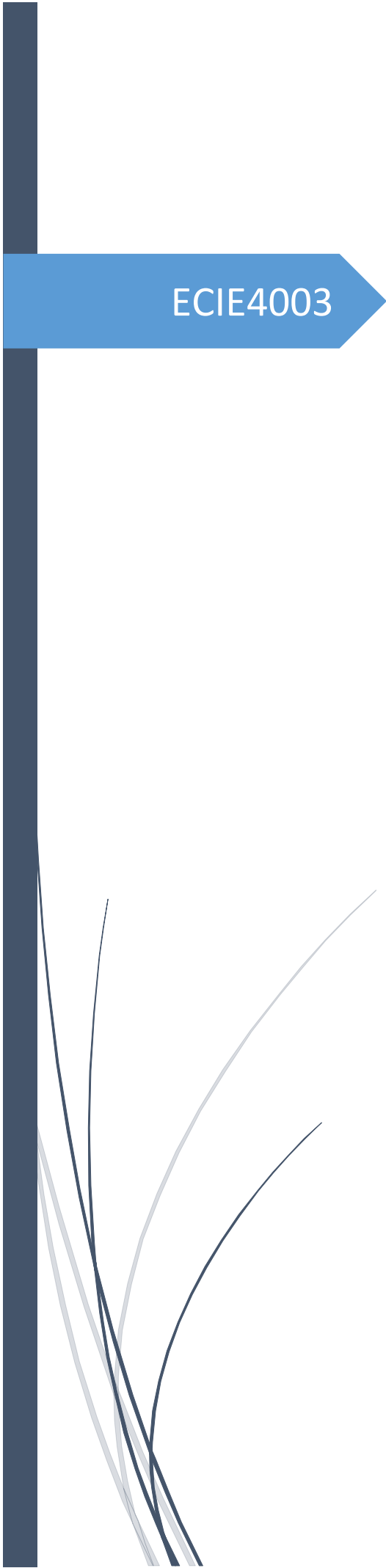


A dark blue vertical bar runs along the left edge of the page. A blue arrow-shaped banner points to the right, containing the text 'ECIE4003'. In the bottom left corner, there are several thin, curved lines in dark blue and light grey, resembling stylized grass or reeds.

ECIE4003

Additional Needs in Context Portfolio

2217784

SHELLEY HOLMES

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Element 1 – Pathological Demand Avoidance Poster

PATHOLOGICAL DEMAND AVOIDANCE

DEFINITION



"An extreme anxiety-driven need to control their environment and control the demands and expectations of others" (Moore, 2020).



BACKGROUND

Pathological Demand Avoidance (PDA) was first identified by Elizabeth Newson (Newson, 2003).

- The exact causes are unknown.
- PDA is not currently recognised by the Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Association, 2013) or the International Classification of Diseases (World Health Organization (WHO), 1993)
- Originally described as a Pervasive Development Disorder it is now classed as a profile of Autism Spectrum Disorder (National Autistic Society, no date).
- The PDA profile fits within the four areas of need classified by the Additional Learning Needs Code for Wales (2021)
- A person-centred (Welsh Government (2015) Individual Development Plan (IDP) (Welsh Government, 2022) should be prepared to support the individual, taking into account the Additional Learning Needs Code for Wales 2021 and The United Nations Convention on the Rights of the Child (UNICEF UK, 2022)

Aggression is a sign of high anxiety
(Children and Family Health Devon, 2020)

Early intervention and support leads to better outcomes
(National Institute of Child Health and Human Development, 2020)

UNDERSTANDING PDA

Individuals with PDA can present as aggressive, hostile and adverse to quotidian routines or demands. When we consider that individuals on the Autistic spectrum view the world differently it is plausible that this avoidance behaviour is designed to decrease anxiety levels rather than just insubordination (Moore, 2020).

- Recommended methods of classroom management (Department for Education, 2022), (Welsh Government, 2012) based on behaviourism and conditioning (Watson, 1913), (Skinner, 1938) can be counter-productive when dealing with individuals with PDA (O'Nions et al., 2013).
- Conventional autism strategies and approaches can be ineffective (Doyle and Kenny, 2022), (PDA Society, 2018), (University of Gothenburg, 2021).

