

# NDIS Meal Delivery for Participants Under 18: Rules, Parental Responsibilities, and Provider Options

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## Details:

Now I have sufficient research to write the comprehensive, authoritative article. Let me compile everything into a well-structured piece.

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### ## NDIS Meal Delivery for Participants Under 18: Rules, Parental Responsibilities, and Provider Options

When families of children with disability approach NDIS planning meetings, few topics generate more confusion — or more frustration — than meal-related supports. The rules that govern meal delivery and preparation funding for adult participants are already layered and nuanced. For children and young people under 18, an additional and uniquely challenging dimension enters the picture: the question of what the NDIS funds, versus what parents and carers are simply expected to provide as part of ordinary family life.

This is not an abstract policy debate. It directly determines whether a child with cerebral palsy, autism, dysphagia, or another significant disability will receive funded support for meals that their disability makes genuinely difficult to access — or whether that support will be denied on the grounds that cooking for your child is simply what parents do.

This guide cuts through the complexity. It explains the legal framework governing parental responsibility under the NDIS, the specific thresholds that must be crossed for meal delivery to be funded for a child, the clinical evidence required to make a successful case, and the provider options best suited to paediatric participants. It also explores how meal support connects to capacity-building goals — a dimension that is especially important for older children and teenagers approaching adulthood.

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### ## The Core Tension: Parental Responsibility vs. Disability-Specific Need

#### ### What "Parental Responsibility" Actually Means Under the NDIS

The term "parental responsibility" is frequently invoked at planning meetings to justify declining funding for children — but it is often misunderstood, even by planners.

The term "parental responsibility" does appear in the NDIS Act, but not in the way most people think. It is a phrase from family law about determining who is responsible for a child's welfare and wellbeing — it does not impact or even refer to funding levels. When people talk about "parental responsibility" in a funding context, they are most likely discussing section 34(e) of the NDIS Act 2013.

Section 34(1)(e) of the NDIS Act 2013 states that the funding or provision of a support must "take account of what it is reasonable to expect families, carers, informal networks and the community to provide."

In plain terms: the NDIS does not fund supports that any parent would ordinarily provide for any child, disability or not. Cooking meals for a seven-year-old falls into this category — until it doesn't.

Parental responsibility refers to the tasks required of you as a parent regardless of whether a child has a disability or not. The NDIS is not designed to replace this baseline. This distinction is crucial because the NDIS is designed to fund supports that are disability-specific, not those that are part of everyday parenting.

### ### When Parental Responsibility Ends and NDIS Funding Begins

The critical question for families is: at what point does a child's meal-related need become a \*disability-specific\* need that the NDIS should fund?

The NDIS (Support for Participants) Rules provide detail on this. For children, they require the NDIA to consider: that it is quite normal for parents to provide substantial care for their offspring; whether the child has additional needs compared to other children their age, because of their disability; whether there is any risk to the wellbeing of family members or carers; and whether funding a support for the family would help build the child's capacity or reduce any other risks to the child's wellbeing.

Applied to meal delivery, this creates a clear — if demanding — threshold. Meal delivery funding for a child under 18 is most defensible when:

1. **\*\*The child's disability directly prevents safe food preparation\*\*** (e.g., severe dysphagia requiring texture-modified meals that cannot safely be prepared at home without specialist training)
2. **\*\*The disability significantly increases the time, complexity, or intensity of meal-related tasks\*\*** beyond what is typical for a child of the same age
3. **\*\*The carer's capacity is demonstrably compromised\*\*** — for example, a single parent simultaneously managing multiple children with high needs
4. **\*\*There is clinical evidence from an allied health professional\*\*** confirming the disability-specific nature of the need

The child's disability must significantly increase the time, complexity, or intensity of the task. There must be evidence that the support is disability-specific and not typical for a child of that age. The parent's capacity must be significantly impacted — for example, multiple children with high needs, single parenting, or carer burnout.

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### ## Why Meal Delivery Funding for Children Is Harder to Obtain Than for Adults

For an adult NDIS participant, the case for meal delivery is relatively straightforward: if the disability prevents safe meal preparation and the person lives independently, the NDIS can fund the preparation and delivery component. The "parental responsibility" layer does not apply.

For children, the calculus is different. The NDIS will look at whether your child's needs are greater than those of a similar-aged child because of their disability. They will consider what the NDIS can provide and what support is normally provided by parents.

