

Navigating the NDIS Scheme as a Private Practice Dietitian: *a paediatric perspective*

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The WHO defines disability as "*an interaction between health conditions, environment and personal factors*"

Learning Outcomes

- learn where to access relevant NDIS information and apply this to Nutrition Care Plans and Reports
- develop an understanding of transitions in the NDIS schemes: Early childhood to >9 years and into adulthood
- understand the importance of a cohesive 'Dietitian Voice' when working in the NDIS space to move the profession forward

Pros

"Personalisation Scheme"

Greater access to nutrition from and early life stage

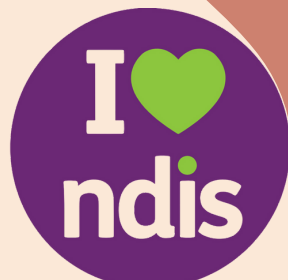
Development of progressive nutrition goals

Ability to see patients more regularly

Change in 'traditional' dietetics practices

Removal of some gate-keepers

Work closely with other HCPs and care providers



Less - Pros

Access can be hard to navigate, decreased transparency of process

Expensive processes for 'Registered providers'

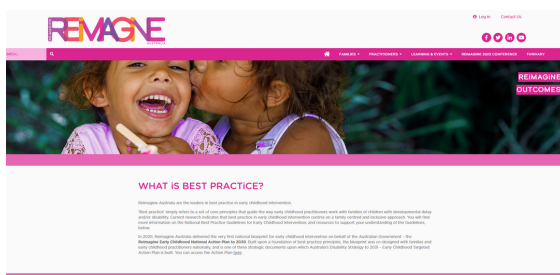
Guidelines are fluid

Some frustration in the process

Prices for clinicians not matched to CPI

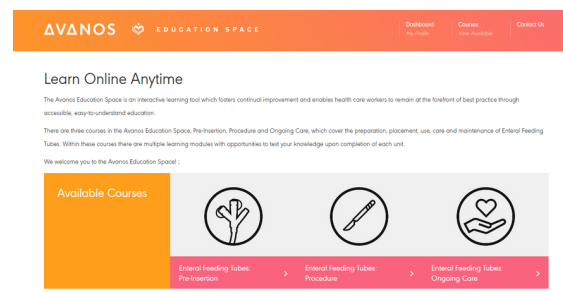
Workforce requires additional training

Is the referral within your Scope of Practice?



Early Intervention - Best Practice Guidelines

Enteral feeding skill competency



Clinical Supervision / mentor



Postgraduate Certificate / Qualification

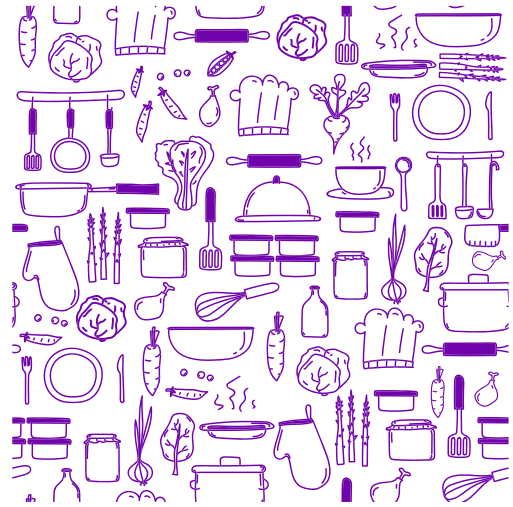
Paediatric Disability Dietitian Tool Kit

Health and disease in babies, children and teens.
Growth and how to measure it.
Developmental milestones: Food, Sleep, Growth, Movement
Oromotor skill development.
Fine and gross motor skills and how these may affect food access.
Childcare, school system operations.
Role of other Allied Health team members.

Paediatric Oral Nutrition Supports
Paediatric Enteral Nutrition Supports
Paediatric Food resources

Working with Physical Disability
Learning Disability
Autism and Neurodiversity
ADHD

Feeding Therapy Skills; Responsive Feeding Therapy, AEIOU. Food Chaining
Nutrition Counselling Skills: Engaging parents and children in nutrition care process
Play based Food therapy skills - DIR Floortime

