

## Mealtime Management Policy

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### 1. Introduction

#### 1.1 Purpose

This Policy and the Policies and Procedures and related documentation set out in section 1.5 below (**Related Documentation**) supports Centre for Inclusive Supports to apply the Mealtime Management NDIS Practice Standard.

#### 1.2 Policy Aims

Centre for Inclusive Supports is committed to ensuring that each participant requiring mealtime management receives meals that are nutritious, and of a texture that is appropriate to their individual needs, and appropriately planned, and prepared in an environment and manner that meets their individual needs and preferences, and delivered in a way that is appropriate to their individual needs and ensures that the meals are enjoyable.

#### 1.3 NDIS Quality Indicators

In this regard, Centre for Inclusive Supports aims to demonstrate each of the following quality indicators through the application of this Policy and the relevant systems, procedures, workflows and other strategies referred to in this Policy and the Related Documentation:

- (a) Providers identify each participant requiring mealtime management.
- (b) Each participant requiring mealtime management has their individual mealtime management needs assessed by appropriately qualified health practitioners, including by practitioners:
  - (1) undertaking comprehensive assessments of their nutrition and swallowing;
  - (2) assessing their seating and positioning requirements for eating and drinking; and
  - (3) providing mealtime management plans which outline their mealtime management needs, including for swallowing, eating and drinking; and
  - (4) reviewing assessments and plans annually or in accordance with the professional advice of the participant's practitioner, or more frequently if needs change or difficulty is observed.
- (c) With their consent, each participant requiring mealtime management is involved in the assessment and development of their mealtime management plans.
- (d) Each worker responsible for providing mealtime management to participants understands the mealtime management needs of those participants and the steps to take if safety incidents occur during meals, such as coughing or choking on food or fluids.
- (e) Each worker responsible for providing mealtime management to participants is trained in preparing and providing safe meals with participants that would reasonably be expected to be enjoyable and proactively managing emerging and chronic health risks related to mealtime difficulties, including how to seek help to manage such risks.
- (f) Mealtime management plans for participants are available where mealtime management is provided to them and are easily accessible to workers providing mealtime management to them.

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- (g) Effective planning is in place to develop menus with each participant requiring mealtime management to support them to:
  - (1) be provided with nutritious meals that would reasonably be expected to be enjoyable, reflecting their preferences, their informed choice and any recommendations by an appropriately qualified health practitioner that are reflected in their mealtime management plan;
  - (2) if they have chronic health risks (such as swallowing difficulties, diabetes, anaphylaxis, food allergies, obesity or being underweight) – proactively manage those risks.
- (h) Procedures are in place for workers to prepare and provide texture-modified foods and fluids in accordance with mealtime management plans for participants and to check that meals for participants are of the correct texture, as identified in the plans.
- (i) Meals that may be provided to participants requiring mealtime management are stored safely and in accordance with health standards, can be easily identified as meals to be provided to particular participants and can be differentiated from meals not to be provided to particular participants.

#### 1.4 Scope

- (a) This Policy applies to the provision of all mealtime management at Centre for Inclusive Supports.
- (b) All permanent, fixed term and casual staff, contractors and volunteers are required to take full responsibility for ensuring full understanding of the commitments outlined in this Policy.

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## 2. Definitions

In this Policy:

**Centre for Inclusive Supports** means Centre for Inclusive Supports Inc. ABN 13 517 649 640.

**Client** means a client of Centre for Inclusive Supports (including an NDIS participant).

**Key Management Personnel** means Lenka Boorer, Kylie Power, Mary (Catherine) Grealy, David Byrne, Kathy Harris. and other Key Management Personnel involved in Centre for Inclusive Supports from time to time.

**Legislation Register** means the register of legislation, regulations, rules and guidelines maintained by Centre for Inclusive Supports.

**Policy Register** means the register of policies of Centre for Inclusive Supports.

**Principal** means Lenka Boorer.

**Qualified Health Practitioner** means an AHPRA registered health practitioner that is appropriately qualified and otherwise competent in the assessment and development of an individual mealtime management plan for a Client and may include a registered nurse, dietitian, speech pathologist or general practitioner.