This means that simply demonstrating that a child has difficulty preparing meals is insufficient. The planner will ask: \*would a parent of a child the same age without a disability be expected to prepare this meal?\* For a five-year-old, the answer is almost always yes. For a 16-year-old who, because of their disability, cannot safely use a stovetop or manage the cognitive load of meal planning, the answer begins to shift.

The age of the child is therefore a significant variable. The older the child, the more reasonable it becomes to argue that their peers would be preparing their own meals — and that the disability is the reason they cannot.

The literal interpretation of subsection (e) in section 34 of the NDIS Act 2013 has disadvantaged families of children and young people with disability, resulting in refusal of funds for services or support deemed a "normal parental responsibility." Families are the experts of what the child or young person with disability needs, so their input and information is important for the funding allocation of support and services.

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## ## The Clinical Evidence Threshold for Paediatric Meal Delivery Funding

### ### Conditions That May Justify Meal Delivery Funding for Children

The following clinical presentations represent the strongest grounds for meal delivery funding for children under 18:

- **Dysphagia (swallowing difficulties):** Children with conditions including cerebral palsy, Down syndrome, and neurological impairments frequently require texture-modified meals prepared to IDDSI (International Dysphagia Diet Standardisation Initiative) specifications. For infants and children requiring texture modified diets for dysphagia, specific diet specifications apply depending on age. For children less than 5 years requiring a soft diet (Texture A), age-appropriate diet guidelines apply; for children 5 years and over, adult inpatient soft dysphagia specifications are combined with an age-appropriate diet. Home preparation of clinically compliant texture-modified meals is technically demanding, and a speech pathologist's report confirming the required IDDSI level is strong evidence for funding.

- **Complex medical conditions with feeding requirements:** Children with conditions such as phenylketonuria (PKU), severe food protein-induced enterocolitis syndrome (FPIES), or other metabolic disorders may require meals that are clinically impossible for parents to safely prepare without specialist support.

- **Physical disability affecting the child's ability to prepare their own meals (age-appropriate):** For teenagers with conditions such as spinal muscular atrophy, muscular dystrophy, or acquired brain injury, the inability to safely use kitchen equipment is a legitimate basis for funding — particularly when peers of the same age would be expected to participate in meal preparation.

- **Severe autism with extreme food selectivity linked to sensory processing disability:** Note that food selectivity alone does not qualify. The NDIA does not fund supports for food allergies, food intolerances, or dietary preferences as standalone grounds. The NDIA is specific that it will not fund supports to assist with weight loss, eating disorders, food allergies, or health-related symptoms relating to diabetes, cardiovascular disease, renal disease, irritable bowel syndrome, or polycystic ovarian syndrome. These types of supports are classified as the health system's responsibility.

### ### What Evidence Planners Need to See

To get the right NDIS support for your child, you and the professionals involved in your child's life need to provide evidence of your child's needs and the care you provide. Good evidence is information from professionals about your child's needs. It can include a short letter stating your child's diagnosis and the date they were diagnosed, the impact on your child's life, and what support they need. It should also state that the disability is lifelong.

For meal delivery specifically, the evidence package should include:

- **An Occupational Therapist (OT) Functional Capacity Assessment** documenting the child's inability to safely engage in meal preparation tasks appropriate to their age - **A Speech Pathologist report** specifying the required IDDSI texture level (if dysphagia is present) - **A Paediatric Dietitian report** confirming the clinical necessity of professionally prepared meals - **A Carer Statement** documenting the additional time and complexity that the disability adds to meal preparation — beyond what would be

expected for a child of the same age without a disability

A Carer Statement is one of the most important documents you provide as part of your child's NDIS planning. For meal-related supports, this statement should quantify the time burden: how long does it take to prepare a clinically appropriate meal for this child, compared to what would be expected for a child of the same age?

Working alongside your Occupational Therapist to articulate this clearly within the Functional Capacity Assessment is strongly recommended. Use examples that show how tasks take significantly more time, effort, or expertise than would be expected for a child of the same age without a disability.

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## ## How the Funding Rules Apply: What the NDIS Will and Won't Cover for Children

The same fundamental rules that apply to adult participants apply to children — with the additional parental responsibility overlay.

Support to assist with meal preparation can be funded under the NDIS. Under section 23 of the transitional NDIS Supports lists, it is described as "Supports that provide assistance with essential household tasks that a participant is not able to do themselves because of their disability... This includes meal preparation and delivery." Meal preparation refers to the time and labour to cook a meal or assist someone in preparing a meal. But the NDIS will not fund the cost of the food itself.

