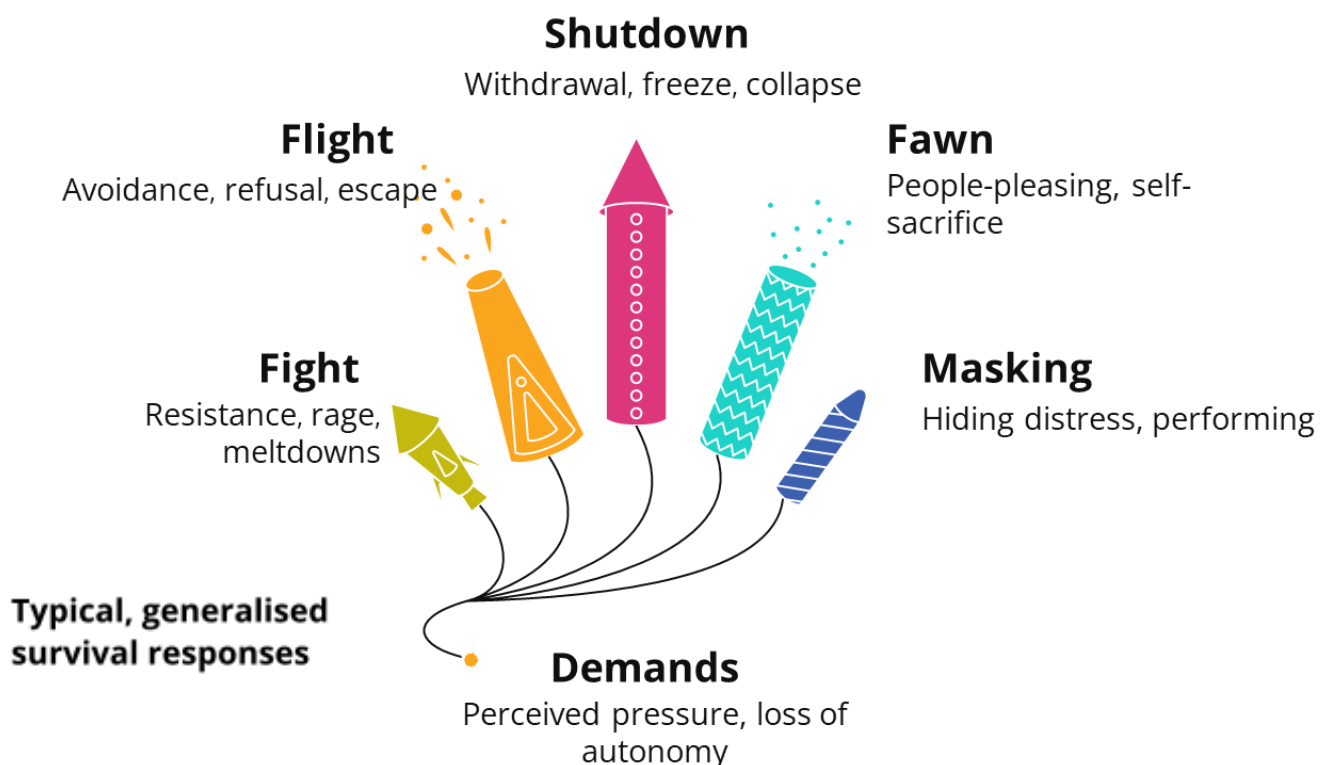


## A School's Guide to supporting children and young people with a PDA profile

*A guide for understanding and supporting children whose needs simply do not fit within traditional school systems.*

Pathological Demand Avoidance (PDA) is not a behaviour issue. It is a **nervous system profile**. It is a profile of autism where the child's brain is wired to protect itself from perceived threats to autonomy, agency and connection. Everyday demands - even gentle ones - can trigger a **full survival response**, because they are felt not as expectations but as danger.



These children are not being difficult. They are not choosing to disrupt, to defy or to manipulate. What you are witnessing is **distress**.

In schools, these children are often misread as bright but lazy, oppositional, emotionally explosive, or fine-at-school-but-difficult-at-home. These labels are not only inaccurate — they are deeply damaging. They strip the child of dignity and the family of credibility.