**Related Documentation** has the meaning given to that term in section 1.1.

**Representative** means:

- (a) a person nominated by the Client as a person to be told about matters affecting the Client; or

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- (b) a person:
  - (1) who nominates themselves as a person to be told about matters affecting a Client; and
  - (2) who the relevant organisation is satisfied has a connection with the Client and is concerned for the safety, health and well-being of the Client.
- (c) a person has a connection with a Client if:
  - (1) the person is a partner, close relation or other relative of the Client;
  - (2) or the person holds an enduring power of attorney given by the Client; or
  - (3) the person has been appointed by a State or Territory guardianship board (however described) to deal with the Client's affairs; or
  - (4) the person represents the Client in dealings with the organisation.
- (d) a substitute decision-maker appointed for a person under a law of a State or Territory.

**Worker** means a permanent, fixed term or casual member of staff, a contractor or volunteer employed or otherwise engaged by Centre for Inclusive Supports and includes the Principal.

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### 3. Policy Statement

#### 3.1 General

- (a) Centre for Inclusive Supports is committed to ensuring that Clients requiring mealtime management are identified and receive meals in accordance with their needs and with consideration to their privacy, dignity and personal safety.
- (b) With their consent, Centre for Inclusive Supports is committed to ensuring each Client's individual mealtime management needs are assessed by appropriately Qualified Health Practitioners, including by practitioners conducting regular and timely reviews if needs change or difficulty is observed.
- (c) Assessments by Quality Health Practitioners will include:
  - (1) undertaking comprehensive assessments of their nutrition and swallowing; and
  - (2) assessing their seating and positioning requirements for eating and drinking; and
  - (3) providing mealtime management plans which outline their mealtime management needs, including for swallowing, eating and drinking; and
  - (4) reviewing assessments and plans annually or in accordance with the professional advice of the participant's practitioner, or more frequently if needs change or difficulty is observed.
- (d) Centre for Inclusive Supports is committed to ensuring that individual mealtime management supports are provided in a manner that is proportionate to the needs of the Client, in accordance with the Qualified Health Practitioner's directions and in a manner that limits clinical risks.
- (e) With their consent, each participant requiring mealtime management is involved in the assessment and development of their mealtime management plans.

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- (f) Subject to having first received appropriate training and otherwise being competent, Workers at Centre for Inclusive Supports may be required to support a person who requires individual mealtime management. The requirements of this role will be clearly documented in the mealtime management plan that has been developed with and for the Client by a Qualified Health Practitioner that has assessed the Client.
- (g) Without limiting the scope of any training, each worker responsible for providing mealtime management to Clients understands the mealtime management needs of those Clients and the steps to take if safety incidents occur during meals, such as coughing or choking on food or fluids.
- (h) Centre for Inclusive Supports will ensure that the Qualified Health Practitioner or other suitably qualified individuals have provided to each Worker responsible for providing mealtime management to Clients, training in preparing and providing safe meals with Clients that would reasonably be expected to be enjoyable and proactively managing emerging and chronic health risks related to mealtime difficulties, including how to seek help to manage such risks.
- (i) Centre for Inclusive Supports will ensure mealtime management plans for Clients are available where mealtime management is provided to them and are easily accessible to Workers providing mealtime management to them.
- (j) Centre for Inclusive Supports will undertake effective planning to develop menus with each Client requiring mealtime management to support them to:
  - (1) be provided with nutritious meals that would reasonably be expected to be enjoyable, reflecting their preferences, their informed choice and any recommendations by an appropriately Qualified Health Practitioner that are reflected in their mealtime management plan;
  - (2) if they have chronic health risks (such as swallowing difficulties, diabetes, anaphylaxis, food allergies, obesity or being underweight) – proactively manage those risks.
- (k) Centre for Inclusive Supports follows procedures to ensure the preparation and provision of texture-modified foods and fluids in accordance with mealtime management plans for Clients and to check that meals for Clients are of the correct texture, as identified in the plans.
- (l) Meals that may be provided to participants requiring mealtime management are stored safely and in accordance with health standards, can be easily identified as meals to be provided to particular participants and can be differentiated from meals not to be provided to particular participants.

#### **4. Procedure**

The Policy is supported by the following Procedures which are intended to clarify the responsibilities of the board, Principal, Key Management Personnel, Workers and other persons and make explicit the underlying principles of the Policy.

