational therapist, physiotherapist, psychologist) and support workers who are very familiar with the person with disability	ADHC Mealtime Management Modules (27) Mealtime-related ICF codes (24) Eating Well: Children and Adults with learning disabilities (41)
	3.1.2	Ability to identify factors influencing mealtimes, including: environmental, emotional, cultural, religious, medical, psychological, social, dietetic (e.g. diabetes), nutritional (e.g. high fibre), food safety	
	3.1.3	Demonstrate knowledge of the main signs and symptoms of aspiration and how to respond/refer	
3.2 Intervention	3.2.1	Demonstrate ability to develop an interdisciplinary, person-centred mealtime plan/eating and drinking document which encompasses all facets of mealtimes which are important to client safety and enjoyment	ADHC Health & Wellbeing Policy – Nutrition and Swallowing (29) Nutrition and Swallowing Procedures My Eating and Drinking Profile Mealtime Management Plan
	3.2.2	Ability to translate mealtime plan/eating and drinking plan to different settings, e.g. residential home, group home, day program, eating out	
	3.2.3	Ability to develop a multistage eating and drinking plan for a person with fluctuating health/oral intake/cyclical mental health issues, where possible (i.e. predictable fluctuations/cycles)	
	3.2.4	Ability to collaborate closely with a team to provide a safe mealtime plan for a medically complex person with additional complexity such as bed rest with or without the presence of dysphagia (increased risk of aspiration)	Who can help me? (42) Australia's Healthy Weight Week for People with Disability Program (40)
	3.2.5	Ability to develop an eating and drinking plan for a person with mealtime behaviours of concern, in close consultation with a psychologist, speech pathologist or other qualified professional (refer to 6.2 for information on restrictive practices such as locking kitchens/fridges)	
3.3 Monitoring & evaluation	3.3.1	Ability to formulate a monitoring plan in line with the person's cognition, level of intellectual impairment and capacity to self-monitor or have family/carers/staff monitor	Interdisciplinary team meetings/ case conferences
	3.3.2	Understands the importance of including all relevant clinicians in monitoring and evaluation	

Domain 4. Enteral feeding

In this domain, enteral nutrition refers to the delivery of nutrition support into the gastrointestinal tract via a feeding tube. Enteral nutrition is the one area in nutrition intervention in disability which has a strong evidence base. There are many excellent resources available to clinicians to utilise when assessing, developing plans and monitoring a person with disability who requires enteral nutrition. The future of nutrition support for people with a disability under the NDIS is currently evolving.

The main areas of difference when prescribing enteral feeding plans for people with disability are:

- Being able to adjust enteral feeding plans for daily activities and multiple carers who may have varying levels of training (disability support workers, group home staff, day program, school, child care, service providers) and
- Adjusting total amounts of formula and fluids given, accounting for the amount of medication required as well, for people who have poor volume tolerance, gastrointestinal motility issues including gastroesophageal reflux disease, and increased risk of aspiration.
- Optimising the nutrition delivery for a person with disability to enable increased opportunities for engagement in social, educational and cultural activities.
- Ensuring continuity of care and equitable access to services throughout the transition to the NDIS.

Enteral feeding in persons with disability can also present ethical dilemmas when the person is considered to have a palliative diagnosis. This is where it is important to understand the role of the personal responsible.

Key tasks/elements		Observable/measurable actions		Formal training or resources
4.1	Decision making	4.1.1	Ability to discuss enteral tube feeding at an appropriate level for the cognitive/ intellectual capacity of the person with disability, their family/carer and support workers	Enteral Nutrition Manual for Adults in Health Care Facilities (43) ADHC Health and Wellbeing Policy - Part 3: Nutrition & Swallowing (29) Enteral Nutrition Plan (NBM) Enteral Nutrition Plan (Plus oral intake) ACI Nutrition Network Guidelines for Home Enteral Nutrition Services (44) ACI: A Clinician's Guide – Caring for People with Gastrostomy Tubes and Devices (45) Dinner is Served (training for family/carers and support workers) (46) Enable NSW and the NDIS Equipment for NDIS participants
		4.1.2	Ability to identify the person who can give consent if the person is unable to	
		4.1.3	Knowledge of pathway for referral when enteral tube feeding is indicated	
		4.1.4	Understands and utilises current best practice guidelines for enteral tube feeding	
		4.1.5	Ability to liaise with medical staff, client, family/carers and support workers and provide dietetic expertise on an individual basis when determining whether enteral feeding is indicated and/or appropriate	
4.2	Planning/ pre-procedure	4.2.1	Ability to liaise with medical and/or surgical staff, client, family/carers and support workers to provide dietetic expertise on an individual basis to help determine the most appropriate route for enteral feeding (e.g. nasogastric, gastric, jejunal)	
		4.2.2	Understand the role of the treating dietitian and the inpatient dietitian at the facility where the procedure to insert a feeding tube will be carried out (if applicable)	
		4.2.3	Knowledge of enteral nutrition products and their clinical indication/uses in order to develop the most appropriate plan	
		4.2.4	Ability to devise a person-centred feeding plan and support the implementation in multiple settings, accounting for financial factors, time constraints, delivery methods, living circumstances, and ability/training of client and/or carers and support workers	
		4.2.5	Ability to facilitate or deliver training to all stakeholders prior to commencement of enteral feeding (e.g. family/carers, disability support workers, day program, service providers, daycare, school)	