Praise and rewards can be perceived as demands
(Autism West Midlands, 2016)

STRATEGIES TO SUPPORT INDIVIDUALS WITH PDA

Support will need to be tailored to the individual – everyone is different.

Key points:

- Build relationships and trust
- Respect the need for autonomy
- Collaborate/share the demand
- Be flexible and allow choices
- Use indirect requests and adapt communication to reduce perceived demands
- Be creative
- Allow time to process information
- Allow for negotiation
- Break things down into smaller more manageable sections when possible.
- Be mindful of sensory overload
- Provide a safe space
- Be aware of your own emotions
- Adopt the PANDA approach (Autism West Midlands, 2018), (Christie, 2007), (East Sussex Healthcare NHS Trust, 2021), (Fidler, 2016), (Langton and Frederickson, 2015), (PDA Society, 2021).



Helpful approaches for a PDA profile of autism
Conventional support strategies, including those often recommended for autism, are often ineffective and counter-productive with a PDA profile. In place of structure, routine, firm boundaries, praise, rewards/consequences, is a person-centred approach based on negotiation, collaboration and flexibility.

The PDA PANDA symbolises the need to tailor the environment to meet needs and our PANDA mnemonic is a simple reminder of helpful approaches.
For more information please visit www.pdasociety.org.uk/

(PDA Society, 2021)



WHAT IS PDA?

Pathological Demand Avoidance is a behaviour profile whereby individuals have an all-consuming need for autonomy and control and will avoid everyday demands or perceived demands even if it is something they enjoy (National Autistic Society, no date)

- Social strategies, distraction and control are used as avoidance techniques.
- This anxiety-driven behaviour sets off the fight, flight, freeze response (Cherry, 2022).
- Can lead to sensory overload, intense emotions (PDA Society a, no date)
- Can result in shocking and extreme behaviour (Bence, 2023).



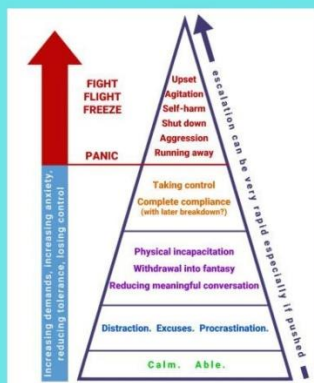
PDA PROFILE

- An avoidance or resistance to the everyday demands or routines of life
- Need for control and autonomy
- The use of social strategies to assist with avoidance, for example: distraction and excuses.
- Uses pretend play or role play (imaginative)
- Appears to be sociable (masking social difficulties)
- Emotional dysregulation
- Impulsivity
- Obsessive behaviour (people focused)

(National Autistic Society, no date), (PDA Society, 2022).

71% of children with PDA have refused school
(Langton and Frederickson, 2015)

PDA AVOIDANCE HIERARCHY



HOW PDA CAN PRESENT IN SCHOOL

As well as an outright refusal to engage individuals may:

- Cause a distraction or avoid the subject matter
- Use social manipulation
- Suggest alternatives
- Use pretend play
- Become aggressive
- Shut down or withdraw
- Become anxious or display emotional dysregulation
- Have a panic attack
- Appear detached from reality
- Have poor self-esteem
- Struggle with friendships
- School avoidance / refusal

(National Autistic Society, no date), (Newson, 2003) and (PDA Society, 2022).

What works today may not work tomorrow
(Christie, 2007)

Maslow's hierarchy of needs is an essential consideration, meeting the physiological, safety and emotional needs of the child will help them to progress and create an environment conducive to learning.
(Maslow, 1943)



Element 1 - References – Pathological Demand Avoidance Poster

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Element 2 - Essay - Explore the wide and complex spectrum of additional needs

The additional learning needs system in Wales has transformed from the statutory obligations contained in the *Education Act 1996* and the *Special Education Needs Code of Practice for Wales 2002* to new obligations created by the *Additional Learning Needs and Education Tribunal (Wales) Act (2018)* and the *Additional Learning Needs Code for Wales 2021*. In the *Additional Learning Needs and Education Tribunal (Wales) Act (2018)* a person is described as having an additional learning needs if “he or she has a learning difficulty or disability (whether the learning difficulty or disability arises from a medical condition or otherwise) which calls for additional learning provision”. This essay aims to explore the wide and complex spectrum of additional needs looking at the change in perception from the medical model to the social model of disability and how the new *Additional Learning Needs Code for Wales (2021)* aims to support the needs of learners with additional needs.