Procedure	Responsibility
<b>4.1 Identification</b>  Ensure each Client that requires mealtime management services and support from Centre for Inclusive Supports is identified and receives appropriate mealtime management support in accordance with this Policy and their mealtime management plan.	<b>Principal and relevant Workers providing supports</b>

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Procedure	Responsibility
<p><b>4.2 Assessment and Plan Development</b></p> <p>(a) Subject to first receiving Client consent, ensure each Client that requires mealtime management services and supports from Centre for Inclusive Supports has an accurate mealtime management plan (<b>Plan</b>), based on a comprehensive assessment with a Qualified Health Practitioner and developed by that Qualified Health Practitioner for the Client with the Client’s consent and input. The developed Plan should be followed by Centre for Inclusive Supports Workers to guide mealtime management services and support to be provided to the Client.</p> <p>(b) Ensure the Plan identifies any recommendations resulting from the Qualified Health Practitioner’s assessment of:</p> <ol style="list-style-type: none"> <li>(1) the Client’s nutrition and swallowing;</li> <li>(2) the Client’s seating and positioning requirements for eating and drinking;</li> <li>(3) the Client’s mealtime management needs, including for swallowing, eating and drinking;</li> <li>(4) the Client’s individual needs and preferences (such as for food, fluids, preparation techniques and feeding equipment);</li> </ol> <p>(c) Ensure the Plan identifies</p> <ol style="list-style-type: none"> <li>(1) the review date of the Plan (which should be annually or earlier in accordance with the Qualified Health Practitioner’s advice or more frequently if needs change or difficulty is observed by a Worker);</li> <li>(2) Recommendations for preparing and providing safe meals with the Client that would reasonably be expected to be enjoyable and proactively managing emerging and chronic health risks related to mealtime difficulties, including how to seek help to manage such risks; and</li> <li>(3) how risks, incidents and emergencies will be managed to ensure the Client’s wellbeing and safety, including by setting out any required actions and plans for escalation and the steps to take if safety incidents occur during meals, such as coughing or choking on food or fluids.</li> </ol> <p>(d) Ensure the Plan includes menus for the Client requiring mealtime management to support them to:</p> <ol style="list-style-type: none"> <li>(1) be provided with nutritious meals that would reasonably be expected to be enjoyable, reflecting their preferences, their informed choice and any recommendations by the Qualified Health Practitioner; and</li> <li>(2) if they have chronic health risks (such as swallowing difficulties, diabetes, anaphylaxis, food allergies, obesity or being underweight) – to proactively manage those risks.</li> </ol> <p>(e) Ensure the Plan includes procedures for Workers:</p>	<p><b>Principal and relevant Workers providing supports</b></p>

Procedure	Responsibility
<ul style="list-style-type: none"> <li>(1) to prepare and provide texture-modified foods and fluids; and</li> <li>(2) to check that meals for participants are of the correct texture, as identified in the plans.</li> <li>(3) To ensure that meals are stored safely and in accordance with health standards, can be easily identified as meals to be provided to particular Clients and can be differentiated from meals not to be provided to particular Clients.</li> <li>(f) Ensure that the Plan also includes an Action Plan to address any incident or emergency in relation to the provision of mealtime management services and supports. To identify a clear path for the escalation of any incident or emergency in a timely manner. The Action Plan must also identify a clear path for the escalation of any incident or emergency in a timely manner.</li> <li>(g) Ensure each Worker providing mealtime management services and support follows the Plan.</li> </ul>	
<p><b>4.3 Review of Client’s health status and Plan</b></p> <ul style="list-style-type: none"> <li>(a) Ensure the Plan is managed, overseen and reviewed by the Qualified Health Practitioner at regular intervals. The regularity of such Plan reviews is at the discretion of the Qualified Health Practitioner and the Client.</li> <li>(b) Ensure the Client is provided with all reasonable support to facilitate reviews of the Plan.</li> <li>(c) Monitor changes in the Client’s needs.</li> <li>(d) Incidents and emergencies in respect of mealtime management will require a Plan review.</li> </ul>	<p><b>Principal and relevant Workers providing supports</b></p>
<p><b>4.4 Train Workers</b></p> <ul style="list-style-type: none"> <li>(a) Ensure each Worker responsible for providing mealtime management to Clients is trained in preparing and providing safe meals with Clients that would reasonably be expected to be enjoyable and proactively managing emerging and chronic health risks related to mealtime difficulties, including how to seek help to manage such risks.</li> <li>(b) Without limiting the above, ensure training also covers how to manage all incidents or emergencies.</li> <li>(c) Ensure relevant manuals and documentation are provided by the Qualified Health Practitioner to Workers.</li> <li>(d) Ensure training plans are developed and delivered by the Qualified Health Practitioner for the Client (or such other person that Centre for Inclusive Supports deems has the high skills set relevant to the Clients specific care needs.</li> <li>(e) Ensure training plans also allow for the provision of ongoing training support.</li> </ul>	<p><b>Principal and relevant Workers providing supports</b></p>

