

Positive Behaviour Supports for older children and adults

**Response to EAC Consultation
March 2026**

Recipient

Evidence Advisory Committee, Commonwealth of Australia as represented by the Australian Government Department of Health, Disability and Ageing

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About Dietitians Australia

Dietitians Australia is the national association of the dietetic profession with over 9000 members, and branches in each state and territory. Dietitians Australia is the leading voice in nutrition and dietetics and advocates for the profession and the people and communities we serve.

The Accredited Practising Dietitian (APD) program is the credentialing program of Dietitians Australia. It provides an assurance of safe and quality dietetic practice and is the foundation of self-regulation of the dietetic profession in Australia. APDs have an important role in safeguarding frameworks for critical issues such as dysphagia, Avoidant/Restrictive Food Intake Disorder, and menu planning. Our members are dedicated to supporting functional capacity and improving the health and wellbeing of all Australians through optimal nutrition safeguarding practices.

This submission was prepared by members of the Dietitians Australia Policy and Advocacy team following processes approved by the Board of Dietitians Australia. Stakeholder contributions, including direct quotations, were provided by Dietitians Australia members of the Disability Sector Expert Reference Group (DSRG).

Acknowledgement of Country

We acknowledge the Traditional Custodians of Country throughout Australia and recognise their enduring connections to land, waters, and food systems. We pay our respects to Elders past, present and emerging and extend this respect to all First Nations peoples. We recognise the importance of Indigenous food sovereignty and knowledges in shaping a just and sustainable food future.

Recommendations

Dietitians Australia proposes general recommendations listed below in response to EAC Consultation. These recommendations are tailored to dietetics.

Recommendation 1: Formally recognise Accredited Practising Dietitians (APDs) as Positive behaviour support for older children and adults (PBS) providers delivering intervention for eating-and drinking related behaviours of concern.

Recommendation 2: Embed APDs within multidisciplinary PBS teams to strengthen holistic, person-centred care.

Recommendation 3: Include responsive feeding (RF) as a behavioural intervention within PBS and provide a definition of the role of APDs as RF behavioural intervention providers.

Introduction

Dietitians Australia supports the NDIS Review's findings that the NDIS lacks an independent, transparent mechanism for assessing which disability supports should be funded.¹ As such, we support the establishment of the NDIS Evidence Advisory Committee (EAC) which reviews disability supports as part of the government's response to the NDIS Review.

We welcome the opportunity to contribute to the current [EAC Consultation](#), which is about the next group of supports to be considered by the EAC:

- Early intensive behavioural interventions
- Positive behaviour support for older children and adults
- Robot-assisted gait training
- Social skills training for children and young people

We acknowledge that the present consultation is designed to gather lived experience insights and expert feedback to help the EAC assess whether disability supports are safe, effective, represent good value for money, ensure future NDIS funding decisions are transparent, are evidence based and aligned with what works for people with disability. We understand that the above-mentioned supports are assessed against these criteria, with a focus on areas where the evidence base is contested, mixed, or emerging.

Participants and care teams need dietetic input and intervention to ensure that PBS strategies are safe, effective and ease the burden on them. As such, our submission focuses on the second support under review: PBS.

Dietitians Australia welcomes the opportunity to engage with the EAC on future consultations on disability supports.

Discussion

PBS is a “person-centred approach to reducing behaviours of concern.”² It is a broad approach that involves arranging supports needed to achieve meaningful personal outcomes for people, “including those with intellectual and developmental disabilities, while reducing behaviours that pose barriers to these outcomes. PBS consists of four features:

- a. application of behavioural science
- b. multiple interventions to provide ecologically valid, practical support
- c. commitment to durable lifestyle outcomes, and
- d. implementation within organisational systems for sustained effects”³

This submission provides evidence from APDs currently providing PBS for people with disability and working within multidisciplinary teams using a collaborative and team-based approach to contribute their dietetic expertise.

Dietitians Australia stands alongside our allied health peak bodies to ensure APDs are provided under the PBS for older children and adults.

Response Recommendation 1 – APDs as PBS Providers

Dietitians Australia recommends that APDs should be recognised as providers delivering interventions for participants requiring PBS related to food.

- APDs provide specialised, evidence-based interventions that address the intersection of behaviour, cognition, and nutrition, which are critical for safety and functional independence.
- Appropriate dietetic involvement reduces the risk of harm, and enhances the effectiveness of PBS strategies
- Recognising dietitians as PBS providers ensures timely, safe, and integrated support without overextending other team members beyond their professional scope.

One APD highlighted a case study where a participant, who lives with moderate intellectual disability, acquired brain injury, hearing loss, epilepsy, and insulin dependent type 2 diabetes, displays compulsive eating behaviours such as binge eating and a strong preference for high sugar foods. Their current Behaviour Support Plan includes dietary recommendations that fall outside the professional scope of the PBS practitioner who is not an APD, creating risks such as inconsistent carbohydrate management, unsafe food substitutions, inappropriate restrictions, and potential harm to diabetes control. The APD emphasised that, without specialised dietetic involvement, the participant is vulnerable to malnutrition, behavioural escalation, and unsafe eating practices. Further, limited dietetic funding prevents staff and PBS teams from accessing the expert guidance needed to implement safe, evidence-based nutrition interventions.