The medical model of disability is well-established, it focuses on the medical diagnosis and the disability and has been used historically to determine law and policy as can be seen in the *Disability Discrimination Act 1995* and the *Equality Act 2010* (Parliamentary and Health Service Ombudsman, no date). Under the medical model, an impairment is viewed as a deficit or illness that needs to be cured or treated in order for an individual to fully participate, which has led to stigma, exclusion and stereotyping (Bunbury, 2019), (Kwari, 2021). Often people are grouped and treated the same based on their medical diagnosis rather than given the individual support and adjustments they need to help them achieve their potential (Parliamentary and Health Service Ombudsman, no date), (Disability Wales, 2020). More recently there has been a shift towards the social model of disability, developed by disabled people it sees society as the problem, not the individual or the disability. The social model looks to bring about change and remove the barriers formed by society and the environment rather than try to fix the individual (Olkin, 2022). The Welsh government adopted the Social model of disability in 2002 (Welsh Government, 2021) and has declared its commitment to embed and promote the social model of disability across government and public services in Wales (Welsh Government, 2022).

The changing perception of disabilities and the shifting mindset from the medical to the social model led to changes not just within society but also within education. The Salamanca

statement in 1994 was instrumental in forming the basis of an inclusive education system to allow all children the right to an education regardless of disability or learning need (UNESCO, 1994). Using the social model within education is believed to have a wide variety of benefits, reconstructing the negative connotations associated with the medical model, promoting diversity and equality removing barriers and embracing differences (Kwari, 2021). Moving away from the medical model and promoting a more inclusive, person-centred approach can only benefit learners and the wider community creating a more accepting society and making positive changes working towards to goals set out in the *Well-being of Future Generations (Wales) Act 2015*. The social model of disability, the *Equality Act 2010* and the United Nations Convention on the Rights of the Child (UNICEF UK, 2022), which was formally adopted by the Welsh Government in 2004, all underpin the Curriculum for Wales (*Curriculum and Assessment (Wales) Act 2021*), *The Additional Learning Needs Code for Wales 2021* and the inclusive education system we see in Wales today and must be considered by all parties who are involved with children and young people.

In 2015 Welsh government recommended the use of one-page profiles for all learners in Wales as part of the Person Centred Practice (Welsh Government, 2015), linking to the UN Convention on the Rights of the Child (UNICEF UK, 2022) finding out what is important to the child and how best they can be supported. The new *Additional Learning Needs Code for Wales 2021* also reflects this, for all children who require additional learning provision an Individual Development Plan (IDP) is completed taking into account the views and opinions of the child and their parents recognising they are the ones who have a comprehensive understanding of the impairment (Kwari, 2021). Involving the child or young person and their family can have huge benefits, opening lines of communication and allowing for more information sharing and greater insights into the child or young person's needs. This can reduce assumptions based solely on medical diagnosis, raise expectations and allow for SMART targets to be set (*The Additional Learning Needs Code for Wales, 2021*), as well as having positive effects on academic achievement (Goodall, 2007). Considering Maslow's hierarchy of needs is good practice in schools and can support all pupils, the person-centred approach can not only help with the planning and implementation of support but can also contribute to meeting Maslow's basic and psychological needs (Mcleod, 2023). This approach can give children a sense of belonging and allow them to feel like they are being heard, that they are safe and fully supported creating the core conditions for learning and self-belief (Rogers, 1957).

Providing a supportive inclusive environment can encourage equality, diversity and bespoke learning and teaching opportunities, removing barriers not just for children and young people with additional learning needs but for all children. The person-centred approach along with the *Additional Learning Needs Code for Wales 2021* and the new Curriculum for Wales (*Curriculum and Assessment (Wales) Act 2021*, no date) provides an opportunity for sharing and learning not just for children but for teachers and the wider community. It is a chance to fully utilise the social model within education, reduce stigma, raise expectations, build communities and work towards Wales's well-being goals to create a better more sustainable Wales.

