



Review of the National Disability Advocacy Program

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The Dietitians Association of Australia (DAA) is the national association of the dietetic profession with over 5900 members, and branches in each state and territory. DAA is a leader in nutrition and advocates for food and nutrition for healthier people and healthier nations. DAA appreciates the opportunity to provide feedback on the Review of the National Disability Advocacy Program (NDAP) by the Department of Social Services

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DAA interest in this consultation

As the leading professional body for dietitians in Australia, DAA advocates for systems change to support the rights of people with disability related to food and nutrition. DAA considers that continuing advocacy will be required for people with disability to access the nutrition products and services they need to support achievement of personal goals.

DAA advocates for the role of Accredited Practising Dietitians (APDs) in disability because they are qualified and credentialed to provide nutrition and dietetic services. The APD program is the basis for self-regulation of the dietetic profession and offers an assurance of safety and quality to the public. For this reason the NDIS should require that nutrition service providers are APDs.

APDs assist people with disability to meet personal nutrition goals to enhance their capacity for social and economic participation in the community. APDs undertake individual or family advocacy to improve personal health and wellbeing, and to support achievement of personal goals.

Introduction

The objective of the NDAP is to ensure people with disability are provided access to effective disability advocacy that promotes, protects and ensures their full and equal enjoyment of all human rights, to the person's ability.

DAA contends that nutrition is fundamentally important to the physical health and well-being of people with disability but the connection between disability and nutrition is not well recognised. DAA is concerned that people with disability may not be able to access services and products to meet their needs to enjoy healthy, fulfilling and productive lives. That is to say, people with disability are not always able to enjoy all human rights, especially those which are addressed under Article 25.1 of the Universal Declaration of Human Rights

Article 25 1. Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.

DAA agrees that advocacy of different types should be supported by the Australian Government to safeguard the human rights of people with disability and as part of monitoring and evaluation approaches to inform improvements to disability and mainstream services as the NDIS is fully implemented.

Responses to issues raised in the discussion paper

1. Models of advocacy

Networking of agencies providing one, two or more models of support has the potential to benefit people with disability, their families and carers. Groups with like models of support might work cooperatively to maximise efficiency of government funding and promote geographical, cultural and other aspects of coverage.

Access to advocacy training and evaluation of programs will be necessary to support systemic and individualised, fit-for-purpose advocacy.

2. Improving access

Improved access might be maximised by ensuring that travel is adequately considered in funding proposals to enable people with disability, advocates and service providers to travel.

Also, technology should be encouraged to overcome barriers to advocacy and service delivery e.g. where geographical distances are large, or where the person with disability has mobility difficulties.

Providing avenues to share success stories of advocacy across agencies could be helpful.

Training and development would support mainstream and specialised agencies to address various issues which present barriers to advocating for better nutrition, health and wellbeing.

3. Systems issues

Connecting with the NDIA

The experience of DAA staff and members is that connecting with NDIA staff has proved to be very difficult, and even when opportunities become available it seems there are barriers to advocacy for the human rights of people with respect to food, nutrition, disability and well-being. Perhaps when the NDIS is fully rolled out, systems within the NDIA are established and there is a higher level of understanding by all stakeholders of the NDIS this will improve. However, improving access to NDIA staff would assist in systemic advocacy before this time.

Information sharing

Information sharing will enhance understanding of the needs of people with disability, how providers can meet the needs of people with disability and the role of government and non-government organisations. This could be facilitated by refining the NDIA website to assist in information sharing.

Resourcing advocacy groups

Resourcing advocacy groups will also assist understanding, by increasing their capacity to meet with service providers such as APDs in order to learn about the role APDs and other allied health professionals have in multidisciplinary care arrangements for people with complex needs. At present, disability advocacy organisations say they this is beyond what they are funded to do as an advocacy service.

4. Protecting the rights of people with disability

Transparency in processes

Transparency in processes of funding and reporting of the outcomes of agencies funded by the NDAP will be important. It may not be possible to avoid gaps in supports provided by the NDIS and advocacy funded by the NDIA, and in that case there should be default mechanisms provided by government agencies such as ombudsman or human rights registrar positions which ensure that the rights of people with disability are protected. A national ombudsman system should be pursued for implementation as the full NDIS scheme is realised.

Investment in education – shared decisions making

DAA would like to see significant investment in education about the process of shared decision making. This will be important for people with disability, carers, and service providers. This will be particularly important when questions of restrictive practice for the protection of the person with disability arise, for example in relation to food. There should be recognition of experts in restrictive practice, such as APDs in this example in relation to restrictive food practice.

Furthermore, the process of planning and implementing a package should allow for the slow process of working with people with disability and carers in shared decision making. This was previously possible in some areas, e.g. in NSW Ageing Disability and Home Care services, but the experience of members to date is that this is not continuing. This has implications for the safety and wellbeing of clients for example where a speech pathologist recommends involvement of an APD in a Team Care arrangement, but time is needed for the person with disability and their family to understand why this is and how the APD can assist the person.

Information sharing – rights and safeguards

Information sharing and education will also be important in protecting the rights of people with disability by helping people to be aware of their rights during the planning process and to be aware of review and appeals processes. DAA members report that not all participants are aware that they can ask to meet personally with their planner rather than over the telephone, and even when they do request a personal interview this does not happen. Participants who are transitioning from state funded services may have their package ‘rolled over’ but without the ability to add services to better meet their needs which are reasonable and necessary under the NDIS principles. Also, participants should be aware that they can change service provider and how they can do this if they perceive the existing arrangement does not meet their needs. It seems the rights of people with disability are only being met in some cases where they have a very strong family advocate and/or health professional advocate.

Safeguards through professional standards

Protection will also be achieved by requiring that health professionals are qualified and credentialed in robust programs such as the APD program which requires continuing professional development of professionals, and provides for audit, complaints and disciplinary procedures. In specific circumstances the involvement of professionals with specific skills and expertise should be recognised by the NDIS, such as APDs in NDIS plans for participants that require texture modified foods and fluids in the context of chewing and swallowing impairments. This is consistent with the National Decision Making Principles which have Safeguards against serious injury or death.