Procedure	Responsibility
<p><b>4.5 Risk Management</b></p> <p>(a) Ensure the training plan and the Plan will include the identification of risks including actions and escalations. This will include both Centre for Inclusive Supports internal reporting and identified reporting requirements within the Clients' treating team.</p> <p>(b) Ensure the training plan and the Plan will include detail in relation to how to manage a related incident, including the development of an emergency management plan.</p> <p>(c) All incidents will be recorded and reported in accordance with the Incident Management and Reporting Policy.</p>	<p><b>Principal and relevant Workers providing supports</b></p>
<p><b>4.6 Hydration and Nutrition procedure</b></p> <p>(a) Ensure Clients receive the appropriate amount of nourishment, which improves their wellbeing outcomes and otherwise in accordance with their Care and Services Plan.</p> <p>(b) Educate and train all Workers on the guidelines concerning hydration and nutrition.</p> <p>(c) Client's are provided with essential diets that reflect a healthy lifestyle and wellbeing.</p> <p>(d) Client's cultural and religious beliefs should be considered, to ensure that their desires and meal requirements are met.</p> <p>(e) Ensure dietary requirements will be frequently assessed by a health professional, such as a dietician, to ensure it reflects and remains per the Clients individual's needs.</p> <p>(f) Provide adequate training to educate all Workers with the required skills and knowledge to be able to apply it to their Clients.</p> <p>(g) Provide correct tools and equipment to Workers, when a hydration and nutrition assessment is required.</p> <p>(h) Ensure the safety and comfortability of a Client before consuming any type of food or drinks.</p> <p>(i) Ensure the following actions will be implemented by all Workers when assisting the Client with intaking drinks and meals by:</p> <ol style="list-style-type: none"> <li>(1) placing them in an appropriate seating position. If required, modify the surroundings to ensure appropriate seating can be achieved.</li> <li>(2) ensuring that the Client's mouth is free from any food before intaking any other food.</li> <li>(3) if needed, requesting the Client to display an empty mouth to ensure they are ready to proceed with the remaining meals and drinks.</li> </ol>	<p><b>Key Management Personnel &amp; All Workers</b></p>

Procedure	Responsibility
<ul style="list-style-type: none"> <li>(4) ensuring Workers are seated close to the Client.</li> <li>(5) utilising adaptive cutlery and food tools where required.</li> <li>(6) offering small amounts of drinkable liquids, such as water before consuming meals. This is because the Client's mouth may be dry and will result in difficulty swallowing and/or may cause choking.</li> <li>(j) With the assistance of Workers, Key Management Personnel should:                             <ul style="list-style-type: none"> <li>(1) provide the required knowledge and training to personnel, so they can apply the skills needed when delivering hydration and nutrition to Clients in accordance with the Human Resources Management Policy;</li> <li>(2) assess Clients for their hydration and nutrition levels;</li> <li>(3) analyse for any weight changes of a Client. This will indicate if the meals a Client consumes indicates improper and impractical dietary preferences or potential malnutrition;</li> <li>(4) record all revealed information at assessments;</li> <li>(5) Identify any changes in a Client's sleep patterns or alertness. This could be increased tiredness, extreme fatigue and drowsiness, or noticeable change in their balance.</li> <li>(6) assess Clients for any loss of appetite or decreased hunger that they may be experiencing;</li> <li>(7) identify any social and behavioural changes;</li> <li>(8) detect whether the Clients are having difficulty swallowing or it has affected their ability to swallow.</li> <li>(9) detecting any potential alterations in Clients behaviour.</li> </ul> </li> <li>(k) Update nutrition and hydration care plans with any change in the Client's needs, goals and preferences.</li> <li>(l) Update and action information from others, e.g. dietitian, speech pathologist or medical practitioner.</li> </ul>	
<p><b>4.7 Food Safety, Storage and Preparation procedure</b></p> <ul style="list-style-type: none"> <li>(a) Ensure all food produced and served are prepared safely and hygienically, complying with a high standard of health and safety as determined by relevant legislation.</li> <li>(b) Ensure that all food is prepared and stored in such a way that it will not become hazardous or unsuitable for consumption (for example, in the fridge or freezer as applicable).</li> <li>(c) Ensure good presentation of food, including texture, flavour, smell and appearance.</li> </ul>	<p><b>Key Management Personnel &amp; All Workers</b></p>

