



SEND reform briefing for Members of Parliament

The Government's SEND reform proposals set out a shift towards earlier identification, increased consistency, and new structures including Individual Support Plans (ISPs), Specialist Provision Packages (SPPs), and "Experts at Hand". While these proposals aim to improve inclusion, there is a significant risk that, without targeted adjustments, they will not effectively meet the needs of children with Pathological Demand Avoidance (PDA) profiles.

PDA is a profile within autism characterised by an extreme, anxiety-driven avoidance of everyday demands, alongside a strong need for autonomy and control. Children with this profile often present very differently across settings, and many mask their difficulties in school while experiencing significant distress outside of it. What is frequently interpreted as oppositional or challenging behaviour is more accurately understood as a distress response, often described by practitioners as a fear response to demand.

There are around 18,000 school-aged children in England with a PDA profile, and evidence from PDA Society engagement demonstrates the scale of unmet need. Survey data shows that:

- 91% experience severe anxiety
- 85% have experienced emotionally based school avoidance
- 40% have considered taking their own life
- 49% of those in school receive no emotional or practical support for school anxiety

Individual Support Plans (ISPs): risk of limited impact without enforceability

The introduction of ISPs for all children with SEND has the potential to improve early identification and planning. However, the proposals do not yet provide sufficient clarity on the legal status of ISPs, how the support they contain will be enforced, or who will be responsible for ensuring delivery in practice. There is also limited detail on how needs will be assessed, particularly for children with complex and less well understood profiles such as PDA, where understanding requires specialist expertise and a nuanced, context-dependent approach.

For children with PDA, support is only effective when it is implemented consistently and responsively. Without a clear duty to deliver provision, and without clarity on how assessments will capture the full complexity of need, there is a significant risk that ISPs will replicate existing plans that are unevenly applied and do not result in meaningful change.

In practice, this may mean that children whose needs require flexible timetables, reduced demands or adapted approaches continue to experience environments that trigger distress, even where those needs have been recognised and documented, but not effectively translated into consistent support.

Specialist Provision Packages (SPPs): risk of reduced individualisation

The proposed introduction of Specialist Provision Packages represents a move towards structuring support through nationally defined groupings of provision. There is a concern these may operate in practice as cost-banded, “off-the-shelf” packages, limiting flexibility and reducing the ability to tailor support to individual need.

For PDA children, this presents a particular risk. Professional discussion highlighted that PDA does not align with any single SPP category. Needs are highly variable, context-dependent, and often span multiple areas, meaning provision cannot be effectively contained within one grouping.

There is also concern that some categories, particularly those relating to mental health, are framed in ways that risk reinforcing behaviourist interpretations. This may lead to responses based on observable behaviour rather than underlying drivers such as anxiety and demand sensitivity, increasing the likelihood of inappropriate or escalating interventions.

If provision is allocated through fixed groupings, there is a risk that support will only partially align, or that children will need to deteriorate before more appropriate provision is considered. The model will only be effective if it allows for flexibility across categories and is informed by a clear understanding of complex profiles such as PDA.

Alternative Provision (AP): impact of time-limited placement models

The consultation proposes time-limited placements in Alternative Provision, with an emphasis on reintegration within defined timeframes.

For children with PDA, this approach is unlikely to reflect how re-engagement with learning occurs in practice. Many children enter Alternative Provision following prolonged distress and disengagement from school environments. Before learning can resume, there is often a need to rebuild trust and reduce perceived threat.

This process is not predictable or time-bound. If placements are constrained by fixed time limits, there is a risk that children will be moved on before they are ready, leading to breakdown of provision, renewed distress, and repeated cycles of disengagement. For this group, the effectiveness of Alternative Provision depends on whether it can operate as a needs-led, recovery-focused environment for as long as children need it.