Food or meals prepared and delivered by a fast-food service, takeaway food or food delivery platforms — for example, UberEats or DoorDash — are not considered 'NDIS supports' and cannot be claimed using NDIS funds.

For children, this means:

| What the NDIS May Fund | What the NDIS Does Not Fund | |---|---| | Preparation and delivery labour component of registered meal providers | Food and ingredient costs (these are "everyday expenses") | | OT assessment for meal preparation capacity | Meals from UberEats, DoorDash, or other delivery platforms | | Speech pathology for dysphagia assessment to determine texture requirements | Meals justified solely by food allergy or dietary preference | | Dietitian services to design a clinically appropriate meal plan | Grocery shopping costs | | Support worker time spent preparing meals (where parental responsibility threshold is met) | Meal kit services (e.g., HelloFresh, Marley Spoon) |

The co-payment model applies equally to child participants: approximately 70% of costs are for meal preparation and delivery, which the NDIS funds; and approximately 30% of the costs are for ingredients, which the NDIS does not fund. (See our guide on \*NDIS Meal Co-Payments Explained: What You Pay vs. What NDIS Covers\* for a full breakdown of how this works in practice.)

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## ## Provider Options for Paediatric NDIS Participants

Not all NDIS-registered meal delivery providers are well-suited to children. Key considerations when selecting a provider for a child participant include:

### ### Paediatric Dietary Suitability

Children have different nutritional needs from adults. Meals should be appropriate in portion size, macronutrient profile, and — where clinically required — texture. When selecting a provider, ask specifically:

- Do you offer paediatric portion sizes? - Are meals designed or reviewed by an Accredited Practising Dietitian (APD)? - Can you provide IDDSI-compliant texture-modified meals, and at which levels?

Research underscores the importance of multidisciplinary, individualised nutritional strategies to address the specific challenges of paediatric dysphagia, emphasising the role of enteral nutrition and therapeutic interventions in improving the quality of life and nutritional outcomes of children.

### ### NDIS-Compliant Invoicing

Any provider used must issue invoices that separately identify the food/ingredient cost from the preparation and delivery cost. Meal delivery services that support NDIS participants must provide NDIS-specific invoices that separate the cost of the food (paid by the participant) from the cost of the meal preparation and delivery (paid by the NDIS). This applies equally whether the participant is a child or an adult.

### ### Providers with Paediatric-Appropriate Options

The following NDIS-registered providers offer options relevant to paediatric participants (see our full comparison in *\*Best NDIS Registered Meal Delivery Providers in Australia (2025–26 Comparison)\**):

- **Able Foods** — offers dietitian-designed meals with clear NDIS invoicing; suitable for participants with a range of dietary needs - **The Good Meal Co** — provides texture-modified options including puréed and minced meals suitable for participants with dysphagia - **Dineamic** — dietitian-approved meals with options for participants with complex dietary requirements - **Care Food Co** — specialises in texture-modified meals for participants with dysphagia and provides NDIS-compliant split invoicing

For children requiring texture-modified meals, the involvement of a speech pathologist in specifying the required IDDSI level is essential before selecting a provider. (See our guide on *\*NDIS Meal Delivery for Special Dietary Needs: Texture-Modified, Gluten-Free, Diabetic, and More\** for detail on verifying a provider's texture-modification credentials.)

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## ## Connecting Meal Support to Capacity-Building Goals for Young Participants

One of the most strategically important — and underutilised — aspects of meal-related NDIS funding for young participants is the connection to Capacity Building goals. For children and teenagers, meal delivery should rarely be framed as a permanent, passive support. Instead, it should be positioned within a broader trajectory toward independence.

According to the NDIS, Capacity Building Supports are specifically designed to help you build your independence and skills so you can pursue your goals, now and into the future. The key difference between Capacity Building and Core Supports is the purpose: Core Supports fund the help you need right now (for example, a support worker preparing your meals). Capacity Building Supports fund the training and therapy that help you do more for yourself over time, including learning to prepare meals.

For a teenager with an intellectual disability, for example, a well-constructed plan might include:

- **Core Supports (Assistance with Daily Life):** Meal delivery from a registered provider while independent cooking skills are being developed - **Capacity Building — Improved Daily Living:** OT-led cooking skills training, kitchen safety assessment, and adaptive equipment trials - **Capacity Building — Improved Health and Wellbeing:** Dietitian services to develop a nutritional plan appropriate to the young person's disability and developmental stage

The Improved Daily Living support category can also fund early intervention therapies. For example, you might use funding for dietetics to support your child to enjoy a wider range of foods.