It is not 'won't'. It is *can't*.

And the moment we shift our lens from compliance to relationship first and connection, everything begins to change.

## What do our PDAers need in school?

*If you want to teach them, they need to feel safe first.*

Traditional behaviour systems (such as sticker charts, star tables, consequences, taking away reward time, reward charts, losing playtimes) are not just ineffective.

### **They are harmful.**

These children are not lacking motivation. They are living in defence mode, trying to survive a world that feels unsafe, overwhelming and inflexible.

## Here's what helps:

### 1. Low-demand environments

- Use indirect, non-confrontational language. "Would it help if...?" or "I wonder if we could..."
- Remove pressure from performance. Praise can trigger a PDAer's nervous system in the same way a direct demand does.
- Make no assumptions: just because they did that task on Monday does not mean that they will now be able to do it all the time.
- Allow space for silence, movement and non-participation without penalty.

### 2. Relational safety, not behaviour control

- Prioritise trusted adult relationships over classroom management systems.
- Seek to understand *why* a particular behaviour or action might have made sense to the PDAer
- Lead with warmth, humour and invitation – rather than direct instruction.

### 3. Co-created flexibility

- Involve the child in planning their day, making transitions predictable, and adjusting workload.

- Design a rhythm rather than a rigid timetable — structure without the stranglehold.

#### 4. Alternative ways to learn and engage

- Offer learning from home, outdoors, or in creative, non-linear formats when needed.
- Recognise that attendance struggles are often trauma responses, rather than

#### 5. Quiet, safe spaces for retreat

- Sensory sensitivity is common — ensure access to calm, low-stimulation spaces without shame.
- Respect when a child says they need to be alone — it may be the only way to stay regulated.

#### 6. Staff development and cultural change

- Train all staff in PDA, nervous system regulation and trauma-informed approaches.
- Dismantle reward-and-consequence systems. These children are not puzzles to be solved, they are people who need to be understood.
- When parents talk about their child's meltdowns before and/or after school, then believe them. Understand that being 'fine in school' can be an anxiety fawning or masking response that severely damages the child and can easily lead to burnout.

#### Also:

- **This is a disability — and it is protected.**  
The Equality Act 2010 requires *reasonable adjustments*. For PDA children, this often means radically rethinking how we define success, participation and support.
- **PDA is under-recognised, not rare.**  
Many children labelled as "school refusers," "high-anxiety," or "behavioural" are PDAers who haven't yet been seen for who they really are.
- **Behaviour is the surface — not the story.**  
Meltdowns, shutdowns, refusal, control — these are not choices. They are the body's way of screaming, "I don't feel safe."

- **Masking is real, and it is exhausting.**

If you only believe what you see in the classroom, you are missing the full picture. Trust parent reports. The child may be collapsing the moment they get home.

- **There is no 'right way'.**

What works today may not work tomorrow. The most effective support is responsive, respectful and prioritises relationships.

## Final Word

PDA isn't something that "shows up" situationally, like a behaviour that comes and goes, or a switch that gets flicked on and off at will. It's a **pervasive neurobiological profile**: a constant way of experiencing the world, shaped by a deep-rooted nervous system need for **autonomy**. It is a **constant lens** through which the child experiences the world. What changes is how close to the edge they are — how much energy they have left to keep it all hidden.

What shifts – and so can cause confusion and misunderstanding of this neurotype - is how visible or activated the outward responses become, depending on the child's level of felt safety, stress, masking or demand load. It's there in how they process requests, how they relate to others, how they play, learn, eat, speak, withdraw, explode, demand, or disappear. It's not something that appears and disappears.

If you've been told a child "won't engage," "refuses to comply," or is "just attention-seeking" — pause. Ask yourself:

### ***What is this child protecting themselves from? What don't I yet understand?***

PDA children are capable, creative, sensitive, justice-driven and emotionally intelligent - when they feel seen and safe.

You don't have to fix them.

But you do have the power to understand and work *with* their neurotype. And that can be the beginning of everything.