Element 2 –References- Explore the wide and complex spectrum of additional needs

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Element 3 - Explore and summarise the additional learning needs of a pupil using a person-centred planning approach.

Section 1C: Profile (About me)

What is important to the learner

My family and my pets are important to me, I live with my mum and dad and I have a younger brother called X. I have a cat called Ginger who loves cuddles and a Labrador called Bel who I like to take to the beach because she loves to swim.

I have 2 close friends X and X who I like to sit by in class. I like to sit in the same seat every day as it makes me feel comfortable and safe. At break times we always go to the bench by the tree because it is quiet there and away from where people play ball games.

I am creative and like arts and crafts, I especially like drawing and painting, it makes me feel happy and calm and people say they like my drawings. I also like to play the Switch, my favourite games are Minecraft and Animal Crossing and I often do this after school as it makes me feel relaxed.

I love to learn and know lots of facts I would like to get a minimum of C grades in my GCSEs. Art, Science and Maths are my favourite subjects; I like routine and consistency and I am okay with change as long as I am given advanced warning.

What is important for the learner

Child X can get sensory overload, they prefer quiet calm spaces away from lots of people and will need somewhere quiet to go when they feel overwhelmed or anxious.

Child X will need time to process information. Tasks should be broken down into smaller sections and clear priorities and deadlines given.

It is important to Child X that staff are aware of their Asperger, anxiety and ADHD (inattentive type) and how it can affect them in school:

- Child X needs larger tasks to be broken down and clear priorities and deadlines given. Written handouts should be provided.
- To have advanced notice, especially of tests and to have regular progress checks and feedback provided.
- Extra time to complete tasks allow work to be taken home to complete.
- Provide gentle reminders about homework.
- Child X needs to be encouraged to take regular breaks to avoid overstimulation.
- To celebrate successes and boost confidence and self-esteem.
- Art should be encouraged as an energy accounting tool.
- Child X has 2 close friends who they feel comfortable with, group work should be encouraged with these friends.

What is working and should be built on

- Child X can leave class to access a quiet space. Regular sensory breaks to allow for energy accounting could be implemented.
- The class teacher has been working on emotional regulation with all students Child X would benefit from some extra support.
- Child X has been receiving handouts to help with processing, technology could be used to develop this further.
- Group work with 2 close friends provides a good support network, peer modelling and scaffolding.

What is not working and needs to change.

- Child X's attendance is at 42%.
- Child X needs support to manage anxiety and school refusal.

Section 2A: Description of the child or young person's additional learning needs (ALN)**Cognition and Learning****Communication and Interaction****ASD diagnosis – Asperger**

Although Child X seems to be okay when they are in school, Mum reports they mask very well and have meltdowns daily after school. They have a small group of 2 friends who they are happy to interact with but outside of this group they find social communication difficult and the school environment noisy, busy and overwhelming.

Child X has processing issues and prefers smaller tasks with written instructions. They will not ask for help and or guidance and are beginning to fall behind in their work causing them to be upset and anxious. They have started to refuse to attend school which is beginning to affect their attainment.

Sensory and/or Physical

Behaviour, Emotional and social development**ADHD – Inattentive type:**

Executive function difficulties:

- Organisation
- Time management
- Task initiation and transitioning
- Working memory
- Emotional regulation

Child X finds it hard to concentrate and complete work on time, they have difficulty prioritising and organising their workload. This is resulting in Child X missing deadlines and showing avoidant behaviour by refusing to attend school.

Anxiety

Child X is very conscientious and has a desire to do well, they try very hard in school but get very anxious due to their executive function and the sensory aspects of the school environment which leads to high anxiety resulting in school refusal.

