



Supporting Evidence

National Guideline

For the assessment and diagnosis of autism in Australia

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DRAFT UPDATED GUIDELINE FOR PUBLIC CONSULTATION

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Citing this Document

This document presents supporting evidence collected as part of the update of the National Guideline in 2023. Readers should note that separate supporting evidence for the Recommendations presented in the Original Guideline (2018), on the which the update is based, is provided separately.

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Introduction

The purpose of this document is to present evidence that has informed the revision of Recommendations in the 2023 update of the National Guideline for Assessment and Diagnosis of Autism. This evidence was collected as part of an umbrella review of 16 systematic reviews that related to assessment and diagnosis of autism, published since 2018, and the community consultation activities, as explained in the Administration and Technical Report.

It is important to note that the majority of Recommendations presented in the updated Guideline (2023) were included in the original Guideline (2018). In reviewing and revising Recommendations as part of the update process, the Guideline Development Group considered:

- The evidence for the original Recommendations (published separately).
- New evidence collected as part of the update process.

Accordingly, readers are encouraged to refer to both documents when seeking to understand the evidence for Recommendations presented in the Guideline.

Supporting evidence for Recommendations

This document presents a summary of the evidence supporting each Guideline Recommendation, along with judgments as to the grade of each Recommendation. This information forms part of the GRADE (Grading of Recommendations, Assessment, Development and Evaluation) process (Schünemann et al., 2013), which was followed in the development of this Guideline. There are two tables for each Recommendation. The first table presents a summary of the evidence that underpins each Recommendation. The second table presents a summary of judgements about each Recommendation, made by the Guideline Development Group (GDG), relating to the certainty of evidence, benefits and risks, values and preferences, resource implications, equity, acceptability, and feasibility as per the GRADE Evidence to Decision (EtD) approach (Alonso-Coello, Oxman et al., 2016; Alonso-Coello, Schünemann, et al., 2016). Readers can use this information to understand the evidence for each Recommendation and consider issues that are relevant to their implementation.

What are the Evidence for Recommendation tables?

The 'Evidence for Recommendation' tables provide the reader with a summary of the evidence for each Recommendation, drawn from the research and community consultation activities undertaken as part of the development of the Guideline. These activities are outlined in the Guideline, with the complete methodologies presented in the Administration and Technical Report. In brief, systematic reviews were conducted according to internationally accepted PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) guidelines (Moher et al., 2009). The community consultation activities were co-designed, qualitative, catered for people across the autistic and autism communities, and were analysed using the Framework Method of qualitative analysis (Gale et al., 2013) with credibility checks. Minor changes to responses (e.g., spelling, removal of fillers such as 'um') were made to improve readability of responses provided during consultation activities. Table 1 presents a summary of each of the research activities, along with an explanation of how evidence is presented, when available for a particular Recommendation.

Table 1. Summary of research activities and evidence included in the 'Evidence for Recommendation' tables for each Guideline Recommendation.

Evidence type	Evidence source	Explanation of Evidence Source
Umbrella Review	-	An umbrella review (a systematic review of systematic reviews) was conducted to synthesise data regarding the following aspects of assessment and diagnosis for autism: (a) existing guidance; (b) clinical tools and processes; (c) considerations regarding personal and environmental factors; and (d) experiences of the autistic and autism communities. Where evidence from this review is available, it is presented as a summary statement.
Community consultation focus groups	Autistic adults	A series of focus groups were conducted to understand the experiences of the autistic and autism communities in accessing assessment and diagnosis for autism, as well as their views on best practice.
	Family	Where qualitative evidence was available for a Recommendation, based on participants' responses to one or more open-ended questions in the survey, it was presented in the form of an illustrative quote. It is important to note that these quotes are illustrative, and do not necessarily reflect all available evidence.
	Practitioner	
Community consultation survey	Autistic people	An online survey was also conducted to understand the experiences of the autistic and autism communities in accessing assessment and diagnosis for autism, as well as their views on best practice.
	Family	
	Practitioner	Where qualitative evidence was available for a Recommendation, based on participants' responses to one or more open-ended questions in the survey, it was presented in the form of an illustrative quote. It is important to note that these quotes are illustrative, and do not necessarily reflect all available evidence.
	Organisation	
	Other	

In preparing and presenting the evidence summaries, the GDG redacted any potentially identifying information provided by participants. The GDG also redacted the names of approaches or professions (using the format of [named practice/profession]) from quotes when the name of that profession or program was not directly relevant to the specific Recommendation. Where multiple approaches or professions were listed in an illustrative quote, and they were deemed to be unrelated to the Recommendation, then a listing format (e.g., [named profession 1], [named profession 2]) was used to prevent the loss of meaning of that quote.

What are the Evidence to Decision judgement tables?

The ‘Evidence to Decision’ judgement tables are an important part of the GRADE process, which provides the reader with further information about each Recommendation (Schünemann et al., 2013). The Evidence to Decision framework provides a transparent way to assess the total sum of the evidence informing a Recommendation, and conveys information about the relative pros and cons of that Recommendation (Alonso-Coello, Oxman et al., 2016; Alonso-Coello, Schünemann, et al., 2016). The judgements relate to seven areas: certainty of evidence, benefits and risks, values and preferences, resource implications, equity considerations, acceptability, and feasibility. For each of these criteria, judgements were made by appraising evidence for a given Recommendation against an Evidence to Decision framework (Table 2). For this Guideline, these judgements occurred over five rounds, with the first involving independent review of every Recommendation by four members of the Guideline Development Working Group, followed by three rounds of consensus review within the same group, and one round of broader GDG review.

Table 2. Judgment guidance relating to each of the seven Evidence to Decision criteria.

Criteria	Question	Judgement	Research Evidence
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	High	Evidence available from the Original and Update from the autistic and autism communities (i.e., all stakeholders).
		Moderate	Evidence available from the Original from the autistic and autism communities (i.e., all stakeholders).
		Low	Evidence available from the Update from the autistic and autism communities (i.e., all stakeholders).
		Very Low	
Benefits and Harms	Are there likely to be benefits for clients implementing this Recommendation?	Yes	Evidence was available from Original and/or Update for potential benefits.
		Probably yes	No evidence from Original and/or Update for potential benefits.
		Uncertain	Conflicting evidence for potential benefits.
		Probably no	
		No	
	Are there likely to be risks for clients of implementing this Recommendation?	Yes	Evidence was available from Original and/or Update for potential risks.
		Probably yes	No evidence from Original and/or Update for potential risks.
		Uncertain	Conflicting evidence for potential risks.
		Probably no	
		No	

Criteria	Question	Judgement	Research Evidence
Benefits and Harms	Are the benefits for clients likely to outweigh any risks?	Yes	Evidence for benefits, and evidence for no risks.
		Probably yes	Evidence for benefits. No evidence for risks.
		Uncertain	Lack of evidence for both benefits and risks or conflicting evidence for both benefits and risks.
		Probably no	Evidence for risks. No evidence for benefits.
		No	Evidence for risks, and evidence for no benefits.
Values and preferences	Is the Recommendation consistent with the values and preferences of autistic people and their families?	Yes	Evidence was available from Original and/or Update for consistency with values and preferences.
		Probably yes	Evidence was not available from Original and/or Update for consistency with values and preferences.
		Uncertain	Conflicting evidence for consistency with values and preferences.
		Probably no	
		No	
Resources	Is the Recommendation likely to require additional resources from clients?	Yes	Evidence was available from Original and/or Update for additional resources for clients.
		Probably yes	Evidence was not available from Original and/or Update for additional resources for clients.
		Uncertain	Conflicting evidence for additional resources for clients.
		Probably no	
		No	
	Is the Recommendation likely to require additional resources from practitioners?	Yes	Evidence was available from Original and/or Update for additional resources practitioners.
		Probably yes	Evidence was not available from Original and/or Update for additional resources for practitioners.
		Uncertain	Conflicting evidence for additional resources for practitioners.
		Probably no	
		No	

Criteria	Question	Judgement	Research Evidence
Equity	What would be the impact on health equity?	Increased	Evidence was available from Original and/or Update for an impact on health equity.
		Probably increased	Evidence was not available from Original and/or Update for an impact on health equity.
		Uncertain/conflicting	
		Probably reduced	
		Reduced	
Acceptability	Is the Recommendation likely to be acceptable to autistic people and families?	Yes	Evidence was available from Original and/or Update for acceptability to autistic people and families.
		Probably yes	Evidence was not available from Original and/or Update for acceptability to autistic people and families.
		Uncertain	Conflicting evidence for acceptability to autistic people and families.
		Probably no	
		No	
	Is the Recommendation likely to be acceptable to practitioners?	Yes	Evidence was available from Original and/or Update for acceptability to practitioners.
		Probably yes	Evidence was not available from Original and/or Update for acceptability to practitioners.
		Uncertain	Conflicting evidence for acceptability to practitioners.
		Probably no	
		No	
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Yes	Evidence was available from Original and/or Update for feasibility.
		Probably yes	Evidence was not available from Original and/or Update for feasibility.
		Uncertain	Conflicting evidence for feasibility.
		Probably no	
		No	

Comment

Criteria: Justification for final judgment and/or important other considerations that contributed to the final judgment.

How was the 'Grade of Recommendation' for each Recommendation determined?

After consensus was reached for each judgment, a Recommendation was then classified as either 'strong' or 'conditional', according to a rubric (Table 3). These judgments reflect the confidence in the clarity of the balance between pros and cons of this Recommendation for evidence-based, accurate, timely, and appropriate assessment and clinical diagnosis of autism in Australia. All three 'conditional' Recommendations in this Guideline were due to probable reductions in health equity. For benefits/harms, values and preferences, and acceptability, direct evidence to inform a judgement was available and the panel judged that a conservative approach should be adopted given that these criteria directly relate to the experiences, preferences, and outcomes of autistic people and their families. For resources, equity, and feasibility, often no direct evidence was available to inform the judgements. The panel judged that uncertainty be tolerated within a Recommendation with a 'strong' classification, given that there is direct evidence for benefits/harms, values and preferences, and acceptability. All Recommendations are equally important and should be implemented. Where a Recommendation is 'conditional', it simply indicates that there are factors to consider during implementation.

Table 3. Guidance to determine whether a Recommendation was classified as either 'strong' or 'conditional'.

If a Recommendation met any single criteria in the 'conditional' category, it was rated as 'conditional'. Recommendations must have met the criteria in each 'strong' category to be rated as 'strong'.

Criteria	Question	Strong	Conditional
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	High Moderate	Low Very Low
Benefits and Harms	Are the benefits for clients likely to outweigh any risks?	Yes Probably yes	Uncertain Probably no No
Values and preferences	Is the Recommendation consistent with the values and preferences of autistic people and their families?	Yes Probably yes	Uncertain Probably no No
Resources	Is the Recommendation likely to require additional resources from clients?	No Probably no Uncertain	Probably yes Yes
	Is the Recommendation likely to require additional resources from practitioners?	No Probably no Uncertain	Probably yes Yes
Equity	What would be the impact on health equity?	Increased Probably increased Uncertain	Probably reduced Reduced

Criteria	Question	Strong	Conditional
Acceptability	Is the Recommendation likely to be acceptable to autistic people and families?	Yes Probably yes	Uncertain Probably no No
	Is the Recommendation likely to be acceptable to practitioners?	Yes Probably yes	Uncertain Probably no No
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Yes Probably yes Uncertain	Probably no No

How can I learn more about the method used to develop these summaries?

Further information about the Evidence to Decision process is provided in detail in the Administrative and Technical Report that accompanies the updated Guideline.

References

- Alonso-Coello, P., Schünemann, H. J., Moberg, J., Brignardello-Petersen, R., Akl, E. A., Davoli, M., ... & GRADE Working Group. (2016). GRADE Evidence to Decision (EtD) frameworks: a systematic and transparent approach to making well informed healthcare choices. 1: Introduction. *British Medical Journal*, 353, i2016.
- Alonso-Coello, P., Oxman, A. D., Moberg, J., Brignardello-Petersen, R., Akl, E. A., Davoli, M., ... & Schünemann, H. J.. (2016). GRADE Evidence to Decision (EtD) frameworks: a systematic and transparent approach to making well informed healthcare choices. 2: clinical practice guidelines. *British Medical Journal*, 353, i2089.
- Gale, N. K., Heath, G., Cameron, E., Rashid, S., & Redwood, S. (2013). Using the framework method for the analysis of qualitative data in multi-disciplinary health research. *BMC Medical Research Methodology*, 13(1), 1-8.
- Moher, D., Liberati, A., Tetzlaff, J., Altman, D. G., & Group, P. (2009). Preferred reporting items for systematic reviews and meta-analyses: the PRISMA statement. *Journal of Clinical Epidemiology*, 62(10), 1006-1012. doi:10.1016/j.jclinepi.2009.06.005
- Schünemann, H., Brożek, J., Guyatt, G., & Oxman, A. (2013). GRADE handbook for grading quality of evidence and Grade of Recommendations. The GRADE Working Group.

What guiding principles should be followed in the assessment and diagnosis of autism?

Recommendation 1

Client and family centred: Practitioners should collaborate with individuals and their families with respect, and value and support their unique reasons for seeking assessment, their preferences, and contexts.

Grade of recommendation: Strong

Evidence for Recommendation

Evidence type	Evidence source	Evidence
Umbrella Review	-	<p>[Legg & Tickle, 2019] Parents seeking support have a need to be taken seriously by professionals when raising concerns about their children. This point offers professionals the first opportunity to build a positive relationship with parents.</p> <p>Good communication from professionals towards both parents and children promoted good relationships between parents and professionals. Such relationships are likely to have been comforting for parents who have concerns about their children and promote positive engagement in the assessment process.</p> <p>Parents are likely to be more satisfied when assessments include more time building relationships between the professional and the child and when information is provided to the parents, including through observation of assessments.</p>

Evidence type	Evidence source	Evidence
Community consultation focus groups	Autistic adults	[ID2, A/F/Oth] Dismissing my concerns when I brought up perhaps that we could explore an autism diagnosis. And that was very much dismissed from those professionals who didn't quite understand what autism was... I think what is confusing in the whole diagnostic process that needs to be changed is often the assumption is that we are seeking diagnosis to be fixed and we are seeking diagnosis in order to be normal and we are seeking diagnosis in order to fit in.
	Family	[ID70, F/O] We've got a girl who's autistic and her sorry, our pathway was really, really difficult. Nobody believed me that something was wrong. We were told everything's fine. Everything's normal. There's nothing going on by multiple people. Until we found the paediatrician who saw flags and she was probably the first person who listened to me and who validated. Sorry. Who validated me. But you know what we were experiencing wasn't normal.
	Practitioner	[ID31, P] Having that considered approach individualized for the client as well, if we get too caught up in this is the way we always do assessment, then that doesn't allow for that individualized approach for clients. So having an individualized approach I think is really important. I think that the individualised approach, it starts from the beginning in terms of what does this person coming to me for, and a lot of the time, the question they think their question is, do I have autism or does my child have autism? But a lot of the time the question is, is I'm noticing some things about me or I'm noticing some things about my child and I wanna understand that better. And that's not really about, is it autism or isn't it autism? Autism is part of the question, but how can I understand myself? How can I understand what's going on and when you think of that as your referral question, it opens up the door for the next steps.
Community consultation survey	Autistic people	[ID79, A] The important thing is to believe what your patients are telling you about their lives without judgement or bias. Whatever you have read in medical school is just one example. Every person you meet has their own personality and circumstances, including co-occurring health issues and differences.
	Family	[ID124, F/P] There needs to be a focus on individual and family needs and perspectives. There needs to be respect for the child and the family especially if family members are also neurodiverse. Family members need to be treated with respect and as allies and partners. This is particularly so for neurodivergent family members who have often been seen from the deficit model as "part of the problem" rather than as a source of insight and resourcefulness.
	Practitioner	[ID586, P/Org/Oth] A focus should be placed on a clients preferred language, on a case by case basis, rather than the preferred language of a particular group of professionals. Taking a person centred approach builds rapport and ensures a more accurate assessment.
	Organisation	[ID393 Org] They need to be client/family centred and provide adequate opportunities for families to ask questions, be emotionally supported and integral in the process itself.
	Other	[ID616 Oth] Assessments should capture the true behaviours and social- communication capacities of the person being assessed. This should be done in a safe way whereby the individual feels free to be their authentic self.

Evidence to decision judgements

Criteria	Question	Judgement	Evidence
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	High	Evidence available from the Original and Update from the autistic and autism communities (i.e., all stakeholders)
Benefits and Harms	Are there likely to be benefits for clients implementing this Recommendation?	Yes	Evidence was available from Original and/or Update for potential benefits
	Are there likely to be risks for clients of implementing this Recommendation?	No	No evidence from Original and/or Update for potential risks
	Are the benefits for clients likely to outweigh any risks?	Yes	Evidence for benefits. No evidence for risks.
Values and preferences	Is the Recommendation consistent with the values and preferences of autistic people and their families?	Yes	Evidence was available from Original and/or Update for consistency with values and preferences
Resources	Is the Recommendation likely to require additional resources from clients?	No	No Evidence from Original and/or Update for additional resources for clients
	Is the Recommendation likely to require additional resources from practitioners?	No	No Evidence from Original and/or Update for additional resources for practitioners
Equity	What would be the impact on health equity?	Uncertain/ conflicting	Evidence was not available from Original and/or Update for an impact on equity
Acceptability	Is the Recommendation likely to be acceptable to autistic people and families?	Yes	Evidence was available from Original and/or Update for acceptability to autistic people and families
	Is the Recommendation likely to be acceptable to practitioners?	Yes	Evidence was available from Original and/or Update for acceptability to practitioners
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Yes	Evidence was not available from Original and/or Update for feasibility

Comment

Feasibility: The panel noted that feasibility is implied based on evidence from practitioners and/or organisations in support of this Recommendation, but noted the lack of direct evidence.

Recommendation 2

Strengths Focused: Assessments and the sharing of findings should focus on the client's strengths, including skills, values, and interests that are personally meaningful to them and that promote their functioning, participation, and wellbeing.

Grade of recommendation: Strong

Evidence for Recommendation

Evidence type	Evidence source	Evidence
Umbrella Review	-	[Legg & Tickle, 2019] Delivery of diagnosis was criticised for being too brief with a lack of sensitivity and a focus on negative aspects. Parents experienced the use of overt medical language and an over-emphasis on negative outcomes when communicating with professionals.
Community consultation focus groups	Autistic adults	[ID9, A] I reckon coming from a strength perspective is always nice. I'm just wondering in terms of like a positive experience of diagnosis. Part of that might involve, here are some of the things that we've recognized about you or your child or your loved one that we can see are great strengths for them more broadly speaking.
	Family	[ID64, F] Need to balance strengths based approaches with a completely deficit based funding system. The language in the report from the psych was bracing. However psych felt it was needed to justify funding. Potentially there needs to be separate reports for parents, autistic individuals and for funding.
	Practitioner	[ID66, F/P] We need to move away from pathology and pathologizing. And then I don't know how that's in future, how that's going to be balanced or combined with just support. Providing support. You know, how do we affirm strengths and yet insist that support is needed. That's gonna be an ongoing challenge I think.
Community consultation survey	Autistic people	[ID682, A/F/P] Ensure there is focus on strengths and how a person can get assistance to use accommodations and supports that work for them.
	Family	[ID155, F] Definitely strengths focus, not deficit based. I don't want my son to feel less, just to know how his mind works. The psychologist we had was brilliant at this and reframed challenges we sometimes have into seeing them as positive aspects of his personality.
	Practitioner	[ID904, P] Seeing the person through a strengths based framework - careful and respectful communication of Dx.
	Organisation	[ID760 Org] Strengths-based: focus on what the individual enjoys, what they are capable of, and what kinds of supports will help them reach their potential.
	Other	[ID410 A/Oth] Strengths focused. Families will get scared if they hear "your child can't do this, they'll never drive or finish high school". They want to hear about potential.

Evidence to decision judgements

Criteria	Question	Judgement	Evidence
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	High	Evidence available from the Original and Update from the autistic and autism communities (i.e., all stakeholders)
Benefits and Harms	Are there likely to be benefits for clients of implementing this Recommendation?	Yes	Evidence was available from Original and/or Update for potential benefits
	Are there likely to be risks for clients of implementing this Recommendation?	No	No evidence from Original and/or Update for potential risks
	Are the benefits for clients likely to outweigh any risks?	Yes	Evidence for benefits. No evidence for risks.
Values and preferences	Is the Recommendation consistent with the values and preferences of autistic people and their families?	Yes	Evidence was available from Original and/or Update for consistency with values and preferences
Resources	Is the Recommendation likely to require additional resources from clients?	No	No Evidence from Original and/or Update for additional resources for clients
	Is the Recommendation likely to require additional resources from practitioners?	No	No Evidence from Original and/or Update for additional resources for practitioners
Equity	What would be the impact on health equity?	Uncertain/ conflicting	Evidence was not available from Original and/or Update for an impact on equity
Acceptability	Is the Recommendation likely to be acceptable to autistic people and families?	Yes	Evidence was available from Original and/or Update for acceptability to autistic people and families
	Is the Recommendation likely to be acceptable to practitioners?	Yes	Evidence was available from Original and/or Update for acceptability to practitioners
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Yes	Evidence was not available from Original and/or Update for feasibility

Comment

Feasibility: The panel noted that feasibility is implied based on evidence from practitioners and/or organisations in support of this Recommendation, but noted the lack of direct evidence.

Recommendation 3

Holistic: Assessment should be comprehensive and seek to understand all aspects of the client, including, their context, history, strengths and challenges, and aspirations - now and into the future - to the extent that is relevant to the purpose of the assessment for the client and that they are willing to share.