Procedure	Responsibility
<p>(d) Ensure meals can be consumed according to the Client’s needs, such as finger food, modified meals, smaller portion sizes and thickened drinks.</p> <p>(e) Ensure meals are tested in accordance with approved IDDSI methods before serving to Clients with swallowing difficulties:</p> <p>(1) Foods tested via Fork Drip/Spoon Tilt Test, Pressure Test or Flinger Test</p> <p>(2) Liquids tested via Syringe flow Test.</p> <p>(f) Support all Clients dietary requirements where applicable. A Client may need to have their diet amended to be per their cultural or religious beliefs, or their desire to plan and prepare meals independently.</p> <p>(g) Determine and prepare meals in accordance with the Client’s wishes, likes and dislikes.</p> <p>(h) Ensure hand hygiene, cleanliness and quality safety requirements in regards to food safety are enforced throughout Centre for Inclusive Supports’s services whilst ensuring compliance with all relevant legislation and guidelines. Workers must be acquainted with the Australia New Zealand Food Standards Code and Safe Food Australia- A Guide to the Food Safety Standards.</p> <p>(i) Clean all cooking surfaces and utensils thoroughly, before and after cooking.</p> <p>(j) Ensure that no electrical appliance is left unattended when it is in use.</p> <p>(k) Use/Change disposable gloves between preparing raw foods and cooked food to ensure there is no risk of contamination.</p> <p>(l) Ensure any Worker who is in close encounter with food is not to suffer from any illness at the time of handling. If a person has suffered from sickness, they are not to be rostered to any food-related task and duties.</p>	
<p><b>4.8 Monitoring for signs of eating problems</b></p> <p>(a) It is important to always watch for signs of eating problems. Any of the following observations may indicate swallowing problems and should be recorded so that the appropriate assessments and referrals can be completed:</p> <p>(1) coughing/choking during meals</p> <p>(2) frequent throat clearing during eating or drinking</p> <p>(3) wet or gurgly voice during meals</p> <p>(4) excessive drooling</p> <p>(5) vomiting</p> <p>(6) nasal regurgitation: food or drink coming from the nose</p>	<p><b>All Workers</b></p>

Procedure	Responsibility
<ul style="list-style-type: none"> <li>(7) complaints of pain when swallowing</li> <li>(8) chest congestion around meals</li> <li>(9) holding lips tight</li> <li>(10) food spilling excessively out of the mouth</li> <li>(11) holding food in the mouth</li> <li>(12) refusing to eat</li> </ul>	
<p><b>4.9 Choking/Aspiration - Emergency procedures</b></p> <p><b>In the event of choking</b></p> <p>(a) Stop feeding immediately and seek nursing attention if the Client experiences these conditions:</p> <ul style="list-style-type: none"> <li>(1) excessive coughing</li> <li>(2) gagging/gasping for air/struggling to breathe</li> <li>(3) grabbing at the throat</li> <li>(4) turning blue in the lips and face</li> <li>(5) indicates that something is stuck in his/her throat</li> </ul> <p>(b) In all cases of choking, stay with the client at all times and follow this procedure:</p> <ul style="list-style-type: none"> <li>(1) STOP feeding</li> <li>(2) keep the Client in an upright position</li> <li>(3) Try to keep the Client calm. Ask them to cough to try to remove the object.</li> <li>(4) If coughing doesn't work, CALL 000 AND ASK FOR AMBULANCE.</li> <li>(5) Bend the Client forward and give them up to 5 sharp blows on the back between the shoulder blades with the heel of one hand.</li> <li>(6) After each blow, check if the blockage has been cleared.</li> <li>(7) If the blockage still hasn't cleared after 5 blows, place one hand in the middle of the Client's back for support. Place the heel of the other hand on the lower half of the breastbone (in the central part of the chest). Press hard into the chest with a quick upward thrust, as if trying to lift the Client up.</li> <li>(8) After each thrust, check if the blockage has been cleared.</li> <li>(9) If the blockage has not cleared after 5 thrusts, continue alternating 5 back blows with 5 chest thrusts until medical help arrives.</li> </ul>	<p><b>All Workers</b></p>