Key tasks/elements		Observable/measurable actions		Formal training or resources
4.3	Post-procedure	4.3.1	Understand best practice guidelines recommends minimum 6 monthly reviews for stable enteral feeds, and sooner if needs change	
		4.3.2	Knowledge of enteral feeding equipment and formulas available	
		4.3.3	Ability to conduct a basic assessment of the site/tube/device to identify possible infection/malfunction and implement general troubleshooting strategies when problems arise	
		4.3.4	Ability to identify when a site/tube/device is not functioning correctly and who to refer to (e.g. clinical nurse consultant, gastroenterologist, surgeon)	
		4.3.5	Ability to maintain Home Enteral Nutrition registrations and equipment registrations with appropriate distributors, particularly in the context of the National Disability Insurance Scheme (NDIS).	
		4.3.6	Basic understanding of the current guidelines for funding under the NDIS relating to HEN supplements and formula, thickeners and equipment (currently being reviewed)	

Domain 5. Communication and behaviours of concern

This domain covers two very important areas of working with a person with disability. The following statistics are taken from the Speech Pathology Practice Guide for Complex Communication Needs. It is estimated that 1.1 million Australians have a communication disability (47). Data from the Australian Institute of Health and Welfare confirms that **in Australia there are thousands of individuals with complex communication needs (CCN) who have a severe/profound core activity limitation affecting their communication** (48). The following statistics demonstrate why communication is important to understand in this population:

- An estimated 6.1% (~1.4M) of the Australian population have severe or profound limitations in the core activities of communication, mobility and/or self-care (49, 50).
- A comprehensive report on cerebral palsy found that 40% of people with cerebral palsy in Australia had a severe–profound communication impairment, including 25% who were non-verbal .
- 42% of people using disability support services require support for communication
  - a further 2% need communication aids and devices (AIHW 2013)
  - 12% of disability service users had little or no effective communication.

Therefore, a dietitian working within the disability sector is highly likely to encounter a client with some form of communication impairment. To ensure an accurate and true nutrition assessment and intervention is carried out in a person-centred approach, the key tasks below must be understood and carried out where applicable.

In addition, behaviours of concern (previously known as challenging behaviours), are equally as important to understand. **Behaviours are a form of communication, and it is up to the people supporting the person with disability to interpret and act upon this communication with the support of appropriate health professionals.** For example, a person who vocalises loudly before mealtimes and refuses to sit at the dining table may be indicating that there is something about mealtimes which they are not enjoying.

Australia ratified the United Nations Convention on the Rights of Persons with Disabilities in 2008, which discusses requirements for active participation and inclusion in all aspects of life, education and accessibility, including communication accessibility. The UN Convention also dictates supported decision making for people with disability.

Key tasks/elements		Observable/measurable actions		Formal training or resources
5.1	Communication	5.1.1	Understand the role of a Speech Pathologist in assessing communication and refer when appropriate	Understanding Augmentative and Alternative Communication (51)
		5.1.2	Understand and utilise the role of a communication partner when consulting with a person with communication impairment	
		5.1.3	Ability to identify and use the most appropriate method to communicate with people with cognitive impairment/ intellectual disability/acquired brain injury where possible. When not possible, communicate with family/carers or support workers whilst including client in proceedings	
		5.1.4	Be able to recognise the level of understanding and response from the person with disability	
5.2	Behaviours of concern	5.2.1	Understand that behaviours are a form of communication	ADHC Communication and Behaviour Support for Nurses: Practice Package (52)
		5.2.2	Ability to liaise with appropriate professionals to address behaviours of concern when they impact on nutrition-related outcomes, e.g. a psychologist	
		5.2.3	Understand what is meant by the terms restrictive and restricted practice	

Domain 6. Quality improvement and advocacy

With such significant change occurring within the disability sector at this time, which will continue for many years to come, this domain addresses two critical points to ensure ongoing support for the nutrition needs of people with disability. Quality improvement is critical to the success of best practice and policies which address the everyday needs of this population. In such times of change, **quality can be lost in the rapid movement of services from one provider to another**, **which increases risks to safety and could impact on nutritional outcomes of people with disability.**

Dietitians working within the sector need to remain aware of the changes and think about the downstream impacts on service delivery. The NDIS Quality and Safeguarding Framework is still in development stages, and the DAA has made submissions on behalf of dietitians. This may remain a state-based initiative until full national roll-out of the NDIS in 2020. Therefore, each state may need to address this area differently.