Element 4 - Discuss the potential support provided to your chosen pupil (utilising the key principles, approaches and policies that guide inclusive practice)

Section 2B4: Description and delivery of the child or young person's additional learning provision (ALP)				
2B4.1) Intended outcome: These outcomes should be SMART (Specific, Measurable, Achievable, Realistic, Timebound).	Reintegrate Child X back into full-time schooling via a phased return over a 6-week period. Progress is to be tracked daily by X's attendance with feedback from Child X and their parents on how they are adapting to the school environment and if further support or accommodations are required.			
2B4.2) ALP to be provided: <i>This should include how often (daily, weekly); the type of support; who provides the support. The description of the Additional Learning Provision (ALP) should be very clear and precise, the above could then be split into smaller goals and targets.</i>	2B4.3) Should the ALP be provided in Welsh?	2B4.4) Organisation/ Service to provide the ALP, (e.g. NHS, Inclusion Service, Specialist Teacher, etc.):	2B4.5) Start date:	2B4.6) End / Review date:
Pastoral support plan to provide a supportive transition to Child X returning to full-time schooling via a phased return. - Bespoke reduced timetable - child X to attend school for the first 2 hours of each school day, 5 days per week on a phased return to full-time school. - X will be met daily by (allocated LSA) providing a key point of contact and support. - To be reviewed in 2 weeks based on attendance and feedback from X and parents with the intention of steadily increasing time in school by 1 hour a day each week with the intention of returning to full-time school over a 6-week period.	Yes / No	School – Allocated LSA	06/11/2023	18/12/2023

2B4.7) Rationale for the ALP listed above:

If there is a difference of opinion it should be recorded here e.g. a difference of opinion between the child, child's parent or young person and professionals. The section could explain how different opinions have been taken into consideration before a particular decision was reached.

- Previous attempts at increasing attendance have not been successful and Child X's attendance has not improved due to the level of X's anxiety.
- All parties involved are in agreement for a Pastoral Support Plan (PSP) to be put in place to phase X back into full-time education (Pastoral Support Plan (PSP), 2023) which will enable support from further Additional Learning Provisions.

Section 2B2: Description and delivery of the child or young person's additional learning provision (ALP)				
2B2.1) Intended outcome: These outcomes should be SMART (Specific, Measurable, Achievable, Realistic, Timebound).	Child X to access and actively engage with content prior to classroom activities. Allowing X to gain an insight into the subject matter giving time for processing and improving the following executive function skills: • Organisation • Time management • Task initiation and transitioning Improving knowledge and understanding of classroom-based activities to ease anxiety, and promote autonomy on an ongoing basis supporting Child X's academic performance.			
2B2.2) ALP to be provided: <i>This should include how often (daily, weekly); the type of support; who provides the support. The description of the Additional Learning Provision (ALP) should be very clear and precise, the above could then be split into smaller goals and targets.</i>	2B2.3) Should the ALP be provided in Welsh?	2B2.4) Organisation/ Service to provide the ALP, (e.g. NHS, Inclusion Service, Specialist Teacher, etc.):	2B2.5) Start date:	2B2.6) End / Review date:
Flipped learning: • Class teachers to use Google Classroom to provide advanced details of classwork and assignments as and when required. • Work will be broken down into small tasks and fed through Google Classroom at regular intervals prior to classroom learning. Giving a minimum of 48 hours advanced notice, more when possible. • Initial timetabling of Flipped learning is required in order to increase X's organisation skills and time management skills promoting responsibility for their own learning objectives. • Progress is to be reviewed fortnightly by the Student / Class teacher and timetabling phased out when X is confident to manage their own workload. • Child X to develop the confidence to contribute to class discussions more.	Yes / No	Class teachers / School Staff	06/11/2023	18/12/2023 / ongoing

2B2.7) Rationale for the ALP listed above:

If there is a difference of opinion it should be recorded here e.g. a difference of opinion between the child, child's parent or young person and professionals. The section could explain how different opinions have been taken into consideration before a particular decision was reached.

- Child X likes to have advanced notice and can get anxious when they do not know what is expected of them. The flip learning approach will provide predictability and structure reducing anxiety.
- Allow for processing time without getting behind in lessons.
- Bredow et al. (2021) reported flip learning can assist with the transition between working memory and long-term memory improving and promoting more in-depth learning.
- Studies have shown that Flipped learning can raise achievements (Supiano, 2018), with Brame (2013) reporting “significate learning gains”.