Grade of recommendation: Strong

Evidence for Recommendation

Evidence type	Evidence source	Evidence
Umbrella Review	-	[Howes, 2021] It was noted by some professionals that there was a lack of family support available, although, some services offered “whole family support needs” but this was not consistent across all the services discussed within Crane et al. (2018, p. 3768) study.
Community consultation focus groups	Autistic adults	[ID5, A/F/P] Understanding the whole person, the whole environment, context. You know, most of us, we’re not being recognised as autistic because well, you know we have the privilege of being able to mask and imitate neurotypicals, which is a blessing and a curse.
	Family	[ID16, A/F] The lack of holistic approach to the process is very exhausting.
	Practitioner	[ID48, A/F/P] One of the things that’s really important for me as a as a practitioner is to write the story, because I think sometimes that gets forgotten. This document captures the person story, doesn’t it? And it’s really, really precious. Really precious. And so I actually go out of my way to make sure that there is that positive narrative in there. We can identify the deficits. Yeah. And the weaknesses I we can always weave in the strengths and the beautiful parts of the person. I think that’s really important as well. So I’m working hard to do that on my end over here.
Community consultation survey	Autistic people	[ID450, A/F] Approach a diagnosis from a holistic perspective. Search for strengths that result from autism aswell as limitations. Greater acknowledgement of masking and adaptive behaviours.
	Family	[ID203, F] Gather info from various key stakeholders eg person, caregivers, educators to paint a full picture.
	Practitioner	[ID811, P] Consider all other possible contributors that could be resulting in the individual’s presentation, such as developmental factors, mental health issues, family relationships and exposure to complex developmental trauma.
	Organisation	[ID993, Org] Following a holistic framework is also important and is linked to the principle of being individual and family centred. Seeing the individual as a person first, existing in their own unique world, rather than a collection of symptoms.
	Other	[ID825, A/Oth] Considering experiences across all aspects of life/education/work.

Evidence to decision judgements

Criteria	Question	Judgement	Evidence
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	High	Evidence available from the Original and Update from the autistic and autism communities (i.e., all stakeholders)
Benefits and Harms	Are there likely to be benefits for clients of implementing this Recommendation?	Yes	Evidence was available from Original and/or Update for potential benefits
	Are there likely to be risks for clients of implementing this Recommendation?	No	No evidence from Original and/or Update for potential risks
	Are the benefits for clients likely to outweigh any risks?	Yes	Evidence for benefits. No evidence for risks.
Values and preferences	Is the Recommendation consistent with the values and preferences of autistic people and their families?	Yes	Evidence was available from Original and/or Update for consistency with values and preferences
Resources	Is the Recommendation likely to require additional resources from clients?	No	No Evidence from Original and/or Update for additional resources for clients
	Is the Recommendation likely to require additional resources from practitioners?	No	No Evidence from Original and/or Update for additional resources for practitioners
Equity	What would be the impact on health equity?	Uncertain/ conflicting	Evidence was not available from Original and/or Update for an impact on equity
Acceptability	Is the Recommendation likely to be acceptable to autistic people and families?	Yes	Evidence was available from Original and/or Update for acceptability to autistic people and families
	Is the Recommendation likely to be acceptable to practitioners?	Yes	Evidence was available from Original and/or Update for acceptability to practitioners
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Yes	Evidence was not available from Original and/or Update for feasibility

Comment

Feasibility: The panel noted that feasibility is implied based on evidence from practitioners and/or organisations in support of this Recommendation, but noted the lack of direct evidence.

Recommendation 4

Helpful: Assessments should have an agreed purpose, aim to answer the questions the client has, help them identify and advocate for their strengths and support needs, and provide a pathway to supports where appropriate.

Grade of recommendation: Strong

Evidence for Recommendation

Evidence type	Evidence source	Evidence
Umbrella Review	-	[Howes, 2021] Multidisciplinary teams were thought to support parents' experience of the diagnostic process, as they allowed parents "time to talk" and gave clarity about the diagnostic process. The professionals from Rogers et al. (2016) wanted to offer long-term support to people with autism, but acknowledged that this is not possible for many services and that in-service support was also lacking for people who had received a diagnosis.
Community consultation focus groups	Autistic adults	[ID12, A/P] I think one thing that would have been really helpful in my assessment, would have been a bit more interpretation. I feel like the results were kind of like, yeah, this is what I told you and what I sent you. But your job is to interpret. What does this mean for certain aspects? Where would next steps be if I've told you I have a lot of trouble with interoceptive stuff? They need to be able to go. OK well, perhaps OT or just some basic stuff around that rather than just the stock standard. Here's what we recommend to everyone because you have this title.
	Family	[ID31, A/F] You get your diagnosis at the paediatrician or wherever. And then that's kind of it. And you mentioned about offering those supports and those resources at that time and it needs to happen because parents are thrust into the fire, I suppose. And it is just this world shaking, altering thing that has happened. And then they're sent on their way. And I think those resources, they just they need to be there, they need to be coming from everybody that has got something to do with this team or this child.
	Practitioner	[ID39, A/F/P] An autism diagnosis should be helping to understand their profile and who they're at. And then assessment is what gives them access to what's appropriate for them.

Evidence type	Evidence source	Evidence
Community consultation survey	Autistic people	[ID578, A/P] An assessment and report needs to support the person in coming to terms with their identity. It needs to highlight their strengths and describe what makes them neurodivergent, not pathologize their neurodivergence.
	Family	[ID282, F] Providing parents with information about the profile and support needs for their child. Developing a parent and/or child's understanding of how/why they may be 'different' and what's available to them in home, school and community settings to support their wellbeing, particularly during school years.
	Practitioner	[ID489, P] It provides clarity to individuals who cannot understand why they are different to peers; helps assist with treatment plan/changes to goals; access to funding and additional supports; guides medication models.
	Organisation	[ID167, F/Org/Oth] As my son was diagnosed at an older age the psychiatrist required that the process consider other disorders first so as to either eliminate them or confirm them. This allowed a clear understanding of my son's full support needs, have each diagnosis be identified and receive a plan for support and then have a better understanding of the level of autism my son had. This was a frustratingly long process but one I came to understand and appreciate.
	Other	

Evidence to decision judgements

Criteria	Question	Judgement	Evidence
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	High	Evidence available from the Original and Update from the autistic and autism communities (i.e., all stakeholders)
Benefits and Harms	Are there likely to be benefits for clients of implementing this Recommendation?	Yes	Evidence was available from Original and/or Update for potential benefits
	Are there likely to be risks for clients of implementing this Recommendation?	No	No evidence from Original and/or Update for potential risks
	Are the benefits for clients likely to outweigh any risks?	Yes	Evidence for benefits. No evidence for risks.
Values and preferences	Is the Recommendation consistent with the values and preferences of autistic people and their families?	Yes	Evidence was available from Original and/or Update for consistency with values and preferences
Resources	Is the Recommendation likely to require additional resources from clients?	No	No Evidence from Original and/or Update for additional resources for clients
	Is the Recommendation likely to require additional resources from practitioners?	No	No Evidence from Original and/or Update for additional resources for practitioners
Equity	What would be the impact on health equity?	Uncertain/ conflicting	Evidence was not available from Original and/or Update for an impact on equity
Acceptability	Is the Recommendation likely to be acceptable to autistic people and families?	Yes	Evidence was available from Original and/or Update for acceptability to autistic people and families
	Is the Recommendation likely to be acceptable to practitioners?	Yes	Evidence was available from Original and/or Update for acceptability to practitioners
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Yes	Evidence was not available from Original and/or Update for feasibility

Comment

Feasibility: The panel noted that feasibility is implied based on evidence from practitioners and/or organisations in support of this Recommendation, but noted the lack of direct evidence.

Recommendation 5

Evidence-Based: Assessment and diagnostic practices should reflect the best available evidence from research, evidence from clinical practice and lived experience, and the client's preferences and priorities.

Grade of recommendation: Strong

Evidence for Recommendation

Evidence type	Evidence source	Evidence
Umbrella Review	-	[Ellison, 2021] All of the assessment studies included in this review demonstrate the feasibility of using telehealth to accurately assess not only for diagnostic purposes, but to also conduct other forms of assessments with children with ASD.
Community consultation focus groups	Autistic adults	[ID10, A/F] When a diagnostician understands the limitations of their tools and is willing to concede to that in the face of a potentially educated or self-educated client, and not consider that self-education to be an offence and not identify with the tool. Because the tool is outdated.
	Family	[ID16, A/F] But that from a bad perspective is just the lack of awareness and understanding that there is even a guideline.
	Practitioner	[ID31, P] And people are using the guidelines and talking about the guidelines. And I think that that's really great.
Community consultation survey	Autistic people	[ID159, A] Practitioners should be basing their assessment and diagnosis of Autism on the principles of using recent evidence, person-centred and strengths approach that is neurodiversity affirming.
	Family	[ID356, A/F] Evidence based assessment should reflect the most current research and exclude practitioner bias. Evidence based understanding should prioritise evidence from the experience of autistics.
	Practitioner	[ID147, P] I think *equal* emphasis could be placed on evidence-based diagnostic tools (which ought to include collateral information sources), the clinical judgement of experienced assessors and the lived experience of clients in the assessment process. No single one of those elements is sufficient on its own.
	Organisation	[ID528, A/Org] Evidence based (including evidence from lived experience).
	Other	[ID759 P/Org/Oth] Current research!!! Especially regarding understanding sensory processing.

Evidence to decision judgements

Criteria	Question	Judgement	Evidence
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	High	Evidence available from the Original and Update from the autistic and autism communities (i.e., all stakeholders)
Benefits and Harms	Are there likely to be benefits for clients of implementing this Recommendation?	Yes	Evidence was available from Original and/or Update for potential benefits
	Are there likely to be risks for clients of implementing this Recommendation?	No	No evidence from Original and/or Update for potential risks
	Are the benefits for clients likely to outweigh any risks?	Yes	Evidence for benefits. No evidence for risks.
Values and preferences	Is the Recommendation consistent with the values and preferences of autistic people and their families?	Yes	Evidence was available from Original and/or Update for consistency with values and preferences
Resources	Is the Recommendation likely to require additional resources from clients?	No	No Evidence from Original and/or Update for additional resources for clients
	Is the Recommendation likely to require additional resources from practitioners?	No	No Evidence from Original and/or Update for additional resources for practitioners
Equity	What would be the impact on health equity?	Uncertain/ conflicting	Evidence was not available from Original and/or Update for an impact on equity
Acceptability	Is the Recommendation likely to be acceptable to autistic people and families?	Yes	Evidence was available from Original and/or Update for acceptability to autistic people and families
	Is the Recommendation likely to be acceptable to practitioners?	Yes	Evidence was available from Original and/or Update for acceptability to practitioners
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Yes	Evidence was not available from Original and/or Update for feasibility

Comment

Feasibility: The panel noted that feasibility is implied based on evidence from practitioners and/or organisations in support of this Recommendation, but noted the lack of direct evidence.

Recommendation 6

Culturally Sensitive: Practitioners should acknowledge and respect the values, knowledge, preferences, and cultural perspectives of the client; adopt culturally sensitive practices; and reflect on their own cultural knowledge and competency in their practice.

Grade of recommendation: Strong

Evidence for Recommendation

Evidence type	Evidence source	Evidence
Umbrella Review	-	[Rivera-Figueroa, 2022] Racial and ethnic disparities are exacerbated by a lack of culturally competent healthcare. Latinx and Black American parents are often met with providers who suggest a “wait and see” approach and normalize their behavioral concerns; Spanish-speaking and Black American caregivers often understand this to be a reaction to their race or culture and feel invalidated.
Community consultation focus groups	Autistic adults	[ID40 A] Self knowledge and cultural awareness. And so having that goal in mind for the clinician would bring that safety.
	Family	[ID67, A/F/P] Cultural difference have to be considered. especially with aboriginal clients - so often in remote areas people look for FASD (dont get me started on the systemic racism of this bias) but often miss or dont even look for neuro-differences.
	Practitioner	[ID57, A/P/Oth] I’m thinking around how do we promote that sense of safety for these families and parents and perhaps even having culturally appropriate ways to explain how the assessment processes work.
Community consultation survey	Autistic people	[ID535, A/F/Oth] All diagnoses of CALD Autistic adults should be informed by research into the life experiences of CALD Autistics and knowledge of the presentation of Autism in CALD people and people of colour.
	Family	[ID415, F/Org] Culturally safe and appropriate.
	Practitioner	[ID817, P] An appropriate assessment process for aboriginal people on the spectrum current tools and processes are not sufficient.
	Organisation	[ID393, Org] Assessments should be evidence based, culturally appropriate, using information from a range of sources and professionals using EB assessment tools.
	Other	[ID235 A/F/Oth] My brother’s assessment was conducted solely in English even though he was not fluent as we are migrants.

Evidence to decision judgements

Criteria	Question	Judgement	Evidence
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	High	Evidence available from the Original and Update from the autistic and autism communities (i.e., all stakeholders)
Benefits and Harms	Are there likely to be benefits for clients of implementing this Recommendation?	Yes	Evidence was available from Original and/or Update for potential benefits
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	Are the benefits for clients likely to outweigh any risks?	Yes	Evidence for benefits. No evidence for risks.
Values and preferences	Is the Recommendation consistent with the values and preferences of autistic people and their families?	Yes	Evidence was available from Original and/or Update for consistency with values and preferences
Resources	Is the Recommendation likely to require additional resources from clients?	No	No Evidence from Original and/or Update for additional resources for clients
	Is the Recommendation likely to require additional resources from practitioners?	Uncertain	Conflicting evidence for additional resources for practitioners
Equity	What would be the impact on health equity?	Increased	Evidence was available from Original and/or Update for an impact on equity
Acceptability	Is the Recommendation likely to be acceptable to autistic people and families?	Yes	Evidence was available from Original and/or Update for acceptability to autistic people and families
	Is the Recommendation likely to be acceptable to practitioners?	Yes	Evidence was available from Original and/or Update for acceptability to practitioners
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Probably yes	Evidence was not available from Original and/or Update for feasibility

Comment

Resources: The panel noted that implementing this Recommendation may have different resource implications for different practitioners, depending on their individual circumstances (e.g., nature and scope of practice, existing resources).

Equity: The panel noted that this Recommendation has the potential to increase health equity by enhancing the accessibility of supports, particularly amongst people from diverse cultural backgrounds, based on consideration of the available evidence and the broader research evidence, professional standards, national regulations, and/or international conventions.

Feasibility: The panel noted that feasibility is implied based on evidence from practitioners and/or organisations in support of this Recommendation, but noted the lack of direct evidence.

Recommendation 7

Respecting First Nations Peoples: Services should be culturally safe for Aboriginal and Torres Strait Islander and other First Peoples, built on an acknowledgment of the barriers to accessing supports that they may experience; an understanding of current and historical truths and their enduring impact, and respect for deep connection to Country, language, customs, and traditions.

Grade of recommendation: Strong

Evidence for Recommendation

Evidence type	Evidence source	Evidence
Umbrella Review	-	
Community consultation focus groups	Autistic adults	
	Family	
	Practitioner	[ID39, A/F/P] First Nations still dealing with the mental health questions for and the whole model they have is very inspiring and it's something that the neurodivergent mental health professionals are really resound with. That whole idea of that it should be driven by the cultural group that know it rather than decided by someone else. So any like a, I mean I know you have people on your board F2 that, that's sort of the cultural experience of it, so that to ensure that it is done in a culturally safe manner.
Community consultation survey	Autistic people	[ID535, A/F/Oth] I was not asked about my CALD background and no consideration was given to how cultural differences or experiences of racism may have impacted my social behaviour or emotional state. eg did my friends tell me to loosen up a bit because of my Aspergers or my culture? Was my social reticence caused by Aspergers or by growing up being racially harassed during the White Australia Policy era (before the advent of anti-discrimination legislation?) Sadly, consideration of cultural differences and intersectional issues is missing in many surveys, including this one (so far).
	Family	[ID 992 F] Assessments for First Nations families in their own communities, preferably by First Nations practitioners, or in a culturally sensitive way.
	Practitioner	[ID817, P] An appropriate assessment process for aboriginal people on the spectrum current tools and processes are not sufficient
	Organisation	[ID919, Org] Culturally safe including for Aboriginal and/or Torres Strait Islander peoples, people of diverse gender and sexual orientation and those of culturally and linguistically diverse backgrounds.
	Other	

Evidence to decision judgements

Criteria	Question	Judgement	Evidence
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	High	Evidence available from the Original and Update from the autistic and autism communities (i.e., all stakeholders)
Benefits and Harms	Are there likely to be benefits for clients of implementing this Recommendation?	Yes	Evidence was available from Original and/or Update for potential benefits
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	Are the benefits for clients likely to outweigh any risks?	Yes	Evidence for benefits. No evidence for risks.
Values and preferences	Is the Recommendation consistent with the values and preferences of autistic people and their families?	Yes	Evidence was available from Original and/or Update for consistency with values and preferences
Resources	Is the Recommendation likely to require additional resources from clients?	No	No Evidence from Original and/or Update for additional resources for clients
	Is the Recommendation likely to require additional resources from practitioners?	Uncertain	Conflicting evidence for additional resources for practitioners
Equity	What would be the impact on health equity?	Increased	Evidence was available from Original and/or Update for an impact on equity
Acceptability	Is the Recommendation likely to be acceptable to autistic people and families?	Yes	Evidence was available from Original and/or Update for acceptability to autistic people and families
	Is the Recommendation likely to be acceptable to practitioners?	Yes	Evidence was available from Original and/or Update for acceptability to practitioners
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Probably yes	Evidence was not available from Original and/or Update for feasibility

Comment

Resources: The panel noted that implementing this Recommendation may have different resource implications for different practitioners, depending on their individual circumstances (e.g., nature and scope of practice, existing resources).

Equity: The panel noted that this Recommendation has the potential to increase health equity by enhancing the accessibility of supports, particularly amongst Aboriginal and Torres Strait Islander peoples, based on consideration of the available evidence and the broader research evidence, professional standards, national regulations, and/or international conventions.

Feasibility: The panel noted that feasibility is implied based on evidence from practitioners and/or organisations in support of this Recommendation, but noted the lack of direct evidence.

Recommendation 8

Neurodiversity-affirming: Assessment and diagnosis should be neurodiversity-affirming, embracing each client’s unique understanding of themselves, other people, and the world around them.

Grade of recommendation: Strong

Evidence for Recommendation

Evidence type	Evidence source	Evidence
Umbrella Review	-	
Community consultation focus groups	Autistic adults	[ID50, A/F/Oth) I mean, OK, the medical model is how it’s diagnosed at the moment. Unfortunately, but we’re not all deficits, and I think the more autistic or neurodivergent affirming practitioners there are out there, the safer our accessibility becomes.
	Family	[ID67, A/F/P] When practitioners have empathy in carefully choosing their language around autism e.g. dropping the disorder, validating autistic identity, allowing clients to be seen and authentic. When practitioners use more affirming tools such as the MIGDAS, and write reports in a neuroaffirming way. When practitioners value the lived experience of others and recognise, value and respect neurodiversity.
	Practitioner	[ID39, A/F/P] So, when people come into my office, they know that they can talk nonlinear, they can talk in tangents, they can info dump and then I’ll share their joy. But they can stim, they can stand and pace if they need to. So all of these things about who they are actually just a normal part and other expression of, that’s what the whole idea of neurodiversity, affirming psychology is about. That it’s actually just a variation in the human and this idea of normal has been really exacerbated, particularly in the last few decades.

Evidence type	Evidence source	Evidence
Community consultation survey	Autistic people	[ID846, A] There needs to be a more balanced approach to assessment that does not just focus on deficits. There should be recognition of the unique skills and thinking styles that are typically present in people with autism. Perception, intuitiveness, a unique way of thinking, attention to detail, increased empathy, sensitiveness, ability to see patterns in big picture ideas, connection with animals etc.
	Family	[ID155, F] Definitely strengths focus, not deficit based. I don't want my son to feel less, just to know how his mind works. The psychologist we had was brilliant at this and reframed challenges we sometimes have into seeing them as positive aspects of his personality.
	Practitioner	[ID416, P] We are trying to make the diagnostic process a more positive experience for our clients and families by taking a neurodiversity affirming lens and encouraging them to embrace their Autistic identity.
	Organisation	[ID250, Org] Neurodiversity-affirming. Evidence should prioritize autistic voices, including the evidence of the harms that can occur from non-affirming approaches to assessment and treatment.
	Other	[ID896, Org, Oth] Communication with family about differences not difficulties - Neurodivergent affirming.

Evidence to decision judgements

Criteria	Question	Judgement	Evidence
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	High	Evidence available from the Update from the autistic and autism communities (i.e., all stakeholders)
Benefits and Harms	Are there likely to be benefits for clients of implementing this Recommendation?	Yes	Evidence was available from Original and/or Update for potential benefits
	Are there likely to be risks for clients of implementing this Recommendation?	No	No evidence from Original and/or Update for potential risks
	Are the benefits for clients likely to outweigh any risks?	Yes	Evidence for benefits. No evidence for risks.
Values and preferences	Is the Recommendation consistent with the values and preferences of autistic people and their families?	Yes	Evidence was available from Original and/or Update for consistency with values and preferences
Resources	Is the Recommendation likely to require additional resources from clients?	No	No Evidence from Original and/or Update for additional resources for clients
	Is the Recommendation likely to require additional resources from practitioners?	No	No Evidence from Original and/or Update for additional resources for practitioners
Equity	What would be the impact on health equity?	Increased	Evidence was available from Original and/or Update for an impact on equity
Acceptability	Is the Recommendation likely to be acceptable to autistic people and families?	Yes	Evidence was available from Original and/or Update for acceptability to autistic people and families
	Is the Recommendation likely to be acceptable to practitioners?	Yes	Evidence was available from Original and/or Update for acceptability to practitioners
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Yes	Evidence was not available from Original and/or Update for feasibility

Comment

Certainty of Evidence: Multiple converging sources of evidence from the autistic and autism communities in updated evidence.