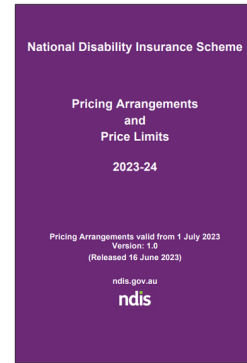
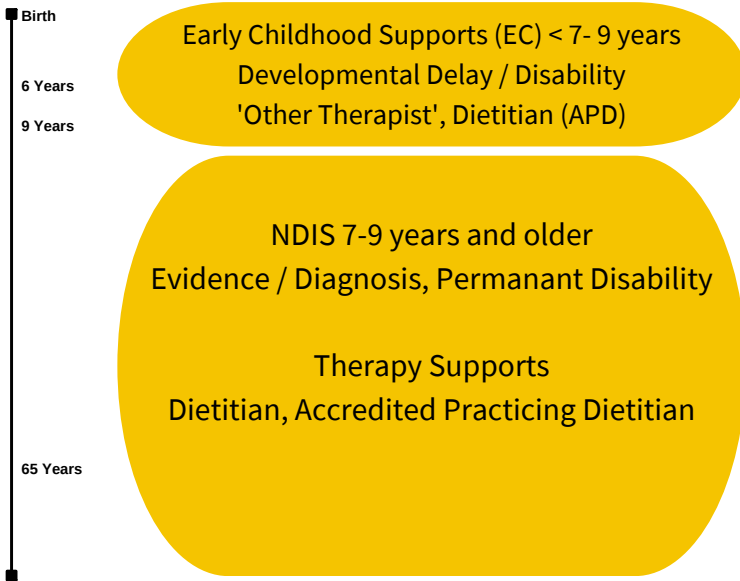


NATIONAL DISABILITY INSURANCE ACT
NATIONAL DISABILITY INSURANCE AGENCY
NATIONAL DISABILITY INSURANCE SCHEME
NDIS (QUALITY AND SAFEGUARD) COMMISSION
NDIS CODE OF CONDUCT
NDIS WORKFORCE CAPACITY FRAMEWORK
REGISTERED / NON-REGISTERED PROVIDERS
AUDITORS
WORKERS SCREENING
WORKER ORIENTATION MODULE
COMPLIANCE / NON-COMPLIANCE

**Practitioner requirements are the same
whether participants are:
NDIA Managed,
Plan Managed,
Self-managed**



Providing Services via NDIS



Support Purposes

1. CORE: Supports that enable daily activities. Increased flexibility for usage of funding.
2. CAPITAL: Investments, Assistive technologies, equipment, SDA. Stated supports only.
3. CAPACITY BUILDING: Supports that enable participants to build their independence and skills. Supports may be stated or flexible within the limits of the NDIS Price Guide.

Change of ECI from <7 - <9 years roll out 2023- 25, NDIS Price Guide, Published July 30 2023, NDIA.

HEALTH

DISABILITY



HEALTH

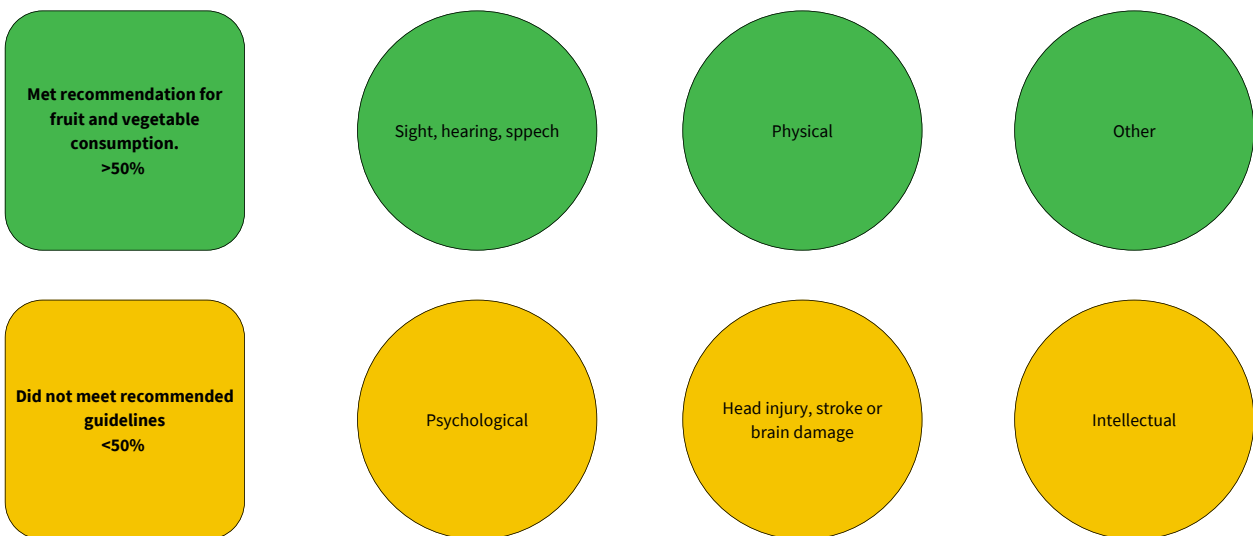
weight loss
eating disorders
food allergies
diabetes
renal disease
Coeliac Disease
IBS



DISABILITY

Disability may make managing 'health conditions' more difficult. Then management of these is appropriately funded.