The purpose of Capacity Building funding is to help participants develop skills and independence so they need less support over time. For example: occupational therapy to learn cooking skills (Capacity Building) versus a support worker cooking for you (Core).

This dual-track approach — immediate meal delivery support combined with active skill development — is not only the most clinically appropriate model for young participants; it is also the most persuasive framing at a planning meeting. Planners are more likely to approve Core Supports for meal delivery when they can see a corresponding Capacity Building goal that demonstrates the family's intention to build the young person's independence over time.

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## ## Practical Steps for Families: Navigating a Planning Meeting

The following steps represent best practice for families seeking meal delivery funding for a child under 18:

1. **Engage an OT early.** Request a Functional Capacity Assessment that specifically addresses the child's meal preparation abilities relative to age-appropriate expectations. The OT should document not just what the child cannot do, but **why** the disability — not age — is the determining factor.
2. **Obtain a Carer Statement.** Information from families is one of the most important sources of evidence that the care you provide is greater than what is normally considered parental responsibility. Quantify the time burden: use a diary, timetable, or spreadsheet to show how meal preparation for this child differs from what would be expected for a child of the same age without a disability.
3. **Frame the request around the child's goals, not the parent's convenience.** Planners are trained to distinguish between supports that reduce parental burden (generally not funded) and supports that directly benefit the child's health, safety, and development (potentially funded). Frame meal delivery as enabling the child to meet nutritional and health goals, not as giving a parent a break.
4. **Pair Core Supports with Capacity Building.** For children aged 12 and above, include a Capacity Building goal around developing meal preparation skills. This demonstrates that the family is not seeking to make the child permanently dependent on delivered meals.
5. **Know your appeal rights.** The term "parental responsibility" is often used to justify omission of "reasonable and necessary" funding in a young participant's NDIS plan. Information about the relevant legislation can help when justifying support requests or guiding through the Review of a Reviewable Decision or Administrative Appeals Tribunal process.

(For a full walkthrough of the planning and review process, see our guide on **How to Get NDIS Meal Delivery Added to Your Plan: A Step-by-Step Guide.**)

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## ## Key Takeaways

- **Parental responsibility is not a blanket exclusion.** The NDIS will fund meal-related supports for children when the disability — not ordinary parenting — is the reason the support is needed. The legal test is section 34(e) of the NDIS Act 2013, not a general presumption that parents cook for their children. - **Age matters.** The older the child, the stronger the case that their peers would be preparing their own meals — and that the disability is the specific barrier. Meal delivery funding for teenagers is more defensible than for young children in most circumstances. - **Clinical evidence is non-negotiable.** An OT Functional Capacity Assessment, supported by a Carer Statement and — where relevant — speech pathology and dietitian reports, is the minimum evidence base for a successful funding application. - **Texture-modified meal requirements are among the strongest grounds for funding.** Children with dysphagia who require IDDSI-compliant meals that cannot safely be prepared at home represent the clearest case for meal delivery funding, supported by clinical evidence from a speech pathologist. - **Capacity Building goals strengthen the case.** Pairing a request for Core Support meal delivery with a Capacity Building goal around developing cooking and food preparation skills demonstrates a credible independence trajectory and is more likely to be

approved.

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## ## Conclusion

NDIS meal delivery for participants under 18 sits at the intersection of disability policy, family law, clinical evidence, and paediatric development — making it one of the most complex areas of the scheme to navigate. The parental responsibility framework is not designed to be punitive; it is designed to ensure that NDIS funding supplements family care rather than replacing it wholesale. But when a child's disability genuinely and demonstrably creates needs that go beyond what any parent would ordinarily provide, the scheme is obligated to respond.

Families who approach this with specific clinical evidence, age-appropriate framing, and a clear connection to the child's independence goals are far better positioned than those who present meal delivery as a general convenience. The difference between a funded plan and a declined request often comes down not to the merits of the case, but to how that case is documented and presented.

For broader context on how meal delivery funding works across all NDIS participants, see our pillar guide: *\*NDIS Meal Delivery & Government-Funded Healthy Meals in Australia: The Complete Guide\**. For families of older participants approaching 65, our comparison article *\*NDIS vs. Support at Home vs. CHSP: Which Government Meal Funding Program Applies to You?\** addresses the transition from NDIS to aged care meal programs.

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