Equity: The panel noted that this Recommendation has the potential to increase health equity by enhancing the accessibility of supports for neurodiverse people, based on consideration of the available evidence and the broader research evidence, professional standards, national regulations, and/or international conventions.

Feasibility: The panel noted that feasibility is implied based on evidence from practitioners and/or organisations in support of this Recommendation, but noted the lack of direct evidence.

Recommendation 9

Competent: Practitioners involved in assessment and diagnosis should have appropriate qualifications; up-to-date knowledge, skills, and attitudes gained through continuing professional development and supervision; experience; and regulation that is relevant to assessment and diagnosis of autism.

Grade of recommendation: Strong

Evidence for Recommendation

Evidence type	Evidence source	Evidence
Umbrella Review	-	[Howes, 2021] A perceived lack of knowledge of how a person with autism presents was suggested to cause a delay in autistic traits being noticed. A lack of facts on ASD meant that some professionals felt they could not convey clear messages to parents about the diagnosis. Penner et al. (2017) described that professionals experienced diagnosis of both very young children and older children to be more challenging, and that girls were felt to be more difficult to diagnose, due to the differences in their presentation.
Community consultation focus groups	Autistic adults	[ID8, A] A lot of them simply don't have the knowledge and shouldn't be doing it. That there should be more stringent requirements as to how people get to be able to be a diagnostic person, however, however you say it. And perhaps including, perhaps there are some that are fine with assessing children, but shouldn't be assessing adults.
	Family	[ID61, A/F/P] My thoughts on diagnosis relate to screening a lot more (esp girls) for autism, and having the wider knowledge of different presentations (ie internalized vs externalised). I also think we need to reset and review both tools and measures, ie more familiar with female/internalizing presentation and identifying this, as well as reviewing how emerging psychologists are trained in Uni to see/identify these signs.
	Practitioner	[ID50, A/F/P] We can openly and clearly state what our training and experience is around autism, diagnosis and support and assessment. And if we're not at, you know, competent we need to state that, so we need to really practice within our competencies and most of our code of ethics actually state that, and yet we tend to bleed those lines. It's really important to stay within our competency and police ourselves as allied health practitioners and medical practitioners and certainly there needs to be more broader and more accessible training.

Evidence type	Evidence source	Evidence
Community consultation survey	Autistic people	[ID308, A] I found an autistic practitioner who understood the complexities of autism, including how it presents in women, masking, trauma, and how traits can present differently. I do not think I would've had as good of an experience with many other practitioners
	Family	[ID799, F] Also, most importantly, assessment should be conducted only by health professionals who have EXPERIENCE and good KNOWLEDGE of autism so that autistics with low support needs and/or who are female are not 'missed'.
	Practitioner	[ID338, P] ASD assessment requires specific training , knowledge and experience of working with individuals with ASD and targeted professional development. Many individuals, families, GP's, paediatricians, psychiatrists and psychologists have little understanding of ASD presentation and diagnosis. All professionals conducting assessment should have a specific training qualifications.
	Organisation	[ID393, Org] They need to be carried out by trained clinicians who have knowledge specific to assessment and diagnosis of ASD and who can provide differential diagnoses. This should be training based and not profession based.
	Other	[ID688, Oth] Any reference to psychology endorsement should be removed from the guideline. Focussing on years of relevant experience, training or supervision in the assessment of neurodevelopmental and behavioural disorders is a much better criteria.

Evidence to decision judgements

Criteria	Question	Judgement	Evidence
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	High	Evidence available from the Original and Update from the autistic and autism communities (i.e., all stakeholders)
Benefits and Harms	Are there likely to be benefits for clients of implementing this Recommendation?	Yes	Evidence was available from Original and/or Update for potential benefits
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	Are the benefits for clients likely to outweigh any risks?	Yes	Evidence for benefits. No evidence for risks.
Values and preferences	Is the Recommendation consistent with the values and preferences of autistic people and their families?	Yes	Evidence was available from Original and/or Update for consistency with values and preferences
Resources	Is the Recommendation likely to require additional resources from clients?	No	No Evidence from Original and/or Update for additional resources for clients
	Is the Recommendation likely to require additional resources from practitioners?	No	No Evidence from Original and/or Update for additional resources for practitioners
Equity	What would be the impact on health equity?	Uncertain/ conflicting	Evidence was not available from Original and/or Update for an impact on equity
Acceptability	Is the Recommendation likely to be acceptable to autistic people and families?	Yes	Evidence was available from Original and/or Update for acceptability to autistic people and families
	Is the Recommendation likely to be acceptable to practitioners?	Yes	Evidence was available from Original and/or Update for acceptability to practitioners
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Yes	Evidence was not available from Original and/or Update for feasibility

Comment

Feasibility: The panel noted that feasibility is implied based on evidence from practitioners and/or organisations in support of this Recommendation, but noted the lack of direct evidence.

Recommendation 10

Equity: All individuals should have access to timely and affordable assessment and diagnostic services regardless of their age, gender, cultural background, socioeconomic status, or geographical location.

Grade of recommendation: Strong

Evidence for Recommendation

Evidence type	Evidence source	Evidence
Umbrella Review	-	[Loubersac, 2021] The diagnosis of ASD was, on average, earlier in areas with a higher median income. A significant 15-month age difference at diagnosis was reported by Thomas et al. [33] between children who live in a zone with a high median income (> \$90,000) and those living in a zone with a lower median income (< \$30,000). Those children living in a high median income area also received more assessments, which may have contributed to their earlier diagnosis. African-American children were diagnosed approximately 14 years later than Caucasian children, with the difference being identical after adjusting for gender and socioeconomic status. Children residing in rural or semi-urban areas were mostly diagnosed later, after the age of seven years (85%).
Community consultation focus groups	Autistic adults	[ID1, A/F] It shouldn't matter if you're on a private wait list or a public wait list, or you get it done through Medicare or whatever. Everyone is afforded the same quality of service and has access to diagnosis.
	Family	[ID29, F/P] The first point is equity, so that's the major thing. So as a mum and as a professional, that's what I'm seeing consistently across, that it's not always equitable. So for families who cannot afford to bypass, you know, the public system, that means they'll have to wait. And for families that potentially can afford to pay for assessment and diagnosis, they can get that done straight away.
	Practitioner	[ID51, A/F/P] The waitlists are horrendous and huge. There's a financial gatekeeping. These assessments are expensive and there is no way to access funding because you need the assessment to get funding to start with. So it becomes a nightmare for those that just don't have that financial availability.

Evidence type	Evidence source	Evidence
Community consultation survey	Autistic people	[ID506, A] Cost and waiting times -- as adults, formal diagnosis is a privilege extended to the few who can afford it (financially, emotionally, mentally, time-wise). For children, waiting lists and costs are factors.
	Family	[ID571, F] Access to diagnosis providers and making the process easier to go through. Some families cannot wait years or have the finances to go private and costs and access are HUGE limitations in the system.
	Practitioner	[ID562, P] There are severe challenges with equity of access to formal assessments at this time. The most socio-economically disadvantaged persons are most at risk of severe disability and poor function due to lack of access to assessments and therefore lack of access to therapies. State services are overwhelmed for children and for persons over 18 years of age there are no publicly available assessments and private are prohibitively expensive. This increases the burden of disability and comorbidity in the community.
	Organisation	[ID759, Org] It's an expensive and long, drawn out process that's out of reach for those without funds to pay privately, those from disadvantaged backgrounds, or those who live remotely.
	Other	[ID759, Oth] There needs to be bulk billed assessment clinics without years-long wait-lists.

Evidence to decision judgements

Criteria	Question	Judgement	Evidence
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	High	Evidence available from the Original and Update from the autistic and autism communities (i.e., all stakeholders)
Benefits and Harms	Are there likely to be benefits for clients of implementing this Recommendation?	Yes	Evidence was available from Original and/or Update for potential benefits
	Are there likely to be risks for clients of implementing this Recommendation?	No	No evidence from Original and/or Update for potential risks
	Are the benefits for clients likely to outweigh any risks?	Yes	Evidence for benefits. No evidence for risks.
Values and preferences	Is the Recommendation consistent with the values and preferences of autistic people and their families?	Yes	Evidence was available from Original and/or Update for consistency with values and preferences
Resources	Is the Recommendation likely to require additional resources from clients?	No	No Evidence from Original and/or Update for additional resources for clients
	Is the Recommendation likely to require additional resources from practitioners?	Uncertain	Conflicting evidence for additional resources for practitioners
Equity	What would be the impact on health equity?	Increased	Evidence was available from Original and/or Update for an impact on equity
Acceptability	Is the Recommendation likely to be acceptable to autistic people and families?	Yes	Evidence was available from Original and/or Update for acceptability to autistic people and families
	Is the Recommendation likely to be acceptable to practitioners?	Yes	Evidence was available from Original and/or Update for acceptability to practitioners
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Uncertain	Evidence was not available from Original and/or Update for feasibility

Comment

Resources: The panel noted that implementing this Recommendation may have different resource implications for different practitioners, depending on their individual circumstances (e.g., nature and scope of practice, existing resources).

Equity: The panel noted that ensuring timely access to affordable assessment and diagnostic services would increase health equity by addressing current disparities in access.

Feasibility: The panel noted that the feasibility of implementing this Recommendation will differ for different practitioners, depending on their individual circumstances (e.g., nature and scope of existing practice, existing resources).

Recommendation 11

Coordinated: Practitioners should work in a coordinated way with other service providers to improve access and reduce burden on the client.

Grade of recommendation: Strong

Evidence for Recommendation

Evidence type	Evidence source	Evidence
Umbrella Review	-	[Legg & Tickle, 2019] Parents wished for support from a key-worker during and after diagnosis; better communication, continuity and joint-working between services.
Community consultation focus groups	Autistic adults	[ID6, A] There's not enough like communication between different clinicians.
	Family	[ID15, A/F] We had to see our own paediatrician because, even privately, nobody works together as a team. You've gotta see three different people you gotta go to three different places.
	Practitioner	[ID32, P] And it's really difficult for people to go and get the multidisciplinary assessments. So often I find that I'm working with paediatricians to do that initial assessment, clarify the diagnosis to get in the front door, and then we're seeking further multidisciplinary assessment and getting recommendations to make sure that it's comprehensive.

Evidence type	Evidence source	Evidence
Community consultation survey	Autistic people	[ID440, A] Ideally, the assessment would be conducted over more than three interviews, with more holistic and integrated care. Everything is so separate, there's no connection between any of my clinicians because they all exist in their own little worlds and specialties. There need to be more dedicated channels and support systems for these processes. At the moment it feels like I have to travel to a host of different islands to address my care which is incredibly taxing as an Autistic person and isn't helpful in actually supporting my needs or creating plans for the future. All of the work is left up to me, I am solely responsible for advocating and organising myself.
	Family	[ID184, A/F] Proactive. Manage the process for me. I don't want to have to pick the doctor, pick the psychiatrist, pick the team etc. I don't know who is best or what they cost. I struggle with phone calls, following up with emails, making appointments.
	Practitioner	[ID812, P] It's good when collaboration occurs between medical and allied health professionals. Helpful to gain thorough information from the referrer so the assessing allied health clinicians can determine suitable assessment tools to use during the assessment process.
	Organisation	[ID590, P/Org] Multi-Disciplinary assessment services for all children. Local, on the ground assessors who can observe the children in their school/real life environment. More interaction between assessors and professionals working with children (teachers, school psych, school speech path, school nurse).
	Other	[ID760, Org] Transdisciplinary approach - close collaboration between psychologist, speech therapist, occupational therapist, and family.

Evidence to decision judgements

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Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	High	Evidence available from the Original and Update from the autistic and autism communities (i.e., all stakeholders)
Benefits and Harms	Are there likely to be benefits for clients of implementing this Recommendation?	Yes	Evidence was available from Original and/or Update for potential benefits
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	Are the benefits for clients likely to outweigh any risks?	Yes	Evidence for benefits. No evidence for risks.
Values and preferences	Is the Recommendation consistent with the values and preferences of autistic people and their families?	Yes	Evidence was available from Original and/or Update for consistency with values and preferences
Resources	Is the Recommendation likely to require additional resources from clients?	No	No Evidence from Original and/or Update for additional resources for clients
	Is the Recommendation likely to require additional resources from practitioners?	No	No Evidence from Original and/or Update for additional resources for practitioners
Equity	What would be the impact on health equity?	Uncertain/ conflicting	Evidence was not available from Original and/or Update for an impact on equity
Acceptability	Is the Recommendation likely to be acceptable to autistic people and families?	Yes	Evidence was available from Original and/or Update for acceptability to autistic people and families
	Is the Recommendation likely to be acceptable to practitioners?	Yes	Evidence was available from Original and/or Update for acceptability to practitioners
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Yes	Evidence was not available from Original and/or Update for feasibility

Comment

Feasibility: The panel noted that feasibility is implied based on evidence from practitioners and/or organisations in support of this Recommendation, but noted the lack of direct evidence.

What qualifications, knowledge, skills, training, and supervision are required to contribute to referral, assessment of functioning, medical evaluation, and/or diagnostic evaluations?

Recommendation 12

The process for assessment and diagnosis of autism should include referral, a Comprehensive Needs Assessment that comprises an Assessment of Functioning and Medical Evaluation, and a Diagnostic Evaluation when appropriate, with referral for supports made at any stage a need is identified.

Grade of recommendation: Strong

Evidence for Recommendation

Evidence type	Evidence source	Evidence
Umbrella Review	-	<p>[Howes, 2021] Referral pathways also influenced professionals’ experiences of the assessment process. A clear process for referral pathways allowed for a single point of referral, helping facilitate the diagnostic process.</p> <p>The benefits of multidisciplinary teams were noted. Multidisciplinary teams helped compensate for the clinical setting of a formal diagnostic assessment, by allowing observations to take place in a variety of environments</p>
Community consultation focus groups	Autistic adults	
	Family	
	Practitioner	

Evidence type	Evidence source	Evidence
Community consultation survey	Autistic people	[ID122, A/P] Important to let the client know that it is a comprehensive assessment and never ever just tell someone to do an ADOS.
	Family	[ID964, F/Oth] Appropriate comprehensive assessment.
	Practitioner	[ID404, P] Suitability of both child being referred and service being referred to. For older children and adults - differential diagnostic approach to assessment (rather than a categorical “does this person have autism” yes/no approach; is ASD the best explanation for the presentation (rather than can we find enough ASD characteristics to say “yes”, regardless of other possible conditions/influences).
	Organisation	[ID919, Org] Practitioners should refer to and engage other professions, as required, to ensure assessments are comprehensive and evidence-based.
	Other	[ID497, Oth] Completed by MDT to cover both physical and psychological factors, where appropriate, include assessment of other psychiatric conditions that may be relevant (ADHD/Depression/Anxiety/Sleep problems), full speech work up and intelligence testing. Must be comprehensive and guided by needs of individual and family.

Evidence to decision judgements

Criteria	Question	Judgement	Evidence
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	High	Evidence available from the Original and Update from the autistic and autism communities (i.e., all stakeholders)
Benefits and Harms	Are there likely to be benefits for clients of implementing this Recommendation?	Yes	Evidence was available from Original and/or Update for potential benefits
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	Are the benefits for clients likely to outweigh any risks?	Yes	Evidence for benefits. No evidence for risks.
Values and preferences	Is the Recommendation consistent with the values and preferences of autistic people and their families?	Yes	Evidence was available from Original and/or Update for consistency with values and preferences
Resources	Is the Recommendation likely to require additional resources from clients?	No	No Evidence from Original and/or Update for additional resources for clients
	Is the Recommendation likely to require additional resources from practitioners?	No	No Evidence from Original and/or Update for additional resources for practitioners
Equity	What would be the impact on health equity?	Uncertain/ conflicting	Evidence was not available from Original and/or Update for an impact on equity
Acceptability	Is the Recommendation likely to be acceptable to autistic people and families?	Yes	Evidence was available from Original and/or Update for acceptability to autistic people and families
	Is the Recommendation likely to be acceptable to practitioners?	Yes	Evidence was available from Original and/or Update for acceptability to practitioners
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Yes	Evidence was not available from Original and/or Update for feasibility

Comment

Feasibility: The panel noted that feasibility is implied based on evidence from practitioners and/or organisations in support of this Recommendation, but noted the lack of direct evidence.

Recommendation 13

Practitioners should adopt a tiered approach to diagnostic evaluation, commencing with a Lead Practitioner Diagnostic Evaluation, and if high diagnostic confidence cannot be reached, progressing to a Consensus Team Diagnostic Evaluation.

Grade of recommendation: Strong

Evidence for Recommendation

Evidence type	Evidence source	Evidence
Umbrella Review	-	
Community consultation focus groups	Autistic adults	
	Family	
	Practitioner	
Community consultation survey	Autistic people	[ID955, A] Evidenced based, really know your stuff, particularly for female high masking autism so you don't misjudge us. I had to pay thousands of dollars to access Drs that were suitably qualified to diagnose for female autism because many are not trained properly from the horror stories.
	Family	
	Practitioner	[ID787, P] Value of ASD diagnosis to the client (for funding, support, identity); financial capacity; referral on to appropriately qualified practitioner.
	Organisation	
	Other	[ID237, A,Oth] Question: who determines whether persons setting themselves up as "autism experts" are in fact autism experts -- and clinically competent. I was poorly assessed by an owner of an autism-only practice. Given my own clinical background I could diagnose the results of mountains of paper tests.

Evidence to decision judgements

Criteria	Question	Judgement	Evidence
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	High	Evidence available from the Original and Update from the autistic and autism communities (i.e., all stakeholders)
Benefits and Harms	Are there likely to be benefits for clients of implementing this Recommendation?	Yes	Evidence was available from Original and/or Update for potential benefits
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	Are the benefits for clients likely to outweigh any risks?	Yes	Evidence for benefits. No evidence for risks.
Values and preferences	Is the Recommendation consistent with the values and preferences of autistic people and their families?	Yes	Evidence was available from Original and/or Update for consistency with values and preferences
Resources	Is the Recommendation likely to require additional resources from clients?	No	No Evidence from Original and/or Update for additional resources for clients
	Is the Recommendation likely to require additional resources from practitioners?	No	No Evidence from Original and/or Update for additional resources for practitioners
Equity	What would be the impact on health equity?	Probably increased	Evidence was available from Original and/or Update for an impact on equity
Acceptability	Is the Recommendation likely to be acceptable to autistic people and families?	Yes	Evidence was available from Original and/or Update for acceptability to autistic people and families
	Is the Recommendation likely to be acceptable to practitioners?	Yes	Evidence was available from Original and/or Update for acceptability to practitioners
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Probably yes	Evidence was not available from Original and/or Update for feasibility

Comment

Equity: The panel noted that a tiered approach that commences with a Lead Practitioner Diagnostic Evaluation should increase health equity by addressing current disparities in access, particularly for people living in rural and remote locations.

Feasibility: The panel noted that feasibility is implied based on evidence from practitioners and/or organisations in support of this Recommendation, but noted the lack of direct evidence.

Recommendation 14

Practitioners should have knowledge of human development, diagnostic criteria for common neurodevelopmental and behavioural conditions (including autism), and appropriate support services.

Grade of recommendation: Strong

Evidence for Recommendation

Evidence type	Evidence source	Evidence
Umbrella Review	-	[Brown, 2021] It was reported that some health professionals lacked detailed knowledge about ASD and the implications arising from the condition, thereby provoking emotions including denial, confusion, shame and disbelief in some fathers (O'Halloran et al., 2013; Vacca, 2013).
Community consultation focus groups	Autistic adults	[ID1, A/F] If we don't get the training that they're trained on, they've already learned the deficit-based language. I'm studying community services and I've got marked down because I said autistic not as autism. So if the TAFE and university syllabus that are training our doctors are not using neuro-affirming language from the beginning, it's too late. By the time the doctor's got their degrees.
	Family	[ID2, A/F/O] A lot of medical practitioners have issues differentiating between mental health and autism. So, if you're presenting with mental health issues, they really wanted to fix your mental health issues and try and make you better, instead of exploring why you are having those particular mental health issues.
	Practitioner	[ID26, P] I think there is a continuing improvement of understanding. That autism can look different and that it's not, you know, a child rocking in the corner, avoiding eye contact, that there is a growth in our understanding. And it's not just practitioners who work with autism. There is a growing understanding and an interest from people who are referring in for assessments as well, which has been, which has been good, you know they're, they're actively seeking out opinions of people who know.

Evidence type	Evidence source	Evidence
Community consultation survey	Autistic people	[ID270, A/F/P] Having a current understanding of it, not a stigmatised outdated one.
	Family	[ID182, F/P] Be mindful of biases/expectations about what autism SHOULD look like. Be honest and use neurodiversity affirming language with parents/caregivers/autistic individuals. Autism isn't scary, but parents are terrified of it because of stigma and misinformation. Be receptive to communication and concerns from the client and/or caregivers. If families are concerned, this is a valid reason for referral. Be aware of co-occurring diagnoses and how these can 'muddy the waters'/complicate the picture e.g. giftedness, anxiety, ADHD etc.
	Practitioner	[ID507, P] That they consider the DSM-5 criteria, but are flexible in the way that they gather information about whether someone meets criteria. It is also important to consider how autism can present in different populations- e.g., girls/women, adults etc. It is also helpful for the clinician to consider other issues that could be impacting presentation and provide information about this, e.g. anxiety, ADHD, depression etc. etc.
	Organisation	[ID919, Org] Primary healthcare providers who make referrals for diagnostic services should be trained in typical child development and/or the signs and symptoms of common neurodevelopmental and behavioural conditions, which may include restricted or repetitive eating behaviours associated with autism. APDs with relevant training and professional experience may recognise the signs and/or symptoms of autism in their clients and be well-placed to recommend a referral.
	Other	[ID275, P/Oth] That the person who is completing the assessment is experienced not just in assessment, but more broadly to pick up the subtleties associated with autism. Experience is crucial.