Section 2B1: Description and delivery of the child or young person's additional learning provision (ALP)				
2B1.1) Intended outcome: These outcomes should be SMART (Specific, Measurable, Achievable, Realistic, Timebound).	A specifically designed art therapy program based on Child X's interests to support Child X with social interaction, sensory and emotional regulation and well-being through creative expression. Progress is to be measured by Art therapist and feedback from Child X after each session.			
2B1.2) ALP to be provided: <i>This should include how often (daily, weekly); the type of support; who provides the support. The description of the Additional Learning Provision (ALP) should be very clear and precise, the above could then be split into smaller goals and targets.</i>	2B1.3) Should the ALP be provided in Welsh?	2B1.4) Organisation/ Service to provide the ALP, (e.g. NHS, Inclusion Service, Specialist Teacher, etc.):	2B1.5) Start date:	2B1.6) End / Review date:
Child X to attend Art therapy sessions 6 x 1 hr weekly Art therapy sessions with a qualified art therapist to be carried out at school during the school day. - Sessions will be child-led based on X's interests and will support social skills, communication and emotional regulation skills as well as developing coping strategies for managing sensory overload and anxiety. - Improve concentration skills, boost confidence and self-esteem allowing opportunity to celebrate success. - Regular discussions between art therapist and Allocated LSA to monitor effectiveness and progress to be reviewed after the 6 sessions to see if Child X would benefit from further sessions.	Yes / No	Local Authority art therapist	04/12/2023	22/01/2024

2B1.7) Rationale for the ALP listed above:

If there is a difference of opinion it should be recorded here e.g. a difference of opinion between the child, child's parent or young person and professionals. The section could explain how different opinions have been taken into consideration before a particular decision was reached.

- Art therapy supports Child X's interests and creates a non-intrusive creative outlet. It can assist with emotional regulation, well-being and provide opportunities to showcase talent, boost X's confidence and sense of achievement.
- Wright (2023) reports Art Therapy can assist with coping strategies, improving emotional regulation skills, reducing anxiety and the need for unhelpful coping strategies and avoidance behaviour.

Section 2B2: Description and delivery of the child or young person's additional learning provision (ALP)					
2B2.1) Intended outcome: These outcomes should be SMART (Specific, Measurable, Achievable, Realistic, Timebound).	Child X is to use noise-cancelling earbuds to assist with auditory sensory overload caused by the school environment. Effectiveness will be monitored weekly and measured by a reduction in sensory overload and anxiety and an improvement in the educational experience.				
2B2.2) ALP to be provided: <i>This should include how often (daily, weekly); the type of support; who provides the support. The description of the Additional Learning Provision (ALP) should be very clear and precise, the above could then be split into smaller goals and targets.</i>	2B2.3) Should the ALP be provided in Welsh?	2B2.4) Organisation/ Service to provide the ALP, (e.g. NHS, Inclusion Service, Specialist Teacher, etc.):	2B2.5) Start date:	2B2.6) End / Review date:	
Use of earbuds to minimise noise and sensory overload. • Earbuds to be used as and when required, particularly with the transition between lessons and in busy and noisy areas i.e. playground and school canteen. • Allocated LSA to discuss and agree with Child X when it is appropriate to use the earbuds to ensure that they are used in a way to supports learning and still enables social interaction. To be reviewed weekly for the first half term by: • Child X – reporting on the effectiveness of sensory overload • Allocated LSA – who will monitor social interactions • Staff teacher – who will monitor effects on classroom learning and engagement If effective continued use of earbuds can be implemented with annual reviews.	Yes / No	Parents to provide equipment. Allocated LSA / Class Teacher	06/11/2023	22/12/2023	

2B2.7) Rationale for the ALP listed above:

If there is a difference of opinion it should be recorded here e.g. a difference of opinion between the child, child's parent or young person and professionals. The section could explain how different opinions have been taken into consideration before a particular decision was reached.

- Parents have suggested using earbuds as a strategy to manage noise in the school environment. Child X regularly uses this method of sensory management outside of the school environment with successful outcomes.
- The benefits of ear protection for Autism spectrum Disorder are widely known (Ikuta *et al.*, 2016), (Pfeiffer *et al.*, 2019) (Winter and O'Raw, 2010). Autism Wales (2021) advocates the use of headphones for ASD learners.

Element 4 – References - Discuss the potential support provided to your chosen pupil (utilising the key principles, approaches and policies that guide inclusive practice)

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