Another APD highlighted the role of communication as a cornerstone of PBS. For example, “participants who have their ability to communicate impacted by their disability are unable to verbally communicate if they are hungry, full, experiencing gastrointestinal discomfort or any other nutrition-related symptoms.”⁴ This may exacerbate anxiety and mood dysregulation, which in turn is expressed with behaviours of concern. APDs are uniquely qualified to assess dietary patterns and mealtime environments to identify whether behaviours may be driven by food-related factors. They then work collaboratively with Behaviour Support Practitioners and the broader multidisciplinary team to implement nutrition-focused strategies or recommend further medical investigation when

required. Their scope spans issues such as food intolerances, anxiety-related eating behaviours, and gastrointestinal conditions that may contribute to behaviours of concern.

PBS strategies can be unsafe, ineffective, and place additional burden on both participants and care teams without adequate dietetic input. Dietitians Australia recommends that APDs are recognised as PBS providers to ensure participants receive holistic, safe, and evidence-based care.

Response Recommendation 2 - Embed APDs within multidisciplinary PBS teams

PBS is inherently multidisciplinary, however current policy and guidance often under-represent dietetics despite its relevance to quality of life, health, and behavioural outcomes.^{5,6} The International Classification of Functioning, Disability and Health (ICF) framework domains relevant for APDs to consider for PBS include appetite function, swallowing function, weight maintenance function, preparing meals and regulating behaviours within interactions.⁷ APDs contribute essential expertise in nutrition, mealtime environments, sensory food experiences, and safe eating practices—areas that directly influence behavioural escalation or reduction. Our APDs have highlighted they have contributed their expertise to PBS for adults due to the presence of behaviours of concern related to eating and drinking. This occurs “most commonly using a collaborative and team-based approach involving speech pathology, behaviour support practitioner, family, occupational therapists, and support workers.”

We recommend that the government should mandate the integration of APDs in PBS teams where food-related behaviours are present, ensuring coordinated, holistic care aligned with best-practice disability support. This is particularly pertinent due to the level of dietetic intervention required to:

- ensure nutrition and hydration needs are being met
- build a participant’s food and nutrition understanding based on their learning needs (e.g. addressing any knowledge gaps or restrictions in their environment, which may be influencing the behaviours of concern)
- explore and find alternative options for participants (e.g. access to and promotion of other enjoyable and satisfying drinks and thereby reducing excessive or inappropriate intake, which is negatively impacting function and a risk)

Response Recommendation 3 - RF as a behavioural intervention within PBS

Current PBS guidance does not recognise RF as a behavioural intervention and fails to acknowledge the importance of an APD in delivering these supports. This is evident by the absence of feeding-related behavioural interventions in the PBS Capability Framework and Behaviour Support Module.^{8,9} This creates gaps in multidisciplinary care and limits the integration of APDs within current behavioural support models. A prospective longitudinal cohort study demonstrated how a lack of RF support catalyses developmental delay in early childhood. In comparison to children without feeding difficulties, children experiencing high feeding problems (distress, food refusal, and mechanical feeding difficulties) at one, two, or three time points, were up to four times more likely to have a delay on all Ages and Stages Questionnaire (ASQ) domains.¹⁰ Feeding is a complex activity that requires coordinating neurologic, cognitive, oral-motor, gastrointestinal, social cues and feedback.¹¹ Therefore, the importance of APDs in supporting PBS and the recognition of these cues through RF is vital.

The RF therapy framework acknowledges the value of APDs in teaching RF and emphasises the importance of RF for children’s autonomy, competence, holism, intrinsic motivation, and relationship with food.¹² APDs assert that RF Therapy could be considered a naturalistic developmental

behavioural interventions (NDBI) using the AutismCRC definition.¹³ We are of the view that NDBI's are within the scope of this EAC review since it is an intervention that fits within the PBS category.

Dietitians Australia recommends that PBS frameworks include responsive feeding as a behavioural intervention and clearly define and assert APDs role in delivering them. With APD aid in RF under a PBS framework they can support:

- Functional Behaviour Assessments to understand why a behaviour occurs such as avoidance due to texture sensitivity.
- Gradual exposure to new foods, using sensory-based or behavioural shaping techniques
- Environmental adjustments, such as reducing noise, modifying food flavours, and addressing issues around insufficient kitchen skills.
- Visual supports and collaborative behaviour support plans, to reduce anxiety around meals, address weight management, and integrate nutrition goals with behavioural strategies.^{14, 15,16}

References

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- ³ Hayward BA, Poed S, McKay-Brown L, McVilly KR. Introducing positive behaviour support (PBS) into disability services for successful adoption: A synthesised systematic review. *British Journal of Learning Disabilities*. 2021 Jan 7;49(2).
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