



# NDIS Functional Evidence Brief

For treating professionals supporting PDA families

This document is designed for parents to share with their child's treating professionals — OTs, psychologists, paediatricians, and GPs. It explains what the NDIS needs to see in functional evidence reports, and how to describe PDA effectively within the NDIS framework.

**For treating professionals** Thank you for supporting this family. This brief is designed to help you understand what NDIS decision-makers are looking for, and how to translate your clinical observations into the functional language the NDIS uses to assess eligibility.

## What Is PDA?

Pathological Demand Avoidance (PDA) is increasingly recognised as a profile within the autism spectrum characterised by extreme anxiety-driven avoidance of everyday demands and expectations. PDA children often present differently to typical autism presentations — they may be socially motivated, verbally articulate, and capable of complex reasoning, which can lead to underestimation of their support needs.

## What the NDIS Needs to See

NDIS decision-makers review functional impact across six domains. A strong report describes not just what the child has been diagnosed with, but what that diagnosis means for their ability to function in daily life.

**Key elements of a strong functional evidence report**

- Name the diagnosis and confirm it is permanent and lifelong
- Describe the child's functional capacity in each relevant domain (see below)
- Use concrete examples — what can they do, what requires support, what they cannot do independently
- Avoid relying on test scores alone — translate them into functional terms
- Describe the impact of PDA specifically — not just autism in general
- Quantify where possible: frequency of meltdowns, hours of support required per day, school attendance rate

## The Six NDIS Functional Domains

- Communication — ability to express needs and understand others in different contexts
- Social interaction — peer and family relationships, community engagement
- Learning — accessing education, concentration, task completion under demand



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- Mobility — physical access to environments, safety in public
- Self-care — personal hygiene, dressing, eating, sleep
- Self-management — emotional regulation, behaviour management, safety awareness

## Language Tips for PDA Reports

**Avoid → Use instead**

- "Presents well in clinic" → "Presentation in controlled one-to-one clinic settings does not reflect daily functional capacity"
- "Refuses tasks" → "Experiences extreme anxiety-driven avoidance of demands that prevents independent task completion"
- "Behaviour problems" → "Neurological crisis responses (meltdowns/shutdowns) that occur [X] times per week"
- "Does not follow instructions" → "Cannot comply with direct instructions due to anxiety-driven demand avoidance"

**Supporting the family**      If you have concerns about how the NDIS is receiving your reports for this family, contact the NDIS directly or refer the family to an advocacy service. Families can also request an internal review if access is refused.