



**Community  
Disability  
Dietitian  
Toolbox**

# Community Disability Dietitian Toolbox



## **Purpose:**

This toolbox is designed to prompt and inspire dietitians to think broadly and act effectively when supporting their clients with disability. Due to the diversity of people with a disability and the environments they live, work and play in, our dietary strategies and the way we communicate them often require us to be creative. We encourage you to draw upon this tool in times you may be feeling “stuck” or are facing



## **Scope:**

This resource is applicable to Dietitians working in all areas of clinical practice (private practice, public health, private hospitals). In Australia, approximately 4.4 million people (one in six) have a disability. Therefore it is likely that most dietitians will benefit from this resource.



## **Acknowledgements:**

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Your Dietetic toolbox for working in Disability  
**An overview to inspire & guide practice.**



COURAGE



CLARITY



COLLABORATION



CREATIVITY



SOCIAL NORMS



RESOURCES



SUPERVISION



Food literacy strategies and accommodations in Disability  
**A tick box guide for inspiration on interventions**



## COURAGE

Speak up with courage.

Don't be afraid to speak with clients' external contacts (*e.g., childcare directors, teachers, employers*) to gather comprehensive information. If you had permission from your client or their nominee, this extra step of communication is valid and reasonable.

This is especially for clients with cognitive or communication challenges, who may have difficulty accurately remembering information in different contexts.

Dietitians can also be courageous to speak up when something isn't working well in one environment (*i.e. is the clients positive experience of meal times are compromised*).



## CLARITY

Clarify your understanding of your client's experience.

Be creative in your data gathering to clarify your understanding of the client's meal time experience. This helps you understand their needs in different contexts, as well as what changes are/aren't possible.

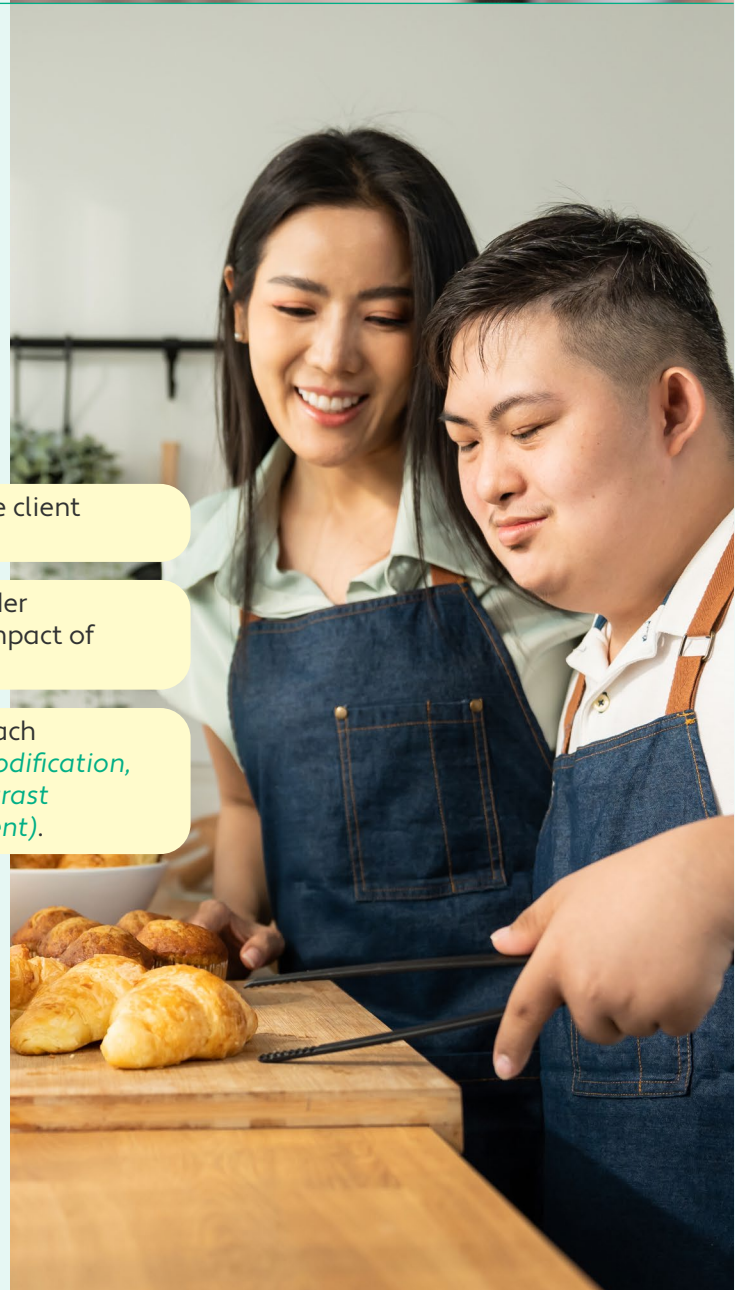
Dietitians can improve their practice by asking prompting questions to clarify the client's experience. Examples may be:

Are meals provided in the community context or does the client need to bring or buy their own food?

Is there a location for eating? If yes, what is it like? Consider sensory experience, seating/positioning needs and the impact of distractions on mealtime safety.

What equipment is available to improve meal times in each environment? (*e.g. kitchen equipment for food texture modification, appropriate bench height for wheelchair user, colour contrast stickers on microwaves for a person with vision impairment*).