Procedure	Responsibility
<p>(10) If the Client becomes blue, limp or unconscious, start CPR immediately.</p>	
<p><b>4.10 Welcome feedback and identify areas of improvement</b></p> <p>(a) Create an environment where all feedback is valued and encouraged including from Clients, Workers and others to identify areas where Centre for Inclusive Supports can learn and improve its support of Clients.</p> <p>(b) Welcome feedback (including anonymously) and promptly deal with any complaints or incidents in accordance with Feedback and Complaints Management Policy or Incident Management and Reporting Policy (as applicable).</p> <p>(c) Actively consult with Clients to continually improve in delivering best practice in service delivery.</p> <p>(d) Conduct an annual survey of all Workers, Clients, their support networks and other stakeholders and ask them to suggest areas for improvement in relation to Centre for Inclusive Supports’s application of this Policy including its commitment to best practice service delivery.</p>	<p><b>All Workers</b></p>
<p><b>4.11 Workers to commit to Policy</b></p> <p>(a) All Workers are provided with a copy of this policy in their orientation and induction materials.</p> <p>(b) All Workers will be provided with training regimes to ensure service/care provision is conducted in a format that ensures Clients feel safe and comfortable without the fear of retribution when filing complaint or feedback forms.</p> <p>(c) All Workers and Key Management Personnel are informed of their duties and rights to protect Clients.</p> <p>(d) Under their employment, contractor agreement or binding letter agreement, each Worker at Centre for Inclusive Supports is required to take responsibility for ensuring:</p> <p>(1) full understanding of the commitments outlined in this policy as well as procedures and other strategies designed to ensure that the principles of this policy are upheld; and</p> <p>(2) ensuring that the principles and procedures and other strategies within this Policy are applied in their daily work.</p>	<p><b>All Workers</b></p>
<p><b>4.12 Train Workers</b></p> <p>(a) Train Workers to assist them to understand how to apply this Policy and these procedures in everyday practice during their induction, and as part of ongoing refresher training and/or when processes change.</p> <p>(b) Train and support Workers to identify and report a breach of a Client’s rights by any other party.</p>	<p><b>Principal and Key Management Personnel</b></p>

Procedure	Responsibility
<p><b>4.13 Communicate in the language, mode of communication and terms that the Client is most likely to understand</b></p> <p>To ensure services and supports are responsive to their personal needs, support Clients to communicate about their supports and services in a manner which is responsive to their needs and in the language, mode of communication and terms that the Client is most likely to understand by:</p> <ul style="list-style-type: none"> <li>(a) using respectful, open, clear, and honest communication in all professional interactions (e.g., spoken, written, social media).</li> <li>(b) communicating effectively with Clients to promote their understanding of the subject matter of the conversation (e.g., active listening, use of plain language, encouraging questions).</li> <li>(c) identifying potential barriers to effective communication and making a reasonable effort to address these barriers including by providing information and materials on how to access interpreter services, legal and advocacy services.</li> <li>(d) working with bilingual assessment staff, interpreters (linguistic and/or sign), communication specialists and relevant advocacy agencies/services that can also assist Client participation, inclusion, informed choice and control.</li> <li>(e) encouraging Clients to engage with their representative and chosen community if Centre for Inclusive Supports has been directed to do so.</li> <li>(f) documenting all material communications accurately, clearly, professionally and in a timely manner and including them in the Client's information file.</li> </ul> <p>Aboriginal, Torres Strait Islander and all people from culturally and linguistically diverse backgrounds (<b>CALD</b>) are supported in accessing services and support in the community in an inclusive and supportive environment.</p>	<p><b>All Workers</b></p>
<p><b>4.14 Providing access to advocacy</b></p> <p>Encourage and support Clients to access legal or advocacy services that can assist them to express their preferences with respect to the provision of support by Centre for Inclusive Supports by providing information in relation to how to access such services.</p>	<p><b>Principal and Key Management Personnel</b></p>
<p><b>4.15 Policy adoption</b></p> <p>Adopt and maintain the Policy and Related Documentation which assists Centre for Inclusive Supports to demonstrate the relevant NDIS Quality Indicators related to the Mealtime Management NDIS Practice Standard.</p>	<p><b>The board</b></p>

## 5. General

### 5.1 Relevant Legislation, Regulations, Rules and Guidelines

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Legislation, Rules, Guidelines and Policies apply to this Policy and Related Documentation as set out in the Legislation Register.

## **5.2 Inconsistency**

If and to the extent that the terms of this Policy are or would be inconsistent with the requirements of any applicable law, this Policy is deemed to be amended but only to the extent required to comply with the applicable law.

## **5.3 Policy Details**

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