Evidence to decision judgements

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Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	High	Evidence available from the Original and Update from the autistic and autism communities (i.e., all stakeholders)
Benefits and Harms	Are there likely to be benefits for clients of implementing this Recommendation?	Yes	Evidence was available from Original and/or Update for potential benefits
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	Are the benefits for clients likely to outweigh any risks?	Yes	Evidence for benefits. No evidence for risks.
Values and preferences	Is the Recommendation consistent with the values and preferences of autistic people and their families?	Yes	Evidence was available from Original and/or Update for consistency with values and preferences
Resources	Is the Recommendation likely to require additional resources from clients?	No	No Evidence from Original and/or Update for additional resources for clients
	Is the Recommendation likely to require additional resources from practitioners?	No	No Evidence from Original and/or Update for additional resources for practitioners
Equity	What would be the impact on health equity?	Uncertain/ conflicting	Evidence was not available from Original and/or Update for an impact on equity
Acceptability	Is the Recommendation likely to be acceptable to autistic people and families?	Yes	Evidence was available from Original and/or Update for acceptability to autistic people and families
	Is the Recommendation likely to be acceptable to practitioners?	Yes	Evidence was available from Original and/or Update for acceptability to practitioners
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Yes	Evidence was not available from Original and/or Update for feasibility

Comment

Feasibility: The panel noted that feasibility is implied based on evidence from practitioners and/or organisations in support of this Recommendation, but noted the lack of direct evidence.

Recommendation 15

Practitioners should have the skills necessary to carry out their professional roles, as well as skills and experience specific to working with autistic clients.

Grade of recommendation: Strong

Evidence for Recommendation

Evidence type	Evidence source	Evidence
Umbrella Review	-	
Community consultation focus groups	Autistic adults	[ID6, A/F/P] Exactly practitioners should be encouraged to screen for ADHD especially as part of diagnosis - the concomitance is exceptionally high and can help develop specific supports that recognise impacts of both.
	Family	
	Practitioner	
Community consultation survey	Autistic people	[ID636, A] That they refer to a psychologist with a special interest in ASD assessments.
	Family	[ID458, F/P] Experience of practitioner with autism and assessment, noting this does not have to be formal qualifications. The emphasis on formal qualifications is not always an indication of a practitioners knowledge and understanding of autistic presentation particularly for girls.
	Practitioner	[ID268, P] Differential diagnoses and screening for other conditions such as genetic disorders, trauma, intellectual disability, comorbid mental health conditions.
	Organisation	
	Other	[ID275, P/Oth] Experience in working with the population you're supporting. Clinical skills in evaluating when it's appropriate or not appropriate to have other parties present. Regular check-ins, taking the time to develop rapport with the young person. Allowing breaks, check-ins with parents if needed. Being aware of the person's coping mechanisms and how they can be included in the assessment.

Evidence to decision judgements

Criteria	Question	Judgement	Evidence
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	High	Evidence available from the Original and Update from the autistic and autism communities (i.e., all stakeholders)
Benefits and Harms	Are there likely to be benefits for clients of implementing this Recommendation?	Yes	Evidence was available from Original and/or Update for potential benefits
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	Are the benefits for clients likely to outweigh any risks?	Yes	Evidence for benefits. No evidence for risks.
Values and preferences	Is the Recommendation consistent with the values and preferences of autistic people and their families?	Yes	Evidence was available from Original and/or Update for consistency with values and preferences
Resources	Is the Recommendation likely to require additional resources from clients?	No	No Evidence from Original and/or Update for additional resources for clients
	Is the Recommendation likely to require additional resources from practitioners?	No	No Evidence from Original and/or Update for additional resources for practitioners
Equity	What would be the impact on health equity?	Uncertain/ conflicting	Evidence was not available from Original and/or Update for an impact on equity
Acceptability	Is the Recommendation likely to be acceptable to autistic people and families?	Yes	Evidence was available from Original and/or Update for acceptability to autistic people and families
	Is the Recommendation likely to be acceptable to practitioners?	Yes	Evidence was available from Original and/or Update for acceptability to practitioners
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Probably yes	Evidence was not available from Original and/or Update for feasibility

Comment

Feasibility: The panel noted that feasibility is implied based on evidence from practitioners and/or organisations in support of this Recommendation, but noted the lack of direct evidence.

Recommendation 16

Practitioners should engage in continuing training and supervision necessary to carry out their professional roles when working with clients.

Grade of recommendation: Strong

Evidence for Recommendation

Evidence type	Evidence source	Evidence
Umbrella Review	-	[Clark & Fung, 2022] The results reported by these studies suggest that by completing specialized training programs related to autism, physicians were more knowledgeable on topics related to the condition, more confident in their ability to provide care to autistic individuals, and more likely to screen their patients for autism spectrum disorder.
Community consultation focus groups	Autistic adults	[ID 35, A/P] We do use those standardised assessments, however. Have been getting a lot of supervision around making those assessments more affirming because I think the gold standard assessments aren't affirming and can be framed in a very deficit focus.
	Family	[ID27, A/F/P/Oth] I think if you can show you have done recent education and supervision you are more likely to be able to do an appropriate assessment.
	Practitioner	[ID53, P] I do think that there needs to be some kind of training standards. I think that some additional training standards might actually be helpful. Like I think if we look at the eating disorder credentialing program that was rolled out, where there's a kind of minimum training standard that you have to meet and then you meet a minimum standard of peer supervision and individual supervision to maintain that credentialing.
Community consultation survey	Autistic people	
	Family	[ID378, F] Again more education. My daughters current psychologist has attended further training as she herself missed the signs in my daughter.
	Practitioner	[ID 493, P/Oth] At this stage of workforce development I think its really important to facilitate upskilling of clinicians new to the area to reduce the barrier to diagnosis. While evidence-base/formal knowledge is important this is an area that requires a fair bit of clinical judgement, and access to supervision/secondary consultation/supports is going to be the missing link that will allow rapid upskilling without loss of diagnostic accuracy.
	Organisation	[ID393, Org] Having clinicians who are trained and experienced in identifying characteristics of ASD (both genders and across the lifespan) and who are also able to provide differential diagnoses. Clinicians who are trained to use EB assessment tools. Clinicians who are trained in delivering and supporting families with the diagnosis.
	Other	

Evidence to decision judgements

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Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	High	Evidence available from the Original and Update from the autistic and autism communities (i.e., all stakeholders)
Benefits and Harms	Are there likely to be benefits for clients of implementing this Recommendation?	Yes	Evidence was available from Original and/or Update for potential benefits
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	Are the benefits for clients likely to outweigh any risks?	Yes	Evidence for benefits. No evidence for risks.
Values and preferences	Is the Recommendation consistent with the values and preferences of autistic people and their families?	Yes	Evidence was available from Original and/or Update for consistency with values and preferences
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	Is the Recommendation likely to require additional resources from practitioners?	No	No Evidence from Original and/or Update for additional resources for practitioners
Equity	What would be the impact on health equity?	Uncertain/ conflicting	Evidence was not available from Original and/or Update for an impact on equity
Acceptability	Is the Recommendation likely to be acceptable to autistic people and families?	Yes	Evidence was available from Original and/or Update for acceptability to autistic people and families
	Is the Recommendation likely to be acceptable to practitioners?	Yes	Evidence was available from Original and/or Update for acceptability to practitioners
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Yes	Evidence was not available from Original and/or Update for feasibility

Comment

Feasibility: The panel noted that feasibility is implied based on evidence from practitioners and/or organisations in support of this Recommendation, but noted the lack of direct evidence.

What settings are appropriate for assessment?

Recommendation 17

Assessment should occur in settings that are most appropriate for gathering an accurate and complete understanding of the client and their context, and that supports their privacy, safety, and comfort.

Grade of recommendation: Strong

Evidence for Recommendation

Evidence type	Evidence source	Evidence
Umbrella Review	-	[Boshoff, 2019] Parents also described that the methods by which health professionals assessed their child were compromised. Assessments were typically conducted in environments unfamiliar to the child, which impacted on the opportunity to observe the child's full potential (Carlsson, Miniscalco, Kadescjo, & Laakso, 2016).
Community consultation focus groups	Autistic adults	
	Family	
	Practitioner	
Community consultation survey	Autistic people	[ID25, A/F] Age and Stage appropriate set up - this is why we need specialised clinics.
	Family	[ID96, F] To not use behaviour in clinic as the deciding factor.
	Practitioner	[ID23, P] The environments that are being used to assess functioning and how supportive these environments are.
	Organisation	[ID393, Org] Ensuring assessments look at all areas of functioning and that assessments occur in the appropriate contexts to adequately determine any barriers within those contexts.
	Other	[ID896, Org/Oth] Look across environments.

Evidence to decision judgements

Criteria	Question	Judgement	Evidence
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	High	Evidence available from the Original and Update from the autistic and autism communities (i.e., all stakeholders)
Benefits and Harms	Are there likely to be benefits for clients of implementing this Recommendation?	Yes	Evidence was available from Original and/or Update for potential benefits
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	Is the Recommendation likely to require additional resources from practitioners?	Uncertain	Conflicting evidence for additional resources for practitioners
Equity	What would be the impact on health equity?	Uncertain/conflicting	Evidence was not available from Original and/or Update for an impact on equity
Acceptability	Is the Recommendation likely to be acceptable to autistic people and families?	Yes	Evidence was available from Original and/or Update for acceptability to autistic people and families
	Is the Recommendation likely to be acceptable to practitioners?	Yes	Evidence was available from Original and/or Update for acceptability to practitioners
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Probably yes	Evidence was not available from Original and/or Update for feasibility

Comment

Resources: The panel noted that implementing this Recommendation may have different resource implications for different practitioners, depending on their individual circumstances (e.g., nature and scope of practice, existing resources).

Feasibility: The panel noted that feasibility is implied based on evidence from practitioners and/or organisations in support of this Recommendation, but noted the lack of direct evidence.

What modes are appropriate for assessment?

Recommendation 18

Telehealth may be used to complement in-person meetings, but should not be used as the sole medium throughout the assessment and diagnostic process.

Grade of recommendation: Strong

Evidence for Recommendation

Evidence type	Evidence source	Evidence
Umbrella Review	-	<p>[Ellison, 2021] Findings, although still emerging, encouragingly suggested that services via telehealth were equivalent or better to services face-to-face. Results support the benefits to using telehealth with individuals with ASD.</p> <p>All of the assessment studies included in this review demonstrate the feasibility of using telehealth to accurately assess not only for diagnostic purposes, but to also conduct other forms of assessments with children with ASD.</p>
Community consultation focus groups	Autistic adults	[ID7, A] Make it very easily accessible and not the be all and end all to have face to face and demand that I think that's where they're going with their process was that it is optional in circumstances where it's reasonable, and I think it very helpful in the rural areas as well.
	Family	
	Practitioner	[ID34, P] A lot is possible via telehealth. And I would say assessments included, I think that actually a lot of our assessment tools, including naturalistic observations can be conducted by you know, video observations etcetera and and that you know we learnt that we didn't have to see see the person they're in a clinical environment. Having said that, it's it's not a one-size-fits-all and I think that the take home is that there needs to be a choice.

Evidence type	Evidence source	Evidence
Community consultation survey	Autistic people	[ID860, A/F/P] Allow for online appointments if needed. Have spaces that are autism friendly - quiet waiting area, no bright lighting, run on time no long waiting in waiting area or let us know via text of practice running behind schedule, support organisations of appointment times, email is often preferred to phone calls.
	Family	
	Practitioner	[ID943, P/Org] Accommodations should be made to ensure that assessments are accessible (e.g., by ensuring that waiting rooms are comfortable from a sensory perspective). When it is challenging for families to attend appointments, assessments should be offered in familiar and non-distressing environments (e.g., Telehealth, home, school). People should be given the opportunity to bring a support person of their choosing for all appointments
	Organisation	
	Other	

Evidence to decision judgements

Criteria	Question	Judgement	Evidence
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Benefits and Harms	Are there likely to be benefits for clients of implementing this Recommendation?	Yes	Evidence was available from Original and/or Update for potential benefits
	Are there likely to be risks for clients of implementing this Recommendation?	Probably no	No evidence from Original and/or Update for potential risks
	Are the benefits for clients likely to outweigh any risks?	Yes	Evidence for benefits. No evidence for risks.
Values and preferences	Is the Recommendation consistent with the values and preferences of autistic people and their families?	Yes	Evidence was available from Original and/or Update for consistency with values and preferences
Resources	Is the Recommendation likely to require additional resources from clients?	No	No Evidence from Original and/or Update for additional resources for clients
	Is the Recommendation likely to require additional resources from practitioners?	Uncertain	Conflicting evidence for additional resources for practitioners
Equity	What would be the impact on health equity?	Probably increased	Evidence was available from Original and/or Update for an impact on equity
Acceptability	Is the Recommendation likely to be acceptable to autistic people and families?	Yes	Evidence was available from Original and/or Update for acceptability to autistic people and families
	Is the Recommendation likely to be acceptable to practitioners?	Yes	Evidence was available from Original and/or Update for acceptability to practitioners
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Uncertain	Evidence was not available from Original and/or Update for feasibility

Comment

Benefits and Harms: The panel noted strong evidence supporting diagnostic accuracy, however, only emerging evidence for the use of telehealth in other aspects of the assessment process and the associated benefits versus risks.

Resources: The panel noted that implementing this Recommendation may have different resource implications for different practitioners, depending on their individual circumstances (e.g., nature and scope of practice, existing resources).

Equity: The panel noted that this Recommendation has the potential to increase health equity by recommending the use of telehealth, which may be more accessible for some people and families.

Feasibility: The panel noted that the feasibility of implementing this Recommendation will differ for different practitioners, depending on their individual circumstances (e.g.,

How should information be collected in an assessment?

Recommendation 19

Practitioners should collect assessment information through talking to the client, and where relevant, the client's family and family-like people.

Grade of recommendation: Strong

Evidence for Recommendation

Evidence type	Evidence source	Evidence
Umbrella Review	-	[Howes, 2021] Some professionals stated that weaknesses in diagnostic tools and guides meant that tools were often not “subtle” enough (Rogers et al., 2016, p. 827) when trying to diagnose someone with an atypical presentation. Standard assessments need to be supplemented with a personal approach to decide what works for the child.
Community consultation focus groups	Autistic adults	
	Family	
	Practitioner	
Community consultation survey	Autistic people	[ID80, A] Listen to the client. [ID79, A] Provide accomodations (breaks, written communication, AAC, support person).
	Family	[ID46, A/F] To listen and understand parents experience and value their opinions when they are asking for referrals for testing, to have teams they work with both for diagnosis and therapies. To educate parents how emotional it can be.
	Practitioner	[ID258, P] Collaboration with the family/client and all other assessing professionals.
	Organisation	[ID896, Org/Oth] If the professional is proactive in diagnosis. If they will contact other significant people to collect information, not just base it off 2 hours interaction with the individual.
	Other	[ID172, Oth] Speaking to the child not about them as though they arent there.

Evidence to decision judgements

Criteria	Question	Judgement	Evidence
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	High	Evidence available from the Original and Update from the autistic and autism communities (i.e., all stakeholders)
Benefits and Harms	Are there likely to be benefits for clients of implementing this Recommendation?	Yes	Evidence was available from Original and/or Update for potential benefits
	Are there likely to be risks for clients of implementing this Recommendation?	No	No evidence from Original and/or Update for potential risks
	Are the benefits for clients likely to outweigh any risks?	Yes	Evidence for benefits. No evidence for risks.
Values and preferences	Is the Recommendation consistent with the values and preferences of autistic people and their families?	Yes	Evidence was available from Original and/or Update for consistency with values and preferences
Resources	Is the Recommendation likely to require additional resources from clients?	No	No Evidence from Original and/or Update for additional resources for clients
	Is the Recommendation likely to require additional resources from practitioners?	No	No Evidence from Original and/or Update for additional resources for practitioners
Equity	What would be the impact on health equity?	Uncertain/ conflicting	Evidence was not available from Original and/or Update for an impact on equity
Acceptability	Is the Recommendation likely to be acceptable to autistic people and families?	Yes	Evidence was available from Original and/or Update for acceptability to autistic people and families
	Is the Recommendation likely to be acceptable to practitioners?	Yes	Evidence was available from Original and/or Update for acceptability to practitioners
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Yes	Evidence was not available from Original and/or Update for feasibility

Comment

Feasibility: The panel noted that feasibility is implied based on evidence from practitioners and/or organisations in support of this Recommendation, but noted the lack of direct evidence.

Recommendation 20

Practitioners should collect assessment information by observing the way the client interacts with other people and the world around them in clinical and/or community settings.

Grade of recommendation: Strong

Evidence for Recommendation

Evidence type	Evidence source	Evidence
Umbrella Review	-	
Community consultation focus groups	Autistic adults	
	Family	
	Practitioner	
Community consultation survey	Autistic people	[ID408, A/F/P] Use of several validated assessment tools plus clinical observations.
	Family	[ID5, F/Org] Evidenced based assessment based on actual evidence and direct observation - NOT 100% parental report which can be exaggerated or fabricated.
	Practitioner	[ID147, P] Access to collateral information and assessment of the client in their own environment.
	Organisation	[ID269, P/Org] Looking at the client's life and not just how they present in the session. Taking in their skills, interests and passions in addition to their needs. Speaking to school, family members to get an overall picture of the client's needs. Understanding their want and level of participation in society and how best to support them.
	Other	

Evidence to decision judgements

Criteria	Question	Judgement	Evidence
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	High	Evidence available from the Original and Update from the autistic and autism communities (i.e., all stakeholders)
Benefits and Harms	Are there likely to be benefits for clients of implementing this Recommendation?	Yes	Evidence was available from Original and/or Update for potential benefits
	Are there likely to be risks for clients of implementing this Recommendation?	Probably no	No evidence from Original and/or Update for potential risks
	Are the benefits for clients likely to outweigh any risks?	Yes	Evidence for benefits. No evidence for risks.
Values and preferences	Is the Recommendation consistent with the values and preferences of autistic people and their families?	Yes	Evidence was available from Original and/or Update for consistency with values and preferences
Resources	Is the Recommendation likely to require additional resources from clients?	No	No Evidence from Original and/or Update for additional resources for clients
	Is the Recommendation likely to require additional resources from practitioners?	No	No Evidence from Original and/or Update for additional resources for practitioners
Equity	What would be the impact on health equity?	Uncertain/ conflicting	Evidence was not available from Original and/or Update for an impact on equity
Acceptability	Is the Recommendation likely to be acceptable to autistic people and families?	Yes	Evidence was available from Original and/or Update for acceptability to autistic people and families
	Is the Recommendation likely to be acceptable to practitioners?	Yes	Evidence was available from Original and/or Update for acceptability to practitioners
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Yes	Evidence was not available from Original and/or Update for feasibility

Comment

Benefits and Harms: The panel noted some concern amongst autistic people regarding the appropriateness of some observational assessments in clinical settings.

Feasibility: The panel noted that feasibility is implied based on evidence from practitioners and/or organisations in support of this Recommendation, but noted the lack of direct evidence.

Recommendation 21

Practitioners should collect assessment information by consulting with all relevant stakeholders to collect information that relates to the referral and/or assessment.

Grade of recommendation: Strong

Evidence for Recommendation

Evidence type	Evidence source	Evidence
Umbrella Review	-	
Community consultation focus groups	Autistic adults	
	Family	
	Practitioner	
Community consultation survey	Autistic people	[ID490, A/F/P] Having to repeat the life story to multiple different people can be frustrating and traumatising. Try to have a structured process to avoid having to rehash the information again.
	Family	[ID882, F] Collaboration of professionals to limit the number of appointments families need. Sitting through numerous appointments with your child, repeating the same information over and over is very stressful for families and child.
	Practitioner	[ID482, P] Provide information already gathered.
	Organisation	[ID919, Org] Practitioners should refer to and engage other professions, as required, to ensure assessments are comprehensive and evidence-based.
	Other	

Evidence to decision judgements

Criteria	Question	Judgement	Evidence
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	High	Evidence available from the Original and Update from the autistic and autism communities (i.e., all stakeholders)
Benefits and Harms	Are there likely to be benefits for clients of implementing this Recommendation?	Yes	Evidence was available from Original and/or Update for potential benefits
	Are there likely to be risks for clients of implementing this Recommendation?	No	No evidence from Original and/or Update for potential risks
	Are the benefits for clients likely to outweigh any risks?	Yes	Evidence for benefits. No evidence for risks.
Values and preferences	Is the Recommendation consistent with the values and preferences of autistic people and their families?	Yes	Evidence was available from Original and/or Update for consistency with values and preferences
Resources	Is the Recommendation likely to require additional resources from clients?	No	No Evidence from Original and/or Update for additional resources for clients
	Is the Recommendation likely to require additional resources from practitioners?	Probably no	No Evidence from Original and/or Update for additional resources for practitioners
Equity	What would be the impact on health equity?	Uncertain/ conflicting	Evidence was not available from Original and/or Update for an impact on equity
Acceptability	Is the Recommendation likely to be acceptable to autistic people and families?	Yes	Evidence was available from Original and/or Update for acceptability to autistic people and families
	Is the Recommendation likely to be acceptable to practitioners?	Yes	Evidence was available from Original and/or Update for acceptability to practitioners
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Yes	Evidence was not available from Original and/or Update for feasibility

Comment

Feasibility: The panel noted that feasibility is implied based on evidence from practitioners and/or organisations in support of this Recommendation, but noted the lack of direct evidence.

Recommendation 22

Practitioners should consider using, but not rely solely on, standardised assessment, to support clinical decision making in relation to referral, Assessment of Functioning, Medical Evaluation, and Diagnostic Evaluation.