If appropriate, Dietitian's may also consider an appointment in the non-home environment. *E.g. childcare, school, day options program, workplace.*

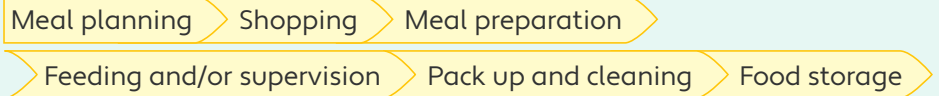




## COLLABORATION

Collaborate to get the best outcome for your clients

Who are the key people responsible for each aspect of a mealtime?



How can you best collaborate with each person to get the best outcome for the client? Consider...

Phone calls

Joint assessments

MDT meetings

What other allied health professionals are currently engaged and what recommendations have been made so far?

Were they successful and Why/Why Not?

Consider:

Speech Pathology Dysphagia Management Plan

Occupational Therapy sensory assessment and seating/positioning plan

Physiotherapy mobility assessment

Positive Behaviour Support Plan



## CREATIVITY AND COMMUNICATION

Creatively adapt to how your client may learn best.

Be responsive and receptive to your client and how they best like to learn information *Eg. a young person with an intellectual disability might benefit from gamification of nutrition education through use of technology, or an adult with a cognitive impairment might benefit from simple visuals rather than written information.*

There are many different formats and ways of communicating your recommendations – choose the most appropriate one for the desired audience and consider developing templates for client groups that you work with often. Some examples might include:

Nutrition Hydration Care Plan Enteral Feeding Regime Visual Meal Planner

Food Selector Wheel Food Flash Cards



## SOCIAL ATTITUDES AND NORMS

Compassionately consider the impact of society

As Dietitians, we have a responsibility to understand how the sociopolitical landscape impacts people with a disability and their access to food or nutrition.

What attitudes or social norms might exist that threaten mealtime safety for this individual?

How comfortable do they feel eating or being fed in this environment?

Do they avoid enteral feeding in public – why? Can we challenge this attitudes to improve their experience or do we need to adjust the feeding regime to accommodate it?

Do their supports in this environment have adequate training and time available to facilitate their feeding method (*e.g. bolus v pump, or Full feeding assistance v independent.*)? Can we upskill their supports or do we need to adjust the feeding regime to accommodate this knowledge deficit?





## RESOURCES AND TRAINING

Create your own resource hub

Below are some examples of resources you may find helpful to use in your practice

Co-Creating Safe and Enjoyable Meals for People with **Swallowing Difficulty**

Co-Creating Safe and Enjoyable **Texture-Modified Meals at Home**

The **Enjoy Safe Meals website**, managed by the University of Technology Sydney, provides recipes and videos for texture-modified food preparation

**Cook By Colour**

**Accessible Chef** – Accessible Cooking for Budding Chefs

**Diabetes Care for People With an Intellectual Disability | NDSS**

**Culturally Safe Dietetic Care for First Nations Peoples with Disability**



## DISABILITY SPECIFIC SUPERVISION

Connect with other Dietitians

If you are working primarily with people who have a disability, it is a great idea to access supervision from an experienced Disability Dietitian who can support you to tailor your care to the needs of each individual and their community context.

You can find a list of Dietitians to connect with here: **Dietitian Supervision Resources Australia and International – Supporting Supervision for all Dietitians**



## 2 Food literacy strategies and accommodations in Disability A tick box guide for inspiration on interventions

Listed below are a range of suggested interventions that Dietitians can use with their clients to improve diet quality. These suggestions aim to acknowledge differences that people with disability have in terms of learning capacity, executive functioning and physical environments. This is not an exhaustive list and is intended to be tailored to individual needs.

### MEAL PLANNING



- Collaboratively creating a meal and/or menu plan – including meal and snack options



- Choosing foods that the person can eat independently



- Use of choice board (lists of foods in groups, mix-and-match), including the persons likes/dislikes



- Inclusive and considerate recipe selection – *i.e. Recipes that minimise the number of dishes for cleaning, recipes that provide step-by-step instructions breaking down each task, recipes that incorporate cleaning into mela process, Easy English / Accessible written recipes, old/new/favourite recipes, Cooking videos or pictorial for audio/visual learners.*



- Consider requirements for texture-modified food and fluids; enteral feeding if required



- Social story** about the components of getting food on the table – choosing a recipe, writing a shopping list, buying the ingredients, storing the ingredients, cooking the meal, cleaning up and storing the leftovers

### IN-THE-KITCHEN



- Kitchen organisation (are things in logical places to make the process easier?)



- Storage and labelling systems: Visual system of labelling for fridge to minimise waste eg. Oz Harvest **Use it Up campaign**



- Access to recipes to follow in real time – *i.e. printed recipes, access to technology in the Kitchen*



- Alternative cooking equipment, such as a slow cooker, air fryer, electric frypan or microwave



- Pre-cut ingredients or frozen vegetables to reduce the need for chopping and knife use



- Height and location of microwave and appropriate containers



- Support or assistance from others (for safety and accessibility to hard to reach/lift/operate equipment when cooking)

## FOOD SHOPPING



- Writing and following shopping lists



- Online shopping or home-delivery service



- Cooking in bulk



- Events involving paying for food with own money will be impacted by disposable income and food budget – how is this accounted for and ensure it is available to avoid social exclusion



- Support or assistance from others to complete shopping

## EATING ENVIRONMENT



- Physical set-up of chair, table and use of utensils – check in with OT recommendations



- Social and emotional setting – eating with company, support without pressure (to eat quicker, more, less etc.)



- Feeding assistance



- Watching or listening during eating – mindful eating is not always helpful for a person with a disability



- Food safety pictorial chart, specific to the risks present



- Food and nutrition habits of peers, colleagues and friends may influence own willingness to try different foods – opportunities for shared mealtimes are important to preserve in all environments