Attendance measures: impact of standardised expectations

The proposals place continued emphasis on improving attendance, alongside wider policy measures that strengthen expectations around school attendance. For children with PDA, attendance is closely linked to whether their environment is experienced as safe and manageable. If attendance expectations are applied without sufficient flexibility, there is a risk that they will increase anxiety, reduce engagement, and contribute to longer-term disengagement from education.

It is important to distinguish between attendance and access to learning. Children may be unable to attend school while still being capable of engaging in education through alternative or adapted approaches. The effectiveness of attendance measures for this group will depend on whether they are implemented alongside clear expectations around flexibility and reasonable adjustment.

Experts at Hand: impact of workforce capacity and expertise

The proposal to introduce “Experts at Hand” aims to improve access to specialist advice. However, there is limited detail on how the system will develop and sustain the specialist workforce required, particularly in relation to less well understood profiles such as PDA. Without a clear approach to building expertise, there is a risk that support will be delivered by professionals without the necessary understanding of how these needs present. This can lead to recommendations that are not aligned with the child’s experience and may inadvertently increase distress.

For this model to be effective, it will require a clear definition of relevant expertise, alongside sustained investment in training and workforce development.

Evidence and decision-making: impact of limited research and translation into practice

The proposals emphasise evidence-informed decision-making, but there remains limited formal research into profiles such as PDA, alongside a lack of structured mechanisms to translate existing knowledge into practice. Without targeted investment in research and evidence development, there is a risk that decision-making will continue to rely on generalised models that do not reflect the needs of this group.

There is an opportunity within the reforms to develop co-produced evidence frameworks that bring together research, practitioner expertise and lived experience, and to make these accessible to those working directly with children.

Children whose education is not being met within school settings

The current proposals focus primarily on children within school environments and do not yet describe how children whose education is not currently being met within school settings will be supported. This includes children who are unable to attend school due to unmet need, as well as those whose education is taking place through alternative arrangements. For many children with PDA, difficulties with school attendance are linked to anxiety and inappropriate provision, rather than a lack of capacity to learn. Without explicit pathways that recognise this distinction, there is a risk that reforms will improve processes within school-based systems while failing to support children whose needs require different forms of provision.

While the consultation does not address Education Otherwise Than At School (EOTAS), access to flexible, non-school-based provision is essential for many children with PDA profiles. For these children, education is not inaccessible in itself, but becomes inaccessible within environments that generate high levels of demand and anxiety. Where provision is adapted to reduce perceived threat and increase autonomy, many are able to re-engage with learning and make meaningful progress.

Educational engagement is distinct from physical attendance in a school setting. EOTAS and hybrid models can provide a vital route to sustaining education, particularly for children whose needs cannot currently be met within school environments. Any reformed SEND system will need to ensure that such provision remains available, appropriately resourced, and understood as a legitimate and necessary part of the continuum of support, rather than an exception to it.

The combined impact of proposals for children with PDA

Taken together, the proposed reforms introduce structures that increase consistency and define pathways through the system. However, for children with PDA, there is a consistent risk that these structures will prioritise categorisation over individualisation, introduce expectations that do not align with need, and limit the flexibility required for effective support.

Given the levels of anxiety, school avoidance and unmet need already evidenced within this group, the impact of these misalignments is likely to be significant.

What would strengthen the proposals for this group

- To ensure that the reforms are effective for children with PDA profiles, several elements are critical.
- There must be clear accountability for the delivery of support set out in ISPs, ensuring that identified needs result in consistent and practical provision.
- The system must retain flexibility within Specialist Provision Packages, allowing support to be shaped by individual need rather than constrained by grouping.
- Alternative Provision must be able to operate on a needs-led basis, without fixed time limits that undermine recovery and re-engagement.

- Attendance measures must be implemented alongside clear expectations around flexibility and reasonable adjustment, recognising the distinction between attendance and access to education.
- There must be a funded and realistic plan to build specialist expertise within the workforce, including specific knowledge of less well understood profiles.
- Finally, the reforms must include explicit pathways for children whose education is not currently being met within school settings, ensuring that they are not excluded from the benefits of system change.