People aged 2+ with disability, living in households, whether fruit and vegetable consumption met recommended guidelines, by disability group

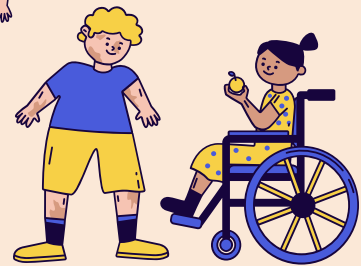


Source ABS 2019: NHS 17-18 Findings based on AIHW



CAPACITY BUILDING

Family
Academic
Social
Therapy
Workplace



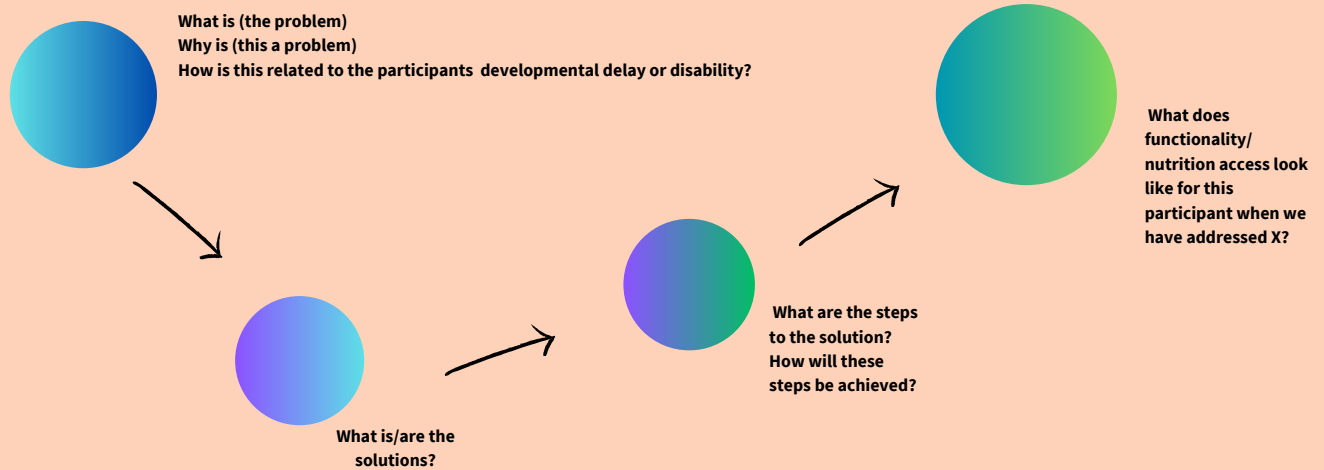
CORE SUPPORTS



TUBE FEEDING



FRAME PARTICIPANTS' NCP GOALS FOR CAPACITY BUILDING



T, 6.5 yo F

Referred by Hospital Dietitian for assistance with meeting nutrition requirements in the community (childcare/ kindergarten) and at home.

Nutrition assessment: ONS supply 90% of EER, slow progression to s

A, 2.5 yo F

Referred by paediatrician for assistance to meet nutrition requirements on a bg of slowed growth

O, 8 yo NB

Referred by paediatrician. Micronutrient deficiency and less than 10 foods. Some food related anxiety.

E, 10 yo F

Self-referred for assistance managing weight.

T, 17 yo M

Referred by psychologist for assistance to meet nutrition requirements and expand variety

Communication of Goals

- Nutrition Assessments
- NDIS Plans / Reports
- Support Letters: Therapy, Equipment, Oral Nutrition Supplements, Enteral Nutrition ("HEN").
- Therapy Plans: intentions for weekly, fortnightly, quarterly etc dietetics sessions.



Underfunding



Each participants'
measure of
success is
different.



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Family
Dietetics

Therapy Kitchen, North Melbourne
Food Play Grow, Hastings
Complete Children's Health, Moonee Ponds and Keilor
Melbourne Paediatric Specialists at RCH, Parkville
Red House Paediatrics, Frankston

Where to source more information:

NDIS Provider Information
<https://www.ndis.gov.au/providers>

Early Childhood Best Practice Framework
<https://reimagine.org.au/>

Paediatric Dietitian Scope of Practice:
<https://dietitiansaustralia.org.au/working-dietetics/standards-and-scope/role-statements/paediatric-nutrition-role-statement>

Behaviour Supports in Therapy / Therapy schematics
<https://www.icdl.com/dir>

Responsive Feeding Therapy
<https://edrpro.com/arfid-for-dietitians-a-responsive-feeding-therapy-approach/>

Developmental Milestones
<https://www.acecqa.gov.au/sites/default/files/2018-02/DevelopmentalMilestonesEYLFandNQS.pdf>

Paediatric Feeding Skills and Assessment + Diagnosis of PFD
<https://www.feedingmatters.org/what-is-pfd/>

Enteral Feeding
<https://avanoseducationspace.com/>

Dietitian Connection webinars:
Avoidant Restrictive Food Intake Disorder
Enteral Feeding
Oran Nutrition Supports and Fortification of Diets