

Education (General Provisions) and Other Legislation Amendment Bill 2024

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I am writing to the committee to add my concern that the proposed changes to the EGPA regarding home education provision are untenable and will produce considerable hardship and extra stress in the lives of families home educating PDA children.

There are a growing number of Queensland families registering their autistic pathological demand avoidance (PDA) children for home education. The online Home Educators Australia PDA Support group currently has over 400 Queensland members.

Home educating a PDA child can be tricky and most families eventually adopt self-directed, interest-led learning or unschooling approaches.

This is because goal-oriented conventional school-based pedagogy based on rigid boundaries and the use of rewards, consequence, praise, or approaches often recommended for autism, such as routine, structure and predictability, are often ineffective and even counter-productive for a PDA profile. Sanctions and consequences, including rewards, do not work and make things worse.

Many children are not diagnosed as autistic with a PDA profile until they are primary school age, and by then have accumulated considerable trauma from living in a constant state of dysregulation and overwhelm which can take months and sometimes years to heal. School refusal is a common problem, as are suspensions and expulsions.

Home education is usually a last resort for most of these families, desperate to help their children learn.

Over time they find that low arousal approaches which provide a sense of control are helpful, such as partnerships based on trust, flexibility, collaboration, emphasis on autonomy, careful use of language and balancing demands, negotiation and collaboration, extra time, minimise stress factors, variety, and humour.

Home education can and does provide the kind of environment that allows PDA kids to thrive – in their own way and time.

Expecting them to achieve the same outcomes within the timeframes experienced by their schooled peers is inappropriate and unhelpful.

PDA children are unable to follow the scope and sequence as outlined in ACARA's Australian Curriculum.

Although first described in the 1980s, PDA is only just becoming widely recognised as a

profile on the autism spectrum, described as involving the avoidance of everyday demands and the use of 'social' strategies as part of this avoidance.

It is often missed, misunderstood, or misdiagnosed. PDA individuals may mask, refuse, withdraw, shutdown or escape to avoid triggers. The following key features of a PDA profile are provided by the PDA Society:

- resisting and avoiding the ordinary demands of life
- using social strategies as part of the avoidance
- appearing 'socially able', often seeing themselves as equal to adults, but this may mask underlying differences/difficulties in social interaction and communication
- experiencing intense emotions and mood swings
- appearing comfortable in role play, pretence and fantasy
- intense focus, often on other people (real or fictional)
- a need for control, often driven by anxiety or an automatic 'threat response'
- conventional approaches in support, parenting or teaching are ineffective

Demand avoidance in PDA is different to neurotypical demand avoidance and autistic demand avoidance and is often experienced in addition to both. It has been described as a neurological tug of war between brain, heart and body – “can’t” rather than “won’t”. It isn’t a matter of choice. It is lifelong.

PDA is all-encompassing. It can arise from a feeling of loss of control, there can be an irrational quality to the avoidance, and the avoidance can be inconsistent, varying depending on an individual’s capacity at any one time.

With PDA, demands of all types, including things not usually considered demands, such as praise, expectations, excitement, biological needs, even desires, can trigger an automatic threat or anxiety response, provoking a panic response (flight, fight, fawn, freeze). In this state it is impossible to learn effectively.

According to the PDA Society, an emphasis on self-directed, autonomous, and natural learning appears to be most conducive and productive. Many home educated PDA children and young people prefer to be self-taught and learn naturally through everyday experiences.

Direct or formal teaching approaches can intensify avoidance and rapidly escalate their anxiety driven response.

Home educating parents facilitate learning opportunities by providing access to resources, materials, and activities (which may not be accepted), usually based on the child’s interests or immediate needs, drawn from everyday situations. There is an emphasis and focus on developing life skills. A key component of living with PDA is managing expectations and limiting unnecessary or arbitrary ones.

There may be co-occurring autistic factors that delay the acquisition or demonstration of

academic skills. However, PDA can make it very difficult for children and young people to attend therapy sessions and families need to be supported to find alternative solutions that understand and respect the nature of PDA.

The home education registration renewal process needs to carefully consider the nuances of a PDA diagnosis. PDA children and young people already live in a constant and often heightened state of anxiety.

The removal of provisional registration will incur an unreasonable impost on PDA children, requiring them to remain in an environment which is already failing to meet their needs. In many cases there is already entrenched 'school can't' and school refusal present.

A one-size-fits-all curriculum mandated in legislation is not suitable for PDA children and would not work in our situation at all. Reporting across all eight school curriculum subject areas would be impossible. Learning in our home doesn't happen like that, it's not fitted into neat boxes where we do one subject this hour and a different subject next. There is no way my PDA child can learn like that. To force them to do so would be counter-productive and cruel.

Our family tried everything to keep our youngest child in school and it was devastating for our child. Even in the school setting, he was only able to attend 2 hours a day and, even with these reduced hours, he would be suspended after 2 days (and was ultimately excluded last year) so home schooling has actually increased his ability to learn. Covering all areas of the curriculum even at the age of 9 has already proved too much for him, the expectation that he would be able to follow the curriculum at high school level when he is constantly paralysed by anxiety (even with medication) would be both unreasonable and catastrophic for both our child and our family as a whole.

Thank you for taking the time to read my submission. I hope that it explains why I believe that, whilst recognising the desire to offer a comparable education to all children in Queensland, there must be understanding that PDA children will be very badly served by the introduction of this legislation.

Angela Greenhill