Key tasks/elements		Observable/measurable actions		Formal training or resources
6.1	Quality improvement	6.1.1	Ability to design, develop and/or actively participate in research that informs policies, best practice or improves care for people with disability	Dietitian's Association of Australia – Disability Interest Group
		6.1.2	Ability to develop and/or actively participate in the development and implementation of policies and best practice for people with disability	
		6.1.3	Ability to participate in review and feedback of documents that inform policy development for the nutrition and dietetic services being funded under the NDIS	
6.2	Advocacy	6.2.1	Understanding of, and ability to advocate for the unique nutritional needs of this group in health advisory forums and other relevant committees, particularly in the NDIS	
		6.2.2	Ability to participate in strategic and collaborative discipline-specific activities	

Domain 7. Menu planning for group homes and other residential facilities

People living in residential care have the same right to good nutrition as the rest of the population.

The difference for people living in these situations, is that a person with a physical disability is not able to participate to the full extent in meal planning and preparation and therefore is reliant on support staff and carers to carry this out for them, as well as assisting them to eat if required. Similarly, a person with an intellectual disability may not make informed decisions about the foods they eat and are also reliant on support staff and carers to make these decisions for them, as well as assisting them to eat if required. Supported decision making also must be implemented here to allow a person with disability as much choice and control as is possible, and to account for personal preferences. If carers or support staff are not educated in providing nutritious meals, which includes meals which need to be texture modified, then a person living in supported accommodation full-time can develop nutritional deficiencies.

There is a duty of care to assist people with disability to access and enjoy healthy foods to ensure good nutrition for long-term health and disease prevention, as well as maximising growth potential in young people and functional outcomes for all. Individual organisations, accommodation services or service providers may have their own nutrition policies. For people in ADHC-funded services, a My Eating and Drinking Profile (EDP) is developed for those who do not have nutrition and swallowing risk identified using the Nutrition and Swallowing Risk Checklist. If nutrition and swallowing risk is identified, a Mealtime Management Plan (MMP) is developed following formal assessment by relevant clinicians to outline requirements for mealtime safety.

Due to the short timeline on the Dietetics Core Standards project, it was decided this domain was too large to address adequately and therefore is out-of-scope. In addition, the DAA have commissioned a project to commence in July 2016 to review the New Zealand Menu Audit Tool for Aged Care Facilities in view of creating an Australian version which is applicable to Residential Aged Care Facilities (RACF).

It is likely that some of this project will contain relevant information to disability supported accommodation, and it is recommended that this project be reviewed upon completion for its application in the disability context. For more information about this project click here or contact the Dietitian's Association of Australia.

It is a recommendation of this project that this Core Standard be addressed separately due to the importance of this area for immediate health outcomes, as well as long-term health and functional outcomes for people with disability.

Formal resources and training available

ADHC Mealtime Management Modules (27)
Nutrition and Swallowing Guidelines – Section 5 (p 77) Planning Healthy Menus and Meals (29)
Good Food, Good Living (39)
National Disability Services Tasmania – Encouraging Healthy Lifestyle Choices (for disability support workers and people with disability) – in draft
Australian Guide to Healthy Eating (53)
The Best Practice Food and Nutrition Manual for Aged Care Facilities (2009) (54)
New Zealand Menu Audit Tool for Aged Care Facilities (55)

Putting skills and knowledge into practice

The Dietetic Core Standards are supported by two eLearning modules for two different target audiences:

1. Dietitians working in or wishing to work in the disability sector
2. Other health care professionals, disability support workers, managers, NDIA planners and any other relevant professionals who are involved in the care of people with disability

These modules are designed as basic training tools for practitioners and other professionals working in disability.

The module aimed at dietitians includes an appraisal tool to assess a dietitian's basic skills and knowledge in working safely and respectfully with a person with disability. The module aimed at other professionals includes an appraisal to assess the understanding about what a dietitian does and how they can assist a person with disability to meet functional goals.

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