Grade of recommendation: Strong

Evidence for Recommendation

Evidence type	Evidence source	Evidence
Umbrella Review	-	[Rivera-Figueroa, 2022] The most widely used ASD assessment tools are normed on predominantly White samples, and administration guidelines have little guidance regarding cultural considerations (Harris et al., 2014).
Community consultation focus groups	Autistic adults	
	Family	
	Practitioner	[ID31, P] Talked about the clinical interview over tools. I completely agree. Incidentally, I don't actually love tools. That sounds weird, but I don't actually love a lot of formal processes. Most of my assessment is pretty much informal stuff as well, so I completely agree. I think that there's too much reliance on a particular individual standardized assessment to engage this process and that takes away the fluidity of what we're actually looking at and the interaction, because really that's what it is. When we're looking at autism is how is this person engaging in the world? How are they engaging in this process and too much emphasis and as a supervisor of provisional psychologists I spend a lot of time taking them on how can we take your emphasis away from these formal standardized assessments and put it all together.

Evidence type	Evidence source	Evidence
Community consultation survey	Autistic people	[ID303, A] Use of standardised assessments.
	Family	[ID719, F] Multi-faceted approach.
	Practitioner	[ID121, P] I haven't had a high amount of success with clients attending standardised testing (especially lengthy educational psyc batteries) and getting a really clear picture in a point-in-time clinic-room setting. Parents report that the child didn't fully participate or that certain aspects of teh child's functioning weren't able to be observed.
	Organisation	[ID992, Org] It may include a standardised assessment at times, but not to the detriment of someone's cultural identity, in the case of First Nations people, where a standardised test has not been normed, or when someone has an intellectual disability and it would not be beneficial to ask that person sit at a table to complete a task that they may not understand for the sake of completing an assessment.
	Other	[ID497, Oth] Comprehensive, based on appropriate & standardised tests, use of verbal and non-verbal measures where appropriate (e.g., non-verbal substitute for IQ if needed), must include ADOS/ADI-R for autism, and appropriate alternative instruments for differential diagnosis - must seek information from multiple sources (e.g., observation, family, teacher - where appropriate).

Evidence to decision judgements

Criteria	Question	Judgement	Evidence
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	High	Evidence available from the Original and Update from the autistic and autism communities (i.e., all stakeholders)
Benefits and Harms	Are there likely to be benefits for clients of implementing this Recommendation?	Yes	Evidence was available from Original and/or Update for potential benefits
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	Are the benefits for clients likely to outweigh any risks?	Yes	Evidence for benefits. No evidence for risks.
Values and preferences	Is the Recommendation consistent with the values and preferences of autistic people and their families?	Yes	Evidence was available from Original and/or Update for consistency with values and preferences
Resources	Is the Recommendation likely to require additional resources from clients?	No	No Evidence from Original and/or Update for additional resources for clients
	Is the Recommendation likely to require additional resources from practitioners?	No	No Evidence from Original and/or Update for additional resources for practitioners
Equity	What would be the impact on health equity?	Uncertain/ conflicting	Evidence was not available from Original and/or Update for an impact on equity
Acceptability	Is the Recommendation likely to be acceptable to autistic people and families?	Yes	Evidence was available from Original and/or Update for acceptability to autistic people and families
	Is the Recommendation likely to be acceptable to practitioners?	Yes	Evidence was available from Original and/or Update for acceptability to practitioners
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Yes	Evidence was not available from Original and/or Update for feasibility

Comment

Feasibility: The panel noted that feasibility is implied based on evidence from practitioners and/or organisations in support of this Recommendation, but noted the lack of direct evidence.

How should information be shared?

Recommendation 23

Practitioners should meet with the client and provide information that addresses their reason for accessing the assessment, including diagnostic outcome and to better understand their strengths, needs, and support options.

Grade of recommendation: Strong

Evidence for Recommendation

Evidence type	Evidence source	Evidence
Umbrella Review	-	
Community consultation focus groups	Autistic adults	[ID9, A] I'm just wondering in terms of like a positive experience of diagnosis. Part of that might involve. Here are some of the things that we've recognized about you or your child or your loved one that we can see our great strengths for them more broadly speaking, here are some of the strengths across the autistic community, rather than sending somebody off forward, well, now you need to do therapeutic interventions XYZ.
	Family	
	Practitioner	

Evidence type	Evidence source	Evidence
Community consultation survey	Autistic people	[ID232, A] That it's a better way to understand yourself, the way you think and that it's not a negative. It's a strength and explanation as to why sometimes things feel more difficult for you than other people but also why some things are easier for you than other people. [ID498, A] Even if the needs are unusual or 'niche', all efforts must be made to word the assessment in order for the individual to obtain assistance.
	Family	[ID74, F] To ensure that they are fully aware of the diagnosis and what it means to understand there are people out there who can help for all at any age and be given those resources.
	Practitioner	[ID224, P] That the report is useful regardless of diagnostic outcome.
	Organisation	[ID555, P/Org] Explain why each criteria is and isn't met, with examples. Focus on difference and challenges not disorder and impairments. Provide recommendations that link people into resources and pathways and that will advocate for their needs if they pursue NDIS. Also clearly explain where autism and comorbidities diverge and why it's not autism where relevant.
	Other	[ID788, F/Oth] Developmentally appropriate feedback to child, support to understand diagnosis, linking in with services.

Evidence to decision judgements

Criteria	Question	Judgement	Evidence
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	High	Evidence available from the Original and Update from the autistic and autism communities (i.e., all stakeholders)
Benefits and Harms	Are there likely to be benefits for clients of implementing this Recommendation?	Yes	Evidence was available from Original and/or Update for potential benefits
	Are there likely to be risks for clients of implementing this Recommendation?	No	No evidence from Original and/or Update for potential risks
	Are the benefits for clients likely to outweigh any risks?	Yes	Evidence for benefits. No evidence for risks.
Values and preferences	Is the Recommendation consistent with the values and preferences of autistic people and their families?	Yes	Evidence was available from Original and/or Update for consistency with values and preferences
Resources	Is the Recommendation likely to require additional resources from clients?	No	No Evidence from Original and/or Update for additional resources for clients
	Is the Recommendation likely to require additional resources from practitioners?	No	No Evidence from Original and/or Update for additional resources for practitioners
Equity	What would be the impact on health equity?	Uncertain/ conflicting	Evidence was not available from Original and/or Update for an impact on equity
Acceptability	Is the Recommendation likely to be acceptable to autistic people and families?	Yes	Evidence was available from Original and/or Update for acceptability to autistic people and families
	Is the Recommendation likely to be acceptable to practitioners?	Yes	Evidence was available from Original and/or Update for acceptability to practitioners
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Yes	Evidence was not available from Original and/or Update for feasibility

Comment

Feasibility: The panel noted that feasibility is implied based on evidence from practitioners and/or organisations in support of this Recommendation, but noted the lack of direct evidence.

Recommendation 24

Practitioners should document the assessment process and outcome, including their clinical judgements, recommendations, and support options.

Grade of recommendation: Strong

Evidence for Recommendation

Evidence type	Evidence source	Evidence
Umbrella Review	-	
Community consultation focus groups	Autistic adults	
	Family	
	Practitioner	
Community consultation survey	Autistic people	[ID79, A] When undertaking a medical evaluation for autistic people, prepare us for the shock, shame, trauma, anger, grief or sadness that may arise from realising that our support needs are higher than we expected. We need to know that medical reports are written as ‘weakness based’ which helps prove the case for treatment or funding needs (e.g. NDIS). It is NOT a reflection of our full story, personality or anything like that. We autistics really benefit from understanding what to expect beforehand. We also need to have supports available to us when seeing reports like this about ourselves.
	Family	[ID549, FP] A good feedback session is vital. A well written report that is easy to read for a lay person is important.
	Practitioner	[ID70, P] Ensure medical explanations are affirming and useful.
	Organisation	[ID943, P,Org] The assessment of functioning should be holistic and result in clear recommendations for supports.
	Other	[ID86, Oth] Truly listen to the client and investigate all possibilities. Explain reasoning and evidence.

Evidence to decision judgements

Criteria	Question	Judgement	Evidence
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	High	Evidence available from the Original and Update from the autistic and autism communities (i.e., all stakeholders)
Benefits and Harms	Are there likely to be benefits for clients of implementing this Recommendation?	Yes	Evidence was available from Original and/or Update for potential benefits
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	Are the benefits for clients likely to outweigh any risks?	Yes	Evidence for benefits. No evidence for risks.
Values and preferences	Is the Recommendation consistent with the values and preferences of autistic people and their families?	Yes	Evidence was available from Original and/or Update for consistency with values and preferences
Resources	Is the Recommendation likely to require additional resources from clients?	No	No Evidence from Original and/or Update for additional resources for clients
	Is the Recommendation likely to require additional resources from practitioners?	No	No Evidence from Original and/or Update for additional resources for practitioners
Equity	What would be the impact on health equity?	Uncertain/ conflicting	Evidence was not available from Original and/or Update for an impact on equity
Acceptability	Is the Recommendation likely to be acceptable to autistic people and families?	Yes	Evidence was available from Original and/or Update for acceptability to autistic people and families
	Is the Recommendation likely to be acceptable to practitioners?	Yes	Evidence was available from Original and/or Update for acceptability to practitioners
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Yes	Evidence was not available from Original and/or Update for feasibility

Comment

Feasibility: The panel noted that feasibility is implied based on evidence from practitioners and/or organisations in support of this Recommendation, but noted the lack of direct evidence.

Recommendation 25

Practitioners should share information with the client in a way that is timely, accurate, accessible, and appropriate.

Grade of recommendation: Strong

Evidence for Recommendation

Evidence type	Evidence source	Evidence
Umbrella Review	-	<p>[Legg & Tickle, 2019] Good communication from professionals towards both parents and children promoted good relationships between parents and professionals. Such relationships are likely to have been comforting for parents who have concerns about their children and promote positive engagement in the assessment process.</p> <p>Parents are likely to be more satisfied when assessments include more time building relationships between the professional and the child and when information is provided to the parents, including through observation of assessments.</p>
Community consultation focus groups	Autistic adults	
	Family	
	Practitioner	
Community consultation survey	Autistic people	
	Family	[ID371, F/Oth] Don't rush it. write it and give families a chance to edit or add info. after the report was written I thought of many other historical events to add which created a clearer picture but they felt they had enough. I wanted more added for my daughters own records so she could look back and understand how we all came to the diagnosis.
	Practitioner	[ID23, P] Neurodiversity affirming practice including in report writing.
	Organisation	[ID760, Org] Information to be provided at a pace and in a way that the family/client can comprehend and process (eg written, spoken, visual supports, discussed over more than one occasion, opportunity for the family to ask questions). Seek to understand the client/family's perspectives, beliefs, motivations, goals and capacities first and foremost before offering professional advice/suggestion.
	Other	[ID759, P/Org/Oth] Also need intensive support if using a translator- just translating the words is not enough. Needs to have some therapeutic input to help the parents to feel safe and comfortable with cultural differences around disability, parenting, seeking help, etc. Also never assume parents are literate!

Evidence to decision judgements

Criteria	Question	Judgement	Evidence
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	High	Evidence available from the Original and Update from the autistic and autism communities (i.e., all stakeholders)
Benefits and Harms	Are there likely to be benefits for clients of implementing this Recommendation?	Yes	Evidence was available from Original and/or Update for potential benefits
	Are there likely to be risks for clients of implementing this Recommendation?	No	No evidence from Original and/or Update for potential risks
	Are the benefits for clients likely to outweigh any risks?	Yes	Evidence for benefits. No evidence for risks.
Values and preferences	Is the Recommendation consistent with the values and preferences of autistic people and their families?	Yes	Evidence was available from Original and/or Update for consistency with values and preferences
Resources	Is the Recommendation likely to require additional resources from clients?	No	No Evidence from Original and/or Update for additional resources for clients
	Is the Recommendation likely to require additional resources from practitioners?	No	No Evidence from Original and/or Update for additional resources for practitioners
Equity	What would be the impact on health equity?	Uncertain/ conflicting	Evidence was not available from Original and/or Update for an impact on equity
Acceptability	Is the Recommendation likely to be acceptable to autistic people and families?	Yes	Evidence was available from Original and/or Update for acceptability to autistic people and families
	Is the Recommendation likely to be acceptable to practitioners?	Yes	Evidence was available from Original and/or Update for acceptability to practitioners
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Yes	Evidence was not available from Original and/or Update for feasibility

Comment

Feasibility: The panel noted that feasibility is implied based on evidence from practitioners and/or organisations in support of this Recommendation, but noted the lack of direct evidence.

Recommendation 26

Practitioners should share information with other practitioners in relation to referral, Assessment of Functioning, Medical Evaluation, and/or Diagnostic Evaluation; as well as to help inform the planning and delivery of supports.

Grade of recommendation: Strong

Evidence for Recommendation

Evidence type	Evidence source	Evidence
Umbrella Review	-	
Community consultation focus groups	Autistic adults	
	Family	
	Practitioner	
Community consultation survey	Autistic people	[ID647, A/P] Passing on relevant information.
	Family	[ID628, F] Ensuring referrers are kept up to date with progress so that ongoing management can be maximised.
	Practitioner	[ID482, P] Provide information already gathered.
	Organisation	[ID827, P/Org] Identify with what caregivers want need seek fro this assessment. Provide the best information we can in easiest way for caregivers and stakeholders understand.
	Other	

Evidence to decision judgements

Criteria	Question	Judgement	Evidence
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	High	Evidence available from the Original and Update from the autistic and autism communities (i.e., all stakeholders)
Benefits and Harms	Are there likely to be benefits for clients of implementing this Recommendation?	Yes	Evidence was available from Original and/or Update for potential benefits
	Are there likely to be risks for clients of implementing this Recommendation?	No	No evidence from Original and/or Update for potential risks
	Are the benefits for clients likely to outweigh any risks?	Yes	Evidence for benefits. No evidence for risks.
Values and preferences	Is the Recommendation consistent with the values and preferences of autistic people and their families?	Yes	Evidence was available from Original and/or Update for consistency with values and preferences
Resources	Is the Recommendation likely to require additional resources from clients?	No	No Evidence from Original and/or Update for additional resources for clients
	Is the Recommendation likely to require additional resources from practitioners?	No	No Evidence from Original and/or Update for additional resources for practitioners
Equity	What would be the impact on health equity?	Uncertain/ conflicting	Evidence was not available from Original and/or Update for an impact on equity
Acceptability	Is the Recommendation likely to be acceptable to autistic people and families?	Yes	Evidence was available from Original and/or Update for acceptability to autistic people and families
	Is the Recommendation likely to be acceptable to practitioners?	Yes	Evidence was available from Original and/or Update for acceptability to practitioners
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Yes	Evidence was not available from Original and/or Update for feasibility

Comment

Feasibility: The panel noted that feasibility is implied based on evidence from practitioners and/or organisations in support of this Recommendation, but noted the lack of direct evidence.

When should referral for health, education, disability, social, and/or community supports be considered?

Recommendation 27

Practitioners should refer the client to appropriate support as soon as a need is identified.

Grade of recommendation: Strong

Evidence for Recommendation

Evidence type	Evidence source	Evidence
Umbrella Review	-	
Community consultation focus groups	Autistic adults	
	Family	
	Practitioner	
Community consultation survey	Autistic people	[ID903, A/F] They also need to understand their options for treatment and assistance as well as any support groups and resources that might be available to assist them to get their needs met.
	Family	[ID888, A/F/P] Consideration that access to supports should not rely solely on a diagnosis as this is often a push from professionals and parents to get help. Many kids are labelled and reality is not all diagnosis ends up being helpful. Many kids are being excluded and experience seclusion and segregation at a very early age. Diagnosis should bring about positive experiences for child and family. This is not often the case from our clinical experience.
	Practitioner	[ID244, P] To have directed the family to interventions to commence whilst waiting for the assessment, rather than suggesting they have to wait for the assessment.
	Organisation	
	Other	[ID52, A/Oth] Needs based.

Evidence to decision judgements

Criteria	Question	Judgement	Evidence
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	High	Evidence available from the Original and Update from the autistic and autism communities (i.e., all stakeholders)
Benefits and Harms	Are there likely to be benefits for clients of implementing this Recommendation?	Yes	Evidence was available from Original and/or Update for potential benefits
	Are there likely to be risks for clients of implementing this Recommendation?	No	No evidence from Original and/or Update for potential risks
	Are the benefits for clients likely to outweigh any risks?	Yes	Evidence for benefits. No evidence for risks.
Values and preferences	Is the Recommendation consistent with the values and preferences of autistic people and their families?	Yes	Evidence was available from Original and/or Update for consistency with values and preferences
Resources	Is the Recommendation likely to require additional resources from clients?	No	No Evidence from Original and/or Update for additional resources for clients
	Is the Recommendation likely to require additional resources from practitioners?	Probably no	No Evidence from Original and/or Update for additional resources for practitioners
Equity	What would be the impact on health equity?	Uncertain/ conflicting	Evidence was not available from Original and/or Update for an impact on equity
Acceptability	Is the Recommendation likely to be acceptable to autistic people and families?	Yes	Evidence was available from Original and/or Update for acceptability to autistic people and families
	Is the Recommendation likely to be acceptable to practitioners?	Yes	Evidence was available from Original and/or Update for acceptability to practitioners
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Yes	Evidence was not available from Original and/or Update for feasibility

Comment

Feasibility: The panel noted that feasibility is implied based on evidence from practitioners and/or organisations in support of this Recommendation, but noted the lack of direct evidence.

How should the quality and safety of assessment and diagnostic services be optimised?

Recommendation 28

Practitioners should ensure that the client is aware of their service and support options at each stage of the assessment and diagnostic process.

Grade of recommendation: Strong

Evidence for Recommendation

Evidence type	Evidence source	Evidence
Umbrella Review	-	
Community consultation focus groups	Autistic adults	[ID1, A/F] - I just think that the practitioners can play a more positive role in how the parents feel about the autism diagnosis and how they actually then tell their child, because that obviously determines how the child will feel about themselves.
	Family	[ID2, F] - Additionally, they identified a lack of follow-up to support the family further.
	Practitioner	
Community consultation survey	Autistic people	[ID79, A] Know beforehand where to refer them to in case of a crisis. Always provide a list of supports available to them so they can process the situation safely.
	Family	[ID300, F] - Always be clear and open with your delivery of information to the family and individual/s to ensure the safety and wellbeing of individuals.
	Practitioner	[ID370, P] Does the patient and family have a good support network to support their Autism journey?
	Organisation	[ID993 Org] What formal and informal supports are available for the individual and caregivers at different stages of the process, considering individual differences in support needs (e.g., cultural needs). Clear communication and discussion of the different stages of the process, available supports, risks, costs, outcomes, and next steps.
	Other	[ID235, A/F/Oth] Provide support/referrals after diagnosis. Find out if person/carers is distressed by the diagnosis outcome and provide support/referral if needed. People/carers expecting the diagnosis might be upset/confused if outcome is not autism, whereas those not expecting the diagnosis may be distressed if outcome is autism.

Evidence to decision judgements

Criteria	Question	Judgement	Evidence
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	High	Evidence available from the Original and Update from the autistic and autism communities (i.e., all stakeholders)
Benefits and Harms	Are there likely to be benefits for clients of implementing this Recommendation?	Yes	Evidence was available from Original and/or Update for potential benefits
	Are there likely to be risks for clients of implementing this Recommendation?	No	No evidence from Original and/or Update for potential risks
	Are the benefits for clients likely to outweigh any risks?	Yes	Evidence for benefits. No evidence for risks.
Values and preferences	Is the Recommendation consistent with the values and preferences of autistic people and their families?	Yes	Evidence was available from Original and/or Update for consistency with values and preferences
Resources	Is the Recommendation likely to require additional resources from clients?	No	No Evidence from Original and/or Update for additional resources for clients
	Is the Recommendation likely to require additional resources from practitioners?	Probably no	No Evidence from Original and/or Update for additional resources for practitioners
Equity	What would be the impact on health equity?	Uncertain/ conflicting	Evidence was not available from Original and/or Update for an impact on equity
Acceptability	Is the Recommendation likely to be acceptable to autistic people and families?	Yes	Evidence was available from Original and/or Update for acceptability to autistic people and families
	Is the Recommendation likely to be acceptable to practitioners?	Yes	Evidence was available from Original and/or Update for acceptability to practitioners
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Yes	Evidence was not available from Original and/or Update for feasibility

Comment

Feasibility: The panel noted that feasibility is implied based on evidence from practitioners and/or organisations in support of this Recommendation, but noted the lack of direct evidence.

Recommendation 29

Practitioners should ensure that assessment services are delivered in safe environments.

Grade of recommendation: Strong

Evidence for Recommendation

Evidence type	Evidence source	Evidence
Umbrella Review	-	
Community consultation focus groups	Autistic adults	
	Family	
	Practitioner	
Community consultation survey	Autistic people	[ID985, A] Never divulge any information to other parties (no matter how trivial it may seem) without the explicit consent of the person seeking the assessment.
	Family	[ID59, A/F/P/Org] They need informed consent. They need to know they can stop at any point.
	Practitioner	[ID244, P] Providing frequent opportunities for informed consent prior to, throughout the process, and after the process - in the absence of coercive wording.
	Organisation	[ID924, P/Org] Ensuring informed consent for assessment is obtained prior to assessment is a key consideration.
	Other	[ID788, Oth] Informed consent.

Evidence to decision judgements

Criteria	Question	Judgement	Evidence
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	High	Evidence available from the Original and Update from the autistic and autism communities (i.e., all stakeholders)
Benefits and Harms	Are there likely to be benefits for clients of implementing this Recommendation?	Yes	Evidence was available from Original and/or Update for potential benefits
	Are there likely to be risks for clients of implementing this Recommendation?	No	No evidence from Original and/or Update for potential risks
	Are the benefits for clients likely to outweigh any risks?	Yes	Evidence for benefits. No evidence for risks.
Values and preferences	Is the Recommendation consistent with the values and preferences of autistic people and their families?	Yes	Evidence was available from Original and/or Update for consistency with values and preferences
Resources	Is the Recommendation likely to require additional resources from clients?	No	No Evidence from Original and/or Update for additional resources for clients
	Is the Recommendation likely to require additional resources from practitioners?	No	No Evidence from Original and/or Update for additional resources for practitioners
Equity	What would be the impact on health equity?	Uncertain/ conflicting	Evidence was not available from Original and/or Update for an impact on equity
Acceptability	Is the Recommendation likely to be acceptable to autistic people and families?	Yes	Evidence was available from Original and/or Update for acceptability to autistic people and families
	Is the Recommendation likely to be acceptable to practitioners?	Yes	Evidence was available from Original and/or Update for acceptability to practitioners
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Yes	Evidence was not available from Original and/or Update for feasibility

Comment

Feasibility: The panel noted that feasibility is implied based on evidence from practitioners and/or organisations in support of this Recommendation, but noted the lack of direct evidence.

Recommendation 30

Practitioners should work in ways that support the client's emotional and mental health.

Grade of recommendation: Strong

Evidence for Recommendation

Evidence type	Evidence source	Evidence
Umbrella Review	-	
Community consultation focus groups	Autistic adults	
	Family	
	Practitioner	
Community consultation survey	Autistic people	[ID10-A, F, O] I've watched people go through that diagnosis process and tried to find good diagnosticians. And one thing I've found is that with regard to those tools is that a lot of them insist on using a battery of tools that, they say, are to do with differential diagnosis. But if we're honest with ourselves, they don't, if we know autism, we don't need to do a, WISC a WIAT. That's the expensive stuff and the screen is, for autism themselves, aren't actually that. And with ADHD combined and perhaps some functional capacity assessment in there would be a better I think better approach then automatically selling people \$3000 worth of cognitive function testing when cognitive function isn't in the criteria and is irrelevant to. It's not relevant to support needs, but it's irrelevant to the autism diagnosis.
	Family	
	Practitioner	[ID689, P] Avoiding conflict of interest with referrals....Avoiding conflict of interests (e.g., NDIS service providers treating their assessed clients).
	Organisation	
	Other	

Evidence to decision judgements

Criteria	Question	Judgement	Evidence
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	Moderate	Evidence available from the Original from the autistic and autism communities (i.e., all stakeholders).
Benefits and Harms	Are there likely to be benefits for clients of implementing this Recommendation?	Yes	Evidence was available from Original and/or Update for potential benefits
	Are there likely to be risks for clients of implementing this Recommendation?	No	No evidence from Original and/or Update for potential risks
	Are the benefits for clients likely to outweigh any risks?	Yes	Evidence for benefits. No evidence for risks.
Values and preferences	Is the Recommendation consistent with the values and preferences of autistic people and their families?	Probably yes	Evidence was not available from Original and/or Update for consistency with values and preferences
Resources	Is the Recommendation likely to require additional resources from clients?	No	No Evidence from Original and/or Update for additional resources for clients
	Is the Recommendation likely to require additional resources from practitioners?	Probably no	No Evidence from Original and/or Update for additional resources for practitioners
Equity	What would be the impact on health equity?	Uncertain/ conflicting	Evidence was not available from Original and/or Update for an impact on equity
Acceptability	Is the Recommendation likely to be acceptable to autistic people and families?	Probably yes	Evidence was not available from Original and/or Update for acceptability to autistic people and families
	Is the Recommendation likely to be acceptable to practitioners?	Yes	Evidence was available from Original and/or Update for acceptability to practitioners
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Yes	Evidence was not available from Original and/or Update for feasibility

Comment

Certainty of Evidence: Update did not elicit evidence related to this specific Recommendation. As such, limited sources of evidence (rather than multiple converging sources).

Values and Preferences: Update did not elicit evidence related to this specific Recommendation. However, the panel noted consistency with broader research evidence, professional standards, and other Guidelines.

Acceptability: Update did not elicit evidence related to this specific Recommendation. However, the panel noted consistency with broader research evidence, professional standards, and other Guidelines.

Feasibility: The panel noted that feasibility is implied based on evidence from practitioners and/or organisations in support of this Recommendation, but noted the lack of direct evidence.

Recommendation 31

Practitioners should inform the client about how they can provide feedback and make complaints about the services they receive.

Grade of recommendation: Strong

Evidence for Recommendation

Evidence type	Evidence source	Evidence
Umbrella Review	-	
Community consultation focus groups	Autistic adults	
	Family	
	Practitioner	
Community consultation survey	Autistic people	[ID721, A/Fa/P] Consider the person's access and support needs and make this a conversation, rather than launching straight into assessment. Check in with how the person is feeling throughout the assessment, and maybe even ask at the beginning what you should look out for that would indicate they may need a break.
	Family	[ID152, F] Ask the person/parent child what their triggers are. Do they have sensory needs? Have those regulation tools on hand and avoid triggers.
	Practitioner	[ID812, P] Completing full case history prior to the direct assessment to ensure awareness of things like trauma that may need to be considered in the assessment process (e.g., trauma-informed care). Supportive approach to feedback and ensuring the individual and/or parent are given outcomes in a way they understand and supported to then access suitable intervention or support services. Support to access NDIS funding post-diagnosis. Liaising with current clinicians working with the child (with consent) to highlight considerations for ongoing intervention, particularly where behaviours of concern are present). Gathering information on behaviours of concern prior to the individual attending the session so you can set up a suitable assessment environment that will keep the client, family and clinicians safe from any harm.
	Organisation	[ID296, P/Org/Oth] Clear information about what the assessment will look like, being aware of any high risk behaviours and aiming to minimise these in the assessment (e.g., avoiding any known triggers).
	Other	[ID614, P/Org/Oth] Understanding the individuals own needs and accounting for these during the process (e.g., cultural, relational safety, etc).

Evidence to decision judgements

Criteria	Question	Judgement	Evidence
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	High	Evidence available from the Original and Update from the autistic and autism communities (i.e., all stakeholders)
Benefits and Harms	Are there likely to be benefits for clients of implementing this Recommendation?	Yes	Evidence was available from Original and/or Update for potential benefits
	Are there likely to be risks for clients of implementing this Recommendation?	No	No evidence from Original and/or Update for potential risks
	Are the benefits for clients likely to outweigh any risks?	Yes	Evidence for benefits. No evidence for risks.
Values and preferences	Is the Recommendation consistent with the values and preferences of autistic people and their families?	Yes	Evidence was available from Original and/or Update for consistency with values and preferences
Resources	Is the Recommendation likely to require additional resources from clients?	No	No Evidence from Original and/or Update for additional resources for clients
	Is the Recommendation likely to require additional resources from practitioners?	Uncertain	Conflicting evidence for additional resources for practitioners
Equity	What would be the impact on health equity?	Uncertain/ conflicting	Evidence was not available from Original and/or Update for an impact on equity
Acceptability	Is the Recommendation likely to be acceptable to autistic people and families?	Yes	Evidence was available from Original and/or Update for acceptability to autistic people and families
	Is the Recommendation likely to be acceptable to practitioners?	Yes	Evidence was available from Original and/or Update for acceptability to practitioners
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Uncertain	Evidence was not available from Original and/or Update for feasibility

Comment

Resources: The panel noted that implementing this Recommendation may have different resource implications for different practitioners, depending on their individual circumstances (e.g., nature and scope of practice, existing resources).

Feasibility: The panel noted that the feasibility of implementing this Recommendation will differ for different practitioners, depending on their individual circumstances (e.g., nature and scope of existing practice, existing resources).

Recommendation 32

Practitioners should follow relevant international conventions, national and state/territory legislative requirements, and other associated principles, standards, and frameworks.

Grade of recommendation: Strong

Evidence for Recommendation

Evidence type	Evidence source	Evidence
Umbrella Review	-	
Community consultation focus groups	Autistic adults	[ID6, A] Incorporating trauma informed practise from the beginning of the diagnosis process, which was really really good in my experience.
	Family	[ID2, A/F/Oth - A lot of medical practitioners have issues differentiating between mental health and autism. So, if you're presenting with mental health issues, they really wanted to fix your mental health issues and try and make you better, instead of exploring why you are having those particular mental health issues.
	Practitioner	[ID67, A/F/P] Exactly practitioners should be encouraged to screen for ADHD especially as part of diagnosis - the concomitance is exceptionally high and can help develop specific supports that recognise impacts of both.
Community consultation survey	Autistic people	[ID433, A/F] Follow up appointments, refer on to talk therapy as well with a psychologist, report back to GP, check in as to general mental health e.g. anxiety and depression, suicidal thoughts as these are often comorbid or can worsen temporarily post diagnosis.
	Family	[ID147, F] Keep in mind the well-being of the parents as well as the child.
	Practitioner	[ID664, A,P] Recognising that the assessment process can be incredibly stressful, traumatic and difficult. Being mindful of that and checking in with the assessee to ensure their safety.
	Organisation	[ID5 P/Org] Ensure child abuse and protection concerns are referred and managed as appropriate. Ensure links to mainstream support mechanisms.
	Other	[ID899, F/Oth] Mental health is vital! When someone is diagnosed later, I've found it helps them to make sense of their world & their mental health improves.

Evidence to decision judgements

Criteria	Question	Judgement	Evidence
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	High	Evidence available from the Update from the autistic and autism communities (i.e., all stakeholders)
Benefits and Harms	Are there likely to be benefits for clients of implementing this Recommendation?	Yes	Evidence was available from Original and/or Update for potential benefits
	Are there likely to be risks for clients of implementing this Recommendation?	No	No evidence from Original and/or Update for potential risks
	Are the benefits for clients likely to outweigh any risks?	Yes	Evidence for benefits. No evidence for risks.
Values and preferences	Is the Recommendation consistent with the values and preferences of autistic people and their families?	Yes	Evidence was available from Original and/or Update for consistency with values and preferences
Resources	Is the Recommendation likely to require additional resources from clients?	No	No Evidence from Original and/or Update for additional resources for clients
	Is the Recommendation likely to require additional resources from practitioners?	Probably no	No Evidence from Original and/or Update for additional resources for practitioners
Equity	What would be the impact on health equity?	Uncertain/ conflicting	Evidence was not available from Original and/or Update for an impact on equity
Acceptability	Is the Recommendation likely to be acceptable to autistic people and families?	Yes	Evidence was available from Original and/or Update for acceptability to autistic people and families
	Is the Recommendation likely to be acceptable to practitioners?	Yes	Evidence was available from Original and/or Update for acceptability to practitioners
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Yes	Evidence was not available from Original and/or Update for feasibility

Comment

Certainty of Evidence: Multiple converging sources of evidence from the autistic and autism communities in updated evidence.

Feasibility: The panel noted that feasibility is implied based on evidence from practitioners and/or organisations in support of this Recommendation, but noted the lack of direct evidence.

Recommendation 33

Practitioners should inform the client about how they can provide feedback and make complaints about the services they receive.

Grade of recommendation: Strong

Evidence for Recommendation

Evidence type	Evidence source	Evidence
Umbrella Review	-	
Community consultation focus groups	Autistic adults	
	Family	
	Practitioner	
Community consultation survey	Autistic people	
	Family	
	Practitioner	[ID258, P] Seeking dialogue and feedback with family/individual throughout to ensure they feel “heard” and respected.
	Organisation	[ID679, P/Org] Ensuring that the individual is appropriately informed about the reasons for referral, the concerns that either they or their family may have, and providing many opportunities for questions and to provide feedback.
	Other	

Evidence to decision judgements

Criteria	Question	Judgement	Evidence
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	Moderate	Some evidence available from the update from the autistic and autism communities (i.e., all stakeholders).
Benefits and Harms	Are there likely to be benefits for clients of implementing this Recommendation?	Yes	Evidence was available from Original and/or Update for potential benefits
	Are there likely to be risks for clients of implementing this Recommendation?	No	No evidence from Original and/or Update for potential risks
	Are the benefits for clients likely to outweigh any risks?	Yes	Evidence for benefits. No evidence for risks.
Values and preferences	Is the Recommendation consistent with the values and preferences of autistic people and their families?	Probably yes	Evidence was not available from Original and/or Update for consistency with values and preferences
Resources	Is the Recommendation likely to require additional resources from clients?	No	No Evidence from Original and/or Update for additional resources for clients
	Is the Recommendation likely to require additional resources from practitioners?	Probably no	No Evidence from Original and/or Update for additional resources for practitioners
Equity	What would be the impact on health equity?	Uncertain/ conflicting	Evidence was not available from Original and/or Update for an impact on equity
Acceptability	Is the Recommendation likely to be acceptable to autistic people and families?	Yes	Evidence was not available from Original and/or Update for acceptability to autistic people and families
	Is the Recommendation likely to be acceptable to practitioners?	Yes	Evidence was available from Original and/or Update for acceptability to practitioners
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Yes	Evidence was not available from Original and/or Update for feasibility

Comment

Certainty of Evidence: Update did not elicit evidence related to this specific Recommendation. However, the panel noted consistency with broader research evidence, professional standards, and national regulations.

Values and Preferences: Update did not elicit evidence related to this specific Recommendation. However, the panel noted consistency with broader research evidence, professional standards, and other relevant Guidelines.

Acceptability: Update did not elicit evidence related to this specific Recommendation. However, the panel noted consistency with broader research evidence, professional standards, and other relevant Guidelines.

Feasibility: The panel noted that feasibility is implied based on evidence from practitioners and/or organisations in support of this Recommendation, but noted the lack of direct

Recommendation 34

Practitioners should follow relevant international conventions, national and state/territory legislative requirements, and other associated principles, standards, and frameworks.

Grade of recommendation: Strong

Evidence for Recommendation

Evidence type	Evidence source	Evidence
Umbrella Review	-	
Community consultation focus groups	Autistic adults	
	Family	
	Practitioner	
Community consultation survey	Autistic people	
	Family	[ID146, F] Up to their professional skill and ability, not for me as parent to decide. They have ethical and professional standards to follow and university training to educate them. And the Guidelines which they should be following!!
	Practitioner	[ID733, P] Being respectful and following AHPRA ethical guidelines.
	Organisation	[ID269, P/Org] A kind and knowledgeable professional that will carry out a gold standard service in line with the Autistic community's guidelines. A professional that provides post diagnostic support and information and not just a diagnosis. Teams that have all health professionals to work with families. Professionals that we have been recommended by others.
	Other	

Evidence to decision judgements

Criteria	Question	Judgement	Evidence
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	High	Evidence available from the update from the autistic and autism communities (i.e., all stakeholders).
Benefits and Harms	Are there likely to be benefits for clients of implementing this Recommendation?	Yes	Evidence was available from Original and/or Update for potential benefits
	Are there likely to be risks for clients of implementing this Recommendation?	No	No evidence from Original and/or Update for potential risks
	Are the benefits for clients likely to outweigh any risks?	Yes	Evidence for benefits. No evidence for risks.
Values and preferences	Is the Recommendation consistent with the values and preferences of autistic people and their families?	Yes	Evidence was available from Original and/or Update for consistency with values and preferences
Resources	Is the Recommendation likely to require additional resources from clients?	No	No Evidence from Original and/or Update for additional resources for clients
	Is the Recommendation likely to require additional resources from practitioners?	No	No Evidence from Original and/or Update for additional resources for practitioners
Equity	What would be the impact on health equity?	Uncertain/ conflicting	Evidence was not available from Original and/or Update for an impact on equity
Acceptability	Is the Recommendation likely to be acceptable to autistic people and families?	Yes	Evidence was available from Original and/or Update for acceptability to autistic people and families
	Is the Recommendation likely to be acceptable to practitioners?	Yes	Evidence was available from Original and/or Update for acceptability to practitioners
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Yes	Evidence was not available from Original and/or Update for feasibility

Comment

Certainty of Evidence: Panel noted consistency with broader research evidence, professional standards, national regulations, and international conventions.

Feasibility: The panel noted that feasibility is implied based on evidence from practitioners and/or organisations in support of this Recommendation, but noted the lack of direct evidence.

Recommendation 35

Practitioners should be familiar with, and respect, the client's individual language and terminology preferences.

Grade of recommendation: Strong

Evidence for Recommendation

Evidence type	Evidence source	Evidence
Umbrella Review	-	
Community consultation focus groups	Autistic adults	
	Family	
	Practitioner	
Community consultation survey	Autistic people	[ID125, A/F/P] Make sure their mental health is safeguarded. Neurodiversity affirming language is used Strengths based focus.
	Family	[ID841, F] We were fortunate to have an excellent practitioner assess my daughter. She was obviously knowledgeable and able to relate well to her. The only negative was that some of the language she uses is outdated (e.g Asperger's, high/low-functioning). I believe this is due to her lengthy experience in the role. It is important for practioners to remain up-to-date with terminology.
	Practitioner	[ID786, P] Clear, open communication; follow client's lead in use of terminology, with reference to current community preferences; reference to inducting client into autistic community & pride around this.
	Organisation	[ID586, P,Org, Oth] Practitioners should discuss the differences between person first and identity first language as a form of respect to the autonomy and individuality of clients. Practitioners personal preferences on language should be secondary to the preferences of the client and they should not push a political agenda as part of their assessment.
	Other	

Evidence to decision judgements

Criteria	Question	Judgement	Evidence
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	High	Evidence available from the Update from the autistic and autism communities (i.e., all stakeholders)
Benefits and Harms	Are there likely to be benefits for clients of implementing this Recommendation?	Yes	Evidence was available from Original and/or Update for potential benefits
	Are there likely to be risks for clients of implementing this Recommendation?	No	No evidence from Original and/or Update for potential risks
	Are the benefits for clients likely to outweigh any risks?	Yes	Evidence for benefits. No evidence for risks.
Values and preferences	Is the Recommendation consistent with the values and preferences of autistic people and their families?	Yes	Evidence was available from Original and/or Update for consistency with values and preferences
Resources	Is the Recommendation likely to require additional resources from clients?	No	No Evidence from Original and/or Update for additional resources for clients
	Is the Recommendation likely to require additional resources from practitioners?	No	No Evidence from Original and/or Update for additional resources for practitioners
Equity	What would be the impact on health equity?	Uncertain/ conflicting	Evidence was not available from Original and/or Update for an impact on equity
Acceptability	Is the Recommendation likely to be acceptable to autistic people and families?	Yes	Evidence was available from Original and/or Update for acceptability to autistic people and families
	Is the Recommendation likely to be acceptable to practitioners?	Yes	Evidence was available from Original and/or Update for acceptability to practitioners
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Yes	Evidence was not available from Original and/or Update for feasibility

Comment

Certainty of Evidence: Multiple converging sources of evidence from the autistic and autism communities in updated evidence.

Feasibility: The panel noted that feasibility is implied based on evidence from practitioners and/or organisations in support of this Recommendation, but noted the lack of direct evidence.

Recommendation 36

Practitioners should respect each client for who they are; respect their goals, values, and preferences; and work in ways that promote and protect their human rights.

Grade of recommendation: Strong

Evidence for Recommendation

Evidence type	Evidence source	Evidence
Umbrella Review	-	
Community consultation focus groups	Autistic adults	
	Family	
	Practitioner	
Community consultation survey	Autistic people	[ID464, A] Respect for the person being assessed. Treat them as you would any other patient. They might not be able to communicate with you (in the ways that you want, to the extent that you are used to) - this does not mean they are stupid or can't hear you, and it might mean they get frustrated so what you see might not reflect their "normal".
	Family	[ID634, F] Respect the person's communication needs and preferences.
	Practitioner	[ID664, A/P] Open-mindedness and respect.
	Organisation	[ID919, Org] It is imperative that practitioners apply the principles outlined previously to ensure the safety and wellbeing of individuals are maintained during the diagnostic process. These principles include advocating for the human rights of autistic children and adults and ensuring assessment and diagnostic processes are strengths-based, client- and family-centred, trauma-formed, accessible, evidence-based, fostering of participant choice and control, culturally safe, age appropriate, multidisciplinary and transparent.
	Other	[ID172, Oth] Respect for the person being assessed regardless of support needs.

Evidence to decision judgements

Criteria	Question	Judgement	Evidence
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	High	Evidence available from the Original and Update from the autistic and autism communities (i.e., all stakeholders)
Benefits and Harms	Are there likely to be benefits for clients of implementing this Recommendation?	Yes	Evidence was available from Original and/or Update for potential benefits
	Are there likely to be risks for clients of implementing this Recommendation?	No	No evidence from Original and/or Update for potential risks
	Are the benefits for clients likely to outweigh any risks?	Yes	Evidence for benefits. No evidence for risks.
Values and preferences	Is the Recommendation consistent with the values and preferences of autistic people and their families?	Yes	Evidence was available from Original and/or Update for consistency with values and preferences
Resources	Is the Recommendation likely to require additional resources from clients?	No	No Evidence from Original and/or Update for additional resources for clients
	Is the Recommendation likely to require additional resources from practitioners?	No	No Evidence from Original and/or Update for additional resources for practitioners
Equity	What would be the impact on health equity?	Uncertain/ conflicting	Evidence was not available from Original and/or Update for an impact on equity
Acceptability	Is the Recommendation likely to be acceptable to autistic people and families?	Yes	Evidence was available from Original and/or Update for acceptability to autistic people and families
	Is the Recommendation likely to be acceptable to practitioners?	Yes	Evidence was available from Original and/or Update for acceptability to practitioners
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Yes	Evidence was not available from Original and/or Update for feasibility

Comment

Feasibility: The panel noted that feasibility is implied based on evidence from practitioners and/or organisations in support of this Recommendation, but noted the lack of direct evidence.

When should a client be referred for assessment that will consider a possible diagnosis of autism?

Recommendation 37

Practitioners should refer a client for a Comprehensive Needs Assessment and/or Diagnostic Evaluation, when a potential need is identified.

Grade of recommendation: Strong

Evidence for Recommendation

Evidence type	Evidence source	Evidence
Umbrella Review	-	[Howes, 2021] parental understanding was understood to impact assessment processes. Participants in Finke et al. (2010) acknowledged the importance of listening to parents as their awareness of their child's behaviours could be important in heightening the professional's "concern" that a diagnosis should be explored.
Community consultation focus groups	Autistic adults	[ID9, A] Because of the long wait lists, I was a little bit in two minds as to whether or not I would bother getting assessed because I went well, I'm almost 50. I'm not likely to be eligible for the NDIS because if I am autistic I would be in the privileged position of being considered to be low support needs. So I don't know if I'll bother, but I have a new-ish GP, who's quite young and when I brought this up with him he was so, so excited for me to go and get assessed. He was just like, go, go, go. It'll be amazing. Book an appointment with me as soon as you come out of your assessment. I want to hear how you go. And so it was quite lovely when I, you know, when I did have a diagnosis and got to visit him and just stick my head around the door and go guess who's autistic. He was so jazzed for me.
	Family	[ID2, A,F] A lot of medical practitioners have issues differentiating between mental health and autism. So, if you're presenting with mental health issues, they really wanted to fix your mental health issues and try and make you better, instead of exploring why you are having those particular mental health issues.
	Practitioner	[ID26, P] I think there is a continuing improvement of understanding. That autism can look different and that it's not, you know, a child rocking in the corner, avoiding eye contact, that there is a growth in our understanding. And it's not just practitioners who work with autism. There is a growing understanding and an interest from people who are referring in for assessments as well, which has been, which has been good, you know they're, they're actively seeking out opinions of people who know. And do diagnostics when there is like there's something here. I don't know what it is, but have a look at this person for me. Have a chat to them and see what you think. And I think that's something that's really positive because that's helping us to catch some people who are struggling immensely.

Evidence type	Evidence source	Evidence
Community consultation survey	Autistic people	<p>[ID274, A] If someone comes to them asking for a referral, they should not refuse because “you don’t look/act autistic.” We mask for a reason - because “acting autistic” gets us harmed by other people. Of course we hide it when we can. If someone asks for a referral, just give them the damn referral and let a trained, experienced professional assess whether they actually have it or not based on the actual criteria, not what you think an autistic person should look like due to media stereotypes.</p> <p>[ID439, A] GPs should not act as gate keepers. They need to just refer, rather than offer their own judgements based on stereotypes and stigma.</p>
	Family	<p>[ID152, F] Listen to the parents concerns. Stop trying to people please and reassure someone that “everything is fine, don’t stress”. It’s human nature to reassure people. However, GP’s need to just make the referral and make it NOW. It takes a long time to get that appointment, so book it in now not when you’re in crisis. Make a referral and validate the concerns.</p> <p>[ID782, F] If the parent sees that their child is developing differently and comes to you for support... Don’t tell them to wait and see. Don’t tell them that children all get there in their own time. Don’t tell them that you can’t diagnose until 2 or 4 or 5. Help them get support as soon as possible.</p>
	Practitioner	[ID507, P] That the assessment is warranted- i.e. that there are some indicators of autism and the person (or their parent/s) are wanting the assessment. [ID59, A/F/P/Org] If they ask for a referral do it and help them understand what’s involved.
	Organisation	[ID393, Org] All professionals working with children and families should be aware of the red flags for ASD and be trained to raise concerns with families even if they are not trained to assess and diagnose. They should gather as much information as possible to contribute. They should never give their opinion about what they think if they are not properly trained to diagnose. They need to listen to parents concerns and not minimise their worries or tell them to wait and see! They need to be culturally aware and safe.
	Other	

Evidence to decision judgements

Criteria	Question	Judgement	Evidence
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	High	Evidence available from the Original and Update from the autistic and autism communities (i.e., all stakeholders)
Benefits and Harms	Are there likely to be benefits for clients of implementing this Recommendation?	Yes	Evidence was available from Original and/or Update for potential benefits
	Are there likely to be risks for clients of implementing this Recommendation?	No	No evidence from Original and/or Update for potential risks
	Are the benefits for clients likely to outweigh any risks?	Yes	Evidence for benefits. No evidence for risks.
Values and preferences	Is the Recommendation consistent with the values and preferences of autistic people and their families?	Yes	Evidence was available from Original and/or Update for consistency with values and preferences
Resources	Is the Recommendation likely to require additional resources from clients?	No	No Evidence from Original and/or Update for additional resources for clients
	Is the Recommendation likely to require additional resources from practitioners?	No	No Evidence from Original and/or Update for additional resources for practitioners
Equity	What would be the impact on health equity?	Uncertain/ conflicting	Evidence was not available from Original and/or Update for an impact on equity
Acceptability	Is the Recommendation likely to be acceptable to autistic people and families?	Yes	Evidence was available from Original and/or Update for acceptability to autistic people and families
	Is the Recommendation likely to be acceptable to practitioners?	Yes	Evidence was available from Original and/or Update for acceptability to practitioners
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Yes	Evidence was not available from Original and/or Update for feasibility

Comment

Feasibility: The panel noted that feasibility is implied based on evidence from practitioners and/or organisations in support of this Recommendation, but noted the lack of direct evidence.

Who can make a referral?

Recommendation 38

A referral for an assessment for autism should be initiated by a primary healthcare provider.

Grade of recommendation: Strong

Evidence for Recommendation

Evidence type	Evidence source	Evidence
Umbrella Review	-	
Community consultation focus groups	Autistic adults	[ID4, A] Is there some way of making a recommendation that at least there is some way of raising awareness amongst primary healthcare providers such as GP? Um, because they're often, you know, the 1st place that people will go for care. Um, even if it is just to seek a referral, and it's often the 1st place that they're not back as well.
	Family	
	Practitioner	[ID33, P] Referrals funneling through a paediatrician/psychiatrist is important to maintain rigor and consistency.

Evidence type	Evidence source	Evidence
Community consultation survey	Autistic people	[ID438, A, F] Listen to the parents and take it seriously, parents know their child best. I hear too often that paediatricians won't do a referral for assessment because they don't think the child is autistic, but they are basing that on stereotypical autism and there are many profiles that don't fit the stereotypical presentation. Paediatricians need more up to date education.
	Family	[ID450, A, F] GP's need much more training on the presentation of autism! I had to visit four doctors as an adult before one was willing to refer me for an autism assessment.
	Practitioner	
	Organisation	[ID919, Org] Primary healthcare providers who make referrals for diagnostic services should be trained in typical child development and/or the signs and symptoms of common neurodevelopmental and behavioural conditions, which may include restricted or repetitive eating behaviours associated with autism. APDs with relevant training and professional experience may recognise the signs and/or symptoms of autism in their clients and be well-placed to recommend a referral.
	Other	

Evidence to decision judgements

Criteria	Question	Judgement	Evidence
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	High	Evidence available from the Original and Update from the autistic and autism communities (i.e., all stakeholders)
Benefits and Harms	Are there likely to be benefits for clients of implementing this Recommendation?	Yes	Evidence was available from Original and/or Update for potential benefits
	Are there likely to be risks for clients of implementing this Recommendation?	No	No evidence from Original and/or Update for potential risks
	Are the benefits for clients likely to outweigh any risks?	Yes	Evidence for benefits. No evidence for risks.
Values and preferences	Is the Recommendation consistent with the values and preferences of autistic people and their families?	Yes	Evidence was available from Original and/or Update for consistency with values and preferences
Resources	Is the Recommendation likely to require additional resources from clients?	No	No Evidence from Original and/or Update for additional resources for clients
	Is the Recommendation likely to require additional resources from practitioners?	No	No Evidence from Original and/or Update for additional resources for practitioners
Equity	What would be the impact on health equity?	Uncertain/ conflicting	Evidence was not available from Original and/or Update for an impact on equity
Acceptability	Is the Recommendation likely to be acceptable to autistic people and families?	Yes	Evidence was available from Original and/or Update for acceptability to autistic people and families
	Is the Recommendation likely to be acceptable to practitioners?	Yes	Evidence was available from Original and/or Update for acceptability to practitioners
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Yes	Evidence was not available from Original and/or Update for feasibility

Comment

Feasibility: The panel noted that feasibility is implied based on evidence from practitioners and/or organisations in support of this Recommendation, but noted the lack of direct evidence.

What information should be collected?

Recommendation 39

Practitioners should collect information that helps them understand whether a referral for assessment that considers autism may be appropriate and desirable to the client.

Grade of recommendation: Strong

Evidence for Recommendation

Evidence type	Evidence source	Evidence
Umbrella Review	-	[Boshoff, 2019] Due to the invisible nature of autism, professionals often need to take parents' word for reported observations which may not be displayed during consultations (Midence & O'Neill, 1999).
Community consultation focus groups	Autistic adults	
	Family	
	Practitioner	

Evidence type	Evidence source	Evidence
Community consultation survey	Autistic people	[ID596, A, P] That they outline why the client is asking for the referral (or why they are making it) outlining behavioural observations, reports from parents, information from schools where applicable. Further, that the practitioner has taken the opportunity to screen the client using tools that are up to date and freely available to show that the referral is relevant (e.g. RAADS-R, RBQ-2A, QCT, Attwood & Garnett's women's screening tool). The screeners don't take long and could provide valuable information and support for the client in their experience.
	Family	[ID914, A, F] Take into account child's experiences in school/community and listen to parent concerns and validation of both, not just the perceptions of what the referrer has witnessed, as behaviour is variable depending on the environment/situation etc.
	Practitioner	[ID502, P] Paediatricians actually writing a developmental history and providing qualitative features to suggest possible review for ASD. A lot of paed's will not provide a dev history or "Dear psychologist please complete an ADOS to confirm ASD" - the ADOS is only PART of a gold standard. GPs to add behavioural features of concern in their letters.
	Organisation	[ID924, P, Org] The referral should indicate why the child requires assessment to further investigate whether they meet criteria for an ASD. This should also include consideration of the extent to which other possible explanations for the child's presentation/possible co-morbidities have been investigated first as well as consideration of the family situation and whether any issues (e.g. safety) require attention for assessment to proceed.
	Other	[ID616, Oth] They must listen to the person who is being referred and/or the parent/caregiver of the person being referred. They must treat these individuals as the experts.

Evidence to decision judgements

Criteria	Question	Judgement	Evidence
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	High	Evidence available from the Original and Update from the autistic and autism communities (i.e., all stakeholders)
Benefits and Harms	Are there likely to be benefits for clients of implementing this Recommendation?	Yes	Evidence was available from Original and/or Update for potential benefits
	Are there likely to be risks for clients of implementing this Recommendation?	No	No evidence from Original and/or Update for potential risks
	Are the benefits for clients likely to outweigh any risks?	Yes	Evidence for benefits. No evidence for risks.
Values and preferences	Is the Recommendation consistent with the values and preferences of autistic people and their families?	Yes	Evidence was available from Original and/or Update for consistency with values and preferences
Resources	Is the Recommendation likely to require additional resources from clients?	No	No Evidence from Original and/or Update for additional resources for clients
	Is the Recommendation likely to require additional resources from practitioners?	No	No Evidence from Original and/or Update for additional resources for practitioners
Equity	What would be the impact on health equity?	Uncertain/ conflicting	Evidence was not available from Original and/or Update for an impact on equity
Acceptability	Is the Recommendation likely to be acceptable to autistic people and families?	Yes	Evidence was available from Original and/or Update for acceptability to autistic people and families
	Is the Recommendation likely to be acceptable to practitioners?	Yes	Evidence was available from Original and/or Update for acceptability to practitioners
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Yes	Evidence was not available from Original and/or Update for feasibility

Comment

Feasibility: The panel noted that feasibility is implied based on evidence from practitioners and/or organisations in support of this Recommendation, but noted the lack of direct evidence.

What should be the outcome once a referral for assessment has been considered?

Recommendation 40

Where a need for a diagnostic evaluation is established, the practitioner should make an appropriate referral.

Grade of recommendation: Strong

Evidence for Recommendation

Evidence type	Evidence source	Evidence
Umbrella Review	-	[Howes, 2021] When faced with long referral times, some professionals chose to diagnose themselves, rather than refer to a specialist (Penner et al., 2017). They explained that getting support for people with autism as quickly as possible was a key priority. Some professionals also used a “wait and see” approach toward diagnosis, due to the worry that putting a family through the diagnostic process and the outcome not being ASD is “not a wonderful thing to go through”.
	-	-
Community consultation focus groups	Autistic adults	[ID4, A] I don’t expect a GP to be an expert, but I do expect them to know enough to support me and find the right support for me.
	Family	
	Practitioner	[ID174, F/P] Never refuse to refer.

Evidence type	Evidence source	Evidence
Community consultation survey	Autistic people	<p>[ID350, A] Provide list of contacts with the referral. Support with finding a local assessment facility. Support with accessing funding.</p> <p>[ID596, A, P] I feel that practitioners should also provide their patients with supports (e.g. information, books, websites, etc) for them to find out more between the referral and the assessment appointment.</p>
	Family	<p>[ID29, F] Listen to the parent and give concise information on where to go to next. Don't leave parents to navigate this road on your own, the information that lines the pockets of providers and is not a true representation of what is available on the diagnostic pathway is overwhelming. Everyone has their own opinions and ideas and monetary gain and you don't know who to turn to.</p> <p>[ID666-F] Unfortunately, a lot of GPs won't make the referral because the criteria may not match exactly how a person is presenting. This is what happened with my son, but she referred because I insisted. Listen to parents.</p>
	Practitioner	[ID596, A/P/Oth] As a practitioner I see a lot of clients who are being refused referrals for assessment by general practitioners. Reasons for denying a referral have included "you can't be autistic/adhd, you're a teacher", "you've survived this long without a diagnosis, what's the point", "I don't believe in getting diagnoses for adults", "your child has anxiety, not autism, they can look me in the eye", "she can't have autism, she's not lining up the toys". There is a significant amount of gate keeping to psychiatrists where I reside.
	Organisation	[ID917, Org] Provide information and resources about what to expect leading up to and at the next step.
	Other	[ID899, Oth] Listen to the parents & the school. Just because a child can sit in an Dr office for a few minutes or make eye contact does not mean the child is not autistic! I think families should be sent to a psychologist first. They seem better aware of the intricacies of autism. I believe this will save families money, time & frustrations.

Evidence to decision judgements

Criteria	Question	Judgement	Evidence
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	High	Evidence available from the Original and Update from the autistic and autism communities (i.e., all stakeholders)
Benefits and Harms	Are there likely to be benefits for clients of implementing this Recommendation?	Yes	Evidence was available from Original and/or Update for potential benefits
	Are there likely to be risks for clients of implementing this Recommendation?	No	No evidence from Original and/or Update for potential risks
	Are the benefits for clients likely to outweigh any risks?	Yes	Evidence for benefits. No evidence for risks.
Values and preferences	Is the Recommendation consistent with the values and preferences of autistic people and their families?	Yes	Evidence was available from Original and/or Update for consistency with values and preferences
Resources	Is the Recommendation likely to require additional resources from clients?	No	No Evidence from Original and/or Update for additional resources for clients
	Is the Recommendation likely to require additional resources from practitioners?	No	No Evidence from Original and/or Update for additional resources for practitioners
Equity	What would be the impact on health equity?	Uncertain/ conflicting	Evidence was not available from Original and/or Update for an impact on equity
Acceptability	Is the Recommendation likely to be acceptable to autistic people and families?	Yes	Evidence was available from Original and/or Update for acceptability to autistic people and families
	Is the Recommendation likely to be acceptable to practitioners?	Yes	Evidence was available from Original and/or Update for acceptability to practitioners
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Yes	Evidence was not available from Original and/or Update for feasibility

Comment

Feasibility: The panel noted that feasibility is implied based on evidence from practitioners and/or organisations in support of this Recommendation, but noted the lack of direct evidence.

Recommendation 41

When a practitioner receives a referral, they (or their delegate) should explain the service they offer, indicative costs, book an appointment, and collect appropriate information.

Grade of recommendation: Strong

Evidence for Recommendation

Evidence type	Evidence source	Evidence
Umbrella Review	-	
Community consultation focus groups	Autistic adults	[ID11, A/P] I think that clarity about what methods people use and what depth, you know. I've looked at so many people's websites and it's very much just like, 'ohh here are some of the tools we might use or like we do complex assessments' like it's so, they're so cagey about giving any kind of information about the complexity, the cost, even what it involves.
	Family	
	Practitioner	
Community consultation survey	Autistic people	[ID351, A] Providing clear instruction and information on what you can expect may happen, what the process is, etc. And also some resources on getting and asking for support throughout the process.
	Family	[ID300, F] Is the family able to proceed through the process or do they require support? Ensure that the family fully understand the process to diagnosis.
	Practitioner	
	Organisation	
	Other	

Evidence to decision judgements

Criteria	Question	Judgement	Evidence
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	High	Evidence available from the Original and Update from the autistic and autism communities (i.e., all stakeholders)
Benefits and Harms	Are there likely to be benefits for clients of implementing this Recommendation?	Yes	Evidence was available from Original and/or Update for potential benefits
	Are there likely to be risks for clients of implementing this Recommendation?	No	No evidence from Original and/or Update for potential risks
	Are the benefits for clients likely to outweigh any risks?	Yes	Evidence for benefits. No evidence for risks.
Values and preferences	Is the Recommendation consistent with the values and preferences of autistic people and their families?	Yes	Evidence was available from Original and/or Update for consistency with values and preferences
Resources	Is the Recommendation likely to require additional resources from clients?	No	No Evidence from Original and/or Update for additional resources for clients
	Is the Recommendation likely to require additional resources from practitioners?	No	No Evidence from Original and/or Update for additional resources for practitioners
Equity	What would be the impact on health equity?	Uncertain/ conflicting	Evidence was not available from Original and/or Update for an impact on equity
Acceptability	Is the Recommendation likely to be acceptable to autistic people and families?	Yes	Evidence was available from Original and/or Update for acceptability to autistic people and families
	Is the Recommendation likely to be acceptable to practitioners?	Yes	Evidence was available from Original and/or Update for acceptability to practitioners
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Yes	Evidence was not available from Original and/or Update for feasibility

Comment

Feasibility: The panel noted that feasibility is implied based on evidence from practitioners and/or organisations in support of this Recommendation, but noted the lack of direct evidence.

When should an assessment of functioning be considered?

Recommendation 42

Practitioners should conduct an Assessment of Functioning when a diagnosis of autism is being considered.

Grade of recommendation: Strong

Evidence for Recommendation

Evidence type	Evidence source	Evidence
Umbrella Review	-	[Legg & Tickle, 2019] Information would support both professionals and parents to recognise differences in language, communication and behaviour as possible indicators of autism as early as possible.
Community consultation focus groups	Autistic adults	
	Family	[ID10, A/F/Oth] Perhaps some functional capacity assessment in there would be a better I think better approach then automatically selling people \$3000 worth of cognitive function testing, when cognitive function isn't in the criteria and is irrelevant, it's not relevant to support needs, but it's irrelevant to the autism diagnosis.
	Practitioner	
Community consultation survey	Autistic people	
	Family	[ID734, F] Watch for indicators that may come early and listen to parental concerns.
	Practitioner	[ID980, P] NDIS should provide assessment of functioning to determine funding required.
	Organisation	[ID998, P/Org] Assessment of functioning on its own has limited utility. Many people may be reported to be functioning poorly and there are many reasons why someone may function poorly, but that alone does not provide good evidence or support for ASD.
	Other	

Evidence to decision judgements

Criteria	Question	Judgement	Evidence
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	High	Evidence available from the Original and Update from the autistic and autism communities (i.e., all stakeholders)
Benefits and Harms	Are there likely to be benefits for clients of implementing this Recommendation?	Yes	Evidence was available from Original and/or Update for potential benefits
	Are there likely to be risks for clients of implementing this Recommendation?	No	No evidence from Original and/or Update for potential risks
	Are the benefits for clients likely to outweigh any risks?	Yes	Evidence for benefits. No evidence for risks.
Values and preferences	Is the Recommendation consistent with the values and preferences of autistic people and their families?	Yes	Evidence was available from Original and/or Update for consistency with values and preferences
Resources	Is the Recommendation likely to require additional resources from clients?	No	No Evidence from Original and/or Update for additional resources for clients
	Is the Recommendation likely to require additional resources from practitioners?	No	No Evidence from Original and/or Update for additional resources for practitioners
Equity	What would be the impact on health equity?	Uncertain/ conflicting	Evidence was not available from Original and/or Update for an impact on equity
Acceptability	Is the Recommendation likely to be acceptable to autistic people and families?	Yes	Evidence was available from Original and/or Update for acceptability to autistic people and families
	Is the Recommendation likely to be acceptable to practitioners?	Yes	Evidence was available from Original and/or Update for acceptability to practitioners
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Probably yes	Evidence was not available from Original and/or Update for feasibility

Comment

Feasibility: The panel noted that feasibility is implied based on evidence from practitioners and/or organisations in support of this Recommendation, but noted the lack of direct evidence.

Recommendation 43

An Assessment of Functioning should be conducted, if relevant, at multiple points throughout the individual’s life to ensure that changes to level of functioning and support needs are identified and acted on in a timely manner.

Grade of recommendation: Strong

Evidence for Recommendation

Evidence type	Evidence source	Evidence
Umbrella Review	-	
Community consultation focus groups	Autistic adults	
	Family	[ID203, F] Understand there are likely to be fluctuations in function.
	Practitioner	[ID182, F/P] Consideration that an individual’s support needs may vary over time.
Community consultation survey	Autistic people	
	Family	
	Practitioner	
	Organisation	
	Other	

Evidence to decision judgements

Criteria	Question	Judgement	Evidence
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	High	Evidence available from the Original from the autistic and autism communities (i.e., all stakeholders).
Benefits and Harms	Are there likely to be benefits for clients of implementing this Recommendation?	Yes	Evidence was available from Original and/or Update for potential benefits
	Are there likely to be risks for clients of implementing this Recommendation?	No	No evidence from Original and/or Update for potential risks
	Are the benefits for clients likely to outweigh any risks?	Yes	Evidence for benefits. No evidence for risks.
Values and preferences	Is the Recommendation consistent with the values and preferences of autistic people and their families?	Yes	Evidence was available from Original and/or Update for consistency with values and preferences
Resources	Is the Recommendation likely to require additional resources from clients?	No	No Evidence from Original and/or Update for additional resources for clients
	Is the Recommendation likely to require additional resources from practitioners?	No	No Evidence from Original and/or Update for additional resources for practitioners
Equity	What would be the impact on health equity?	Uncertain/ conflicting	Evidence was not available from Original and/or Update for an impact on equity
Acceptability	Is the Recommendation likely to be acceptable to autistic people and families?	Yes	Evidence was available from Original and/or Update for acceptability to autistic people and families
	Is the Recommendation likely to be acceptable to practitioners?	Yes	Evidence was available from Original and/or Update for acceptability to practitioners
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Probably yes	Evidence was not available from Original and/or Update for feasibility

Comment

Certainty of Evidence: Update did not elicit evidence related to this specific Recommendation. However, the panel noted consistency with broader research and community consultation evidence.

Values and Preferences: Update did not elicit evidence related to this specific Recommendation. However, the panel noted consistency with broader research and community consultation evidence.

Feasibility: The panel noted that feasibility is implied based on evidence from practitioners and/or organisations in support of this Recommendation, but noted the lack of direct evidence.

Who should be involved in assessment of functioning?

Recommendation 44

An Assessment of Functioning should be conducted by medical, nurse, and/or allied health practitioners with specified qualifications, with input from all relevant stakeholders.

Grade of recommendation: Conditional

This Recommendation is as important as any other. The ‘conditional’ rating refers to factors to consider during implementation. Please refer to the Evidence to decision judgements table below for further information.

Evidence for Recommendation

Evidence type	Evidence source	Evidence
Umbrella Review	-	
Community consultation focus groups	Autistic adults	
	Family	
	Practitioner	

Evidence type	Evidence source	Evidence
Community consultation survey	Autistic people	[ID54, A/F/P] I think observation needs to occur if this is not a patient you have known, for example if going to an assessment centre where they know the patient for 5hrs tops then cross contextual obs rather than self-report or reliable cross contextual information from alternate sources. This is easier in children hence the better assessment and why many adults are being improperly assessed by screeners.
	Family	[ID543, F] When he had assessment with combined Psychology and OT they used very specific tools, play based observations, parent and teacher questionnaires/ early childhood histories rather than personal observations in a 30 min appointment.
	Practitioner	[ID689, P] Knowing your specific field and not crossing into others (e.g., speech vs psych) - having adequate training (paeds & psychiatrists who have an interest in ASD) - being aware of clinical bias and client influences in NDIS funding when assessing Following evidenced process: multi-informant, multi-contextual evidenced assesment that includes but is not limited to: for children - school observations, teacher interview, school psych interview if relevant, ADOS-2, cognitive assessment, child interview if appropriately aged, DSM-5-TR Clinical Interview or ADI-R administration, differential diagnoses.
	Organisation	[ID997, Org] Practitioners have an advanced understanding of the complexities involved with functioning across settings; this means they must ideally have advanced skills in understanding language acquisition, cognitive development, and behaviour across various ages and stages of life.
	Other	[ID497, Oth] Completed by MDT to cover both physical and psychological factors, where appropriate, include assessment of other psychiatric conditions that may be relevant (ADHD/Depression/Anxiety/Sleep problems), full speech work up and intelligence testing. Must be comprehensive and guided by needs of individual and family.

Evidence to decision judgements

Criteria	Question	Judgement	Evidence
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	High	Evidence available from the Original and Update from the autistic and autism communities (i.e., all stakeholders)
Benefits and Harms	Are there likely to be benefits for clients of implementing this Recommendation?	Yes	Evidence was available from Original and/or Update for potential benefits
	Are there likely to be risks for clients of implementing this Recommendation?	No	No evidence from Original and/or Update for potential risks
	Are the benefits for clients likely to outweigh any risks?	Yes	Evidence for benefits. No evidence for risks.
Values and preferences	Is the Recommendation consistent with the values and preferences of autistic people and their families?	Yes	Conflicting evidence for consistency with values and preferences
Resources	Is the Recommendation likely to require additional resources from clients?	No	No Evidence from Original and/or Update for additional resources for clients
	Is the Recommendation likely to require additional resources from practitioners?	No	No Evidence from Original and/or Update for additional resources for practitioners
Equity	What would be the impact on health equity?	Probably reduced	Evidence was available from Original and/or Update for an impact on equity
Acceptability	Is the Recommendation likely to be acceptable to autistic people and families?	Probably yes	Evidence was available from Original and/or Update for acceptability to autistic people and families
	Is the Recommendation likely to be acceptable to practitioners?	Probably yes	Evidence was available from Original and/or Update for acceptability to practitioners
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Probably yes	Evidence was not available from Original and/or Update for feasibility

Comment

Values and Preferences: The panel noted some evidence from the Original and Updated community consultation evidence that some clients would prefer less restrictions on practitioner qualifications.

Equity: The panel noted this Recommendation would probably reduce health equity by reducing access to assessment and diagnostic services amongst particular groups who may be accessing services from people without specified qualifications. The panel noted that this Recommendation may impose additional barriers for those whom access to services may already be limited (e.g., based on geographical location).

Acceptability: The panel noted some evidence from the Original and Updated community consultation evidence that some clients would prefer less restrictions on practitioner qualifications.

Acceptability: The panel noted some evidence from the Original and Updated community consultation evidence that some practitioners would prefer less restrictions on practitioner qualifications.

Feasibility: The panel noted that feasibility is implied based on evidence from practitioners and/or organisations in support of this Recommendation, but noted the lack of direct evidence.

What information should be collected as part of an assessment of functioning?

Recommendation 45

Practitioners should collect information in the Assessment of Functioning that helps them understand the client's characteristics, functioning, and their context, including their strengths and support needs, across life activities.

Grade of recommendation: Strong

Evidence for Recommendation

Evidence type	Evidence source	Evidence
Umbrella Review	-	[Boshoff, 2019] Due to the invisible nature of autism, professionals often need to take parents' word for reported observations which may not be displayed during consultations (Midence & O'Neill, 1999).
Community consultation focus groups	Autistic adults	
	Family	
	Practitioner	[ID31, P] Talked about the clinical interview over tools. I completely agree. Incidentally, I don't actually love tools. That sounds weird, but I don't actually love a lot of formal processes. Most of my assessment is pretty much informal stuff as well, so I completely agree. I think that there's too much reliance on a particular individual standardized assessment to engage this process and that takes away the fluidity of what we're actually looking at and the interaction, because really that's what it is. When we're looking at autism is how is this person engaging in the world? How are they engaging in this process and too much emphasis and as a supervisor of provisional psychologists I spend a lot of time taking them on how can we take your emphasis away from these formal standardized assessments and put it all together.

Evidence type	Evidence source	Evidence
Community consultation survey	Autistic people	[ID877, A] Consider a broad range of screenings for different things: Sensory issues Coordination issues, Sleeping issues Employment history (not just education), Daily living skills, Communication and social skills.
	Family	[ID782, F] What does the child need to be able to feel and be included in society. What do they need to understand their community and have successful relationships. What does the child need to achieve in school and in sport? (Let's not underestimate our children or set the bar low - our kids deserve to be supported to reach high levels too). What impact might this functioning have on family relationships and activities and what does this child need to develop to support the family to function?
	Practitioner	[ID296, P/Org] A thorough developmental assessment, considering early life through to now, family history and information from a range of sources. Consideration of how their adaptive skills impact every day life and what supports they may need.
	Organisation	[ID269, P/Org] Looking at the client's life and not just how they present in the session. Taking in their skills, interests and passions in addition to their needs. Speaking to school, family members to get an overall picture of the client's needs. Understanding their want and level of participation in society and how best to support them.
	Other	[ID586, P/Org/Oth] Ability of the client to access community, vocation, education, independent living.

Evidence to decision judgements

Criteria	Question	Judgement	Evidence
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	High	Evidence available from the Original and Update from the autistic and autism communities (i.e., all stakeholders)
Benefits and Harms	Are there likely to be benefits for clients of implementing this Recommendation?	Yes	Evidence was available from Original and/or Update for potential benefits
	Are there likely to be risks for clients of implementing this Recommendation?	No	No evidence from Original and/or Update for potential risks
	Are the benefits for clients likely to outweigh any risks?	Yes	Evidence for benefits. No evidence for risks.
Values and preferences	Is the Recommendation consistent with the values and preferences of autistic people and their families?	Yes	Evidence was available from Original and/or Update for consistency with values and preferences
Resources	Is the Recommendation likely to require additional resources from clients?	No	No Evidence from Original and/or Update for additional resources for clients
	Is the Recommendation likely to require additional resources from practitioners?	No	No Evidence from Original and/or Update for additional resources for practitioners
Equity	What would be the impact on health equity?	Uncertain/ conflicting	Evidence was not available from Original and/or Update for an impact on equity
Acceptability	Is the Recommendation likely to be acceptable to autistic people and families?	Yes	Evidence was available from Original and/or Update for acceptability to autistic people and families
	Is the Recommendation likely to be acceptable to practitioners?	Yes	Evidence was available from Original and/or Update for acceptability to practitioners
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Yes	Evidence was not available from Original and/or Update for feasibility

Comment

Feasibility: The panel noted that feasibility is implied based on evidence from practitioners and/or organisations in support of this Recommendation, but noted the lack of direct evidence.

What should be the outcomes of an assessment of functioning?

Recommendation 46

Where support needs have been identified, practitioners should inform the client of their support options and provide a referral if appropriate.

Grade of recommendation: Strong

Evidence for Recommendation

Evidence type	Evidence source	Evidence
Umbrella Review	-	[Howes, 2021] When faced with long referral times, some professionals chose to diagnose themselves, rather than refer to a specialist (Penner et al., 2017). They explained that getting support for people with autism as quickly as possible was a key priority.
Community consultation focus groups	Autistic adults	
	Family	
	Practitioner	
Community consultation survey	Autistic people	[ID834, A] Talk to them about what they would need to function well. Listen and provide recommendations.
	Family	[ID25, A/F/P] For young people give precise examples of school accomodations and types for support (not ABA) For older people workplace considerations and an onward referral to a Neurodiversity affirming therapist.
	Practitioner	[ID289, P] Assisting the families to link to support agencies that can provide regular support and input for improved developmental outcomes.
	Organisation	[ID858, P/Org] Give explicit feedback in a readable report and, to follow up with the independent functioning levels.
	Other	

Evidence to decision judgements

Criteria	Question	Judgement	Evidence
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	High	Evidence available from the Original and Update from the autistic and autism communities (i.e., all stakeholders)
Benefits and Harms	Are there likely to be benefits for clients of implementing this Recommendation?	Yes	Evidence was available from Original and/or Update for potential benefits
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	Are the benefits for clients likely to outweigh any risks?	Yes	Evidence for benefits. No evidence for risks.
Values and preferences	Is the Recommendation consistent with the values and preferences of autistic people and their families?	Yes	Evidence was available from Original and/or Update for consistency with values and preferences
Resources	Is the Recommendation likely to require additional resources from clients?	No	No Evidence from Original and/or Update for additional resources for clients
	Is the Recommendation likely to require additional resources from practitioners?	No	No Evidence from Original and/or Update for additional resources for practitioners
Equity	What would be the impact on health equity?	Uncertain/ conflicting	Evidence was not available from Original and/or Update for an impact on equity
Acceptability	Is the Recommendation likely to be acceptable to autistic people and families?	Yes	Evidence was available from Original and/or Update for acceptability to autistic people and families
	Is the Recommendation likely to be acceptable to practitioners?	Yes	Evidence was available from Original and/or Update for acceptability to practitioners
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Yes	Evidence was not available from Original and/or Update for feasibility

Comment

Feasibility: The panel noted that feasibility is implied based on evidence from practitioners and/or organisations in support of this Recommendation, but noted the lack of direct evidence.

Recommendation 47

Where the findings of the Assessment of Functioning are consistent with a possible diagnosis of autism, the next step/s in the assessment and diagnostic process should be initiated.

Grade of recommendation: Strong

Evidence for Recommendation

Evidence type	Evidence source	Evidence
Umbrella Review	-	[Howes, 2021] Referral pathways also influenced professionals' experiences of the assessment process. A clear process for referral pathways allowed for a single point of referral, helping facilitate the diagnostic process.
Community consultation focus groups	Autistic adults	
	Family	
	Practitioner	
Community consultation survey	Autistic people	[ID150, A,Org] Do I need to get information from another specialist? Does my patient have a mental health condition such as trauma or anxiety that will make this assessment more difficult to complete? Is my patient masking?
	Family	
	Practitioner	[ID943, P/Org] The assessment of functioning should be holistic and result in clear recommendations for supports. It should address the specific impact of autistic features on everyday function, including the impact of challenges with executive function etc. It should be conducted by a person who is knowledgeable about autism and its functional impact. Information should be collected from a range of sources and settings, using a variety of means, including standardised assessments. The assessment should be used to inform further assessment and care to avoid the need for repeated assessment within short time periods.
	Organisation	[ID919, Org] Practitioners should refer to and engage other professions, as required, to ensure assessments are comprehensive and evidence-based.
	Other	

Evidence to decision judgements

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Benefits and Harms	Are there likely to be benefits for clients of implementing this Recommendation?	Yes	Evidence was available from Original and/or Update for potential benefits
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Values and preferences	Is the Recommendation consistent with the values and preferences of autistic people and their families?	Yes	Evidence was available from Original and/or Update for consistency with values and preferences
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	Is the Recommendation likely to require additional resources from practitioners?	No	No Evidence from Original and/or Update for additional resources for practitioners
Equity	What would be the impact on health equity?	Uncertain/ conflicting	Evidence was not available from Original and/or Update for an impact on equity
Acceptability	Is the Recommendation likely to be acceptable to autistic people and families?	Yes	Evidence was available from Original and/or Update for acceptability to autistic people and families
	Is the Recommendation likely to be acceptable to practitioners?	Yes	Evidence was available from Original and/or Update for acceptability to practitioners
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Yes	Evidence was not available from Original and/or Update for feasibility

Comment

Feasibility: The panel noted that feasibility is implied based on evidence from practitioners and/or organisations in support of this Recommendation, but noted the lack of direct evidence.

When should a medical evaluation be conducted?

Recommendation 48

Practitioners should conduct a Medical Evaluation as part of a Comprehensive Needs Assessment.

Grade of recommendation: Strong

Evidence for Recommendation

Evidence type	Evidence source	Evidence
Umbrella Review	-	
Community consultation focus groups	Autistic adults	[ID10, A/F/Oth] I think it would be helpful to also there's some emerging evidence about the genetics around autism. Like I have [health condition], I have, you know, connective tissue issues. I have digestive issues, all of that stuff. That doesn't mean that digestive interventions are gonna fix my autism, but they will fix the digestive issues which makes my life more comfortable and that, we come as a package often, as a whole biology and for diagnosticians, even if they don't know about those things to at least say, hey, I'm gonna make a referral for you to go to say, here in Brisbane, not just bendy or to see a geneticist or whatever it is that that can go with it, are you aware that that pain you have everyday could actually be a genetic condition?
	Family	[ID2-A/F/O] A lot of medical practitioners have issues differentiating between mental health and autism. So, if you're presenting with mental health issues, they really wanted to fix your mental health issues and try and make you better, instead of exploring why you are having those particular mental health issues.
	Practitioner	

Evidence type	Evidence source	Evidence
Community consultation survey	Autistic people	[ID125-AA/F/P] Autism comes with medical issues - hypermobility, bowel issues etc all need to be considered.
	Family	[ID315-F] Eliminate any potential medical causes as a start of the process.
	Practitioner	[ID165, A/F/P/Org] That a full physical assessment is done to rule out other biological causes and other common cooccurring diagnoses such as Ehlers Danlos syndrome that will significantly impact on the individual's quality of life.
	Organisation	[ID59, A/F/P/Org] Consider interoceptive issues, asking questions different ways, consider the impact of sensory issues, assess hypermobility, assess GI issues, and take all symptoms seriously.
	Other	[ID456, A/F/P/Oth] medical evaluation is vital to ruling out other possible influences on the individual... for example, an eating disorder may actually be part of the individual's autism/sensory needs etc. or it may be totally separate. some medical issues are more common in autism, such as EDS; (hypermobility disorder); epilepsy; various auto-immune disorders etc. So, if an individual presents with 'Gut issues' or epilepsy, or a mental health diagnosis, such as BPS, autism should be explored even more so!

Evidence to decision judgements

Criteria	Question	Judgement	Evidence
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	High	Evidence available from the Original and Update from the autistic and autism communities (i.e., all stakeholders)
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Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Yes	Evidence was not available from Original and/or Update for feasibility

Comment

Feasibility: The panel noted that feasibility is implied based on evidence from practitioners and/or organisations in support of this Recommendation, but noted the lack of direct evidence.

Who should be involved in a medical evaluation?

Recommendation 49

Medical Evaluation and investigations relevant to neurodevelopmental and behavioural conditions should be conducted by a medical practitioner who holds general or relevant specialist registration with the Medical Board of Australia.

Grade of recommendation: Strong

Evidence for Recommendation

Evidence type	Evidence source	Evidence
Umbrella Review	-	[Boshoff, 2019] Parents also described that the methods by which health professionals assessed their child were compromised. Assessments were typically conducted in environments unfamiliar to the child, which impacted on the opportunity to observe the child’s full potential (Carlsson, Miniscalco, Kadescjo, & Laakso, 2016). Other parents also reported that they did not feel that the communication style used with their child was optimal. One parent said “Maybe they are good at it, but I don’t always agree with what they say, that’s what it feels like ... I see him in so many other situations than they do, so it doesn’t feel like the way they describe him always applies.” (Carlsson et al., 2016, p. 333).
Community consultation focus groups	Autistic adults	[ID6, A] Incorporating trauma informed practise from the beginning of the diagnosis process, which was really really good in my experience.
	Family	
	Practitioner	

Evidence type	Evidence source	Evidence
Community consultation survey	Autistic people	[ID433, A/F] Have good bedside manner. Ask about sensitive material compassionately. Consult with their regular GP for medical history.
	Family	[ID661, F/P] It should be conducted by multiple professionals using evidence of functioning, sensory and behavioural evidence.
	Practitioner	[ID943, P/Org] The medical practitioner should have training and experience in neurodevelopmental conditions and collect information from a range of sources, including a direct physical examination.
	Organisation	[ID792, Org] The skill of the medical practitioner or specialist and their subsequent training in ASD past their basic training. We have had GPs who, based on their 10 occasional minutes with a patient, refuse to provide a paediatric or psychological referral. Where a psychologist or pediatrician are involved, patients are dependent upon their skills and understanding to get an appropriate diagnosis - and once again their charges exclude a good proportion of the people who might desperately need a medical evaluation. Public health practitioners are too overworked but once again, if they have limited personal experience of ASD, then the door is firmly shut for diagnosis and potential further therapy.
	Other	

Evidence to decision judgements

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Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Yes	Evidence was not available from Original and/or Update for feasibility

Comment

Feasibility: The panel noted that feasibility is implied based on evidence from practitioners and/or organisations in support of this Recommendation, but noted the lack of direct evidence.

Recommendation 50

A medical practitioner may receive assistance in collecting information for the Medical Evaluation from a nurse practitioner who holds general registration with the Nursing and Midwifery Board of Australia and is endorsed as a nurse practitioner or as a registered nurse with relevant experience as a clinical nurse specialist/consultant, practising under appropriate medical supervision.

Grade of recommendation: Strong

Evidence for Recommendation

Evidence type	Evidence source	Evidence
Umbrella Review	-	
Community consultation focus groups	Autistic adults	
	Family	
	Practitioner	
Community consultation survey	Autistic people	
	Family	
	Practitioner	
	Organisation	
	Other	

Evidence to decision judgements

Criteria	Question	Judgement	Evidence
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	High	Evidence available from the Original and Update from the autistic and autism communities (i.e., all stakeholders)
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Values and preferences	Is the Recommendation consistent with the values and preferences of autistic people and their families?	Yes	Evidence was available from Original and/or Update for consistency with values and preferences
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Equity	What would be the impact on health equity?	Uncertain/ conflicting	Evidence was not available from Original and/or Update for an impact on equity
Acceptability	Is the Recommendation likely to be acceptable to autistic people and families?	Yes	Evidence was available from Original and/or Update for acceptability to autistic people and families
	Is the Recommendation likely to be acceptable to practitioners?	Yes	Evidence was available from Original and/or Update for acceptability to practitioners
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Yes	Evidence was not available from Original and/or Update for feasibility

Comment

Feasibility: The panel noted that feasibility is implied based on evidence from practitioners and/or organisations in support of this Recommendation, but noted the lack of direct evidence.

What information should be collected in a medical evaluation?

Recommendation 51

Practitioners should gather information that helps them understand the client's health and wellbeing, including identifying needs, characteristics and findings that can inform differential diagnosis and recommendations for support options.

Grade of recommendation: Strong

Evidence for Recommendation

Evidence type	Evidence source	Evidence
Umbrella Review	-	<p>[Howes 2021] Participants in Finke et al. (2010) acknowledged the importance of listening to parents as their awareness of their child's behaviors could be important in heightening the professional's "concern" that a diagnosis should be explored.</p> <p>Standard assessments need to be supplemented with a personal approach to decide what works for the child.</p> <p>Some professionals stated that weaknesses in diagnostic tools and guides meant that tools were often not "subtle" enough (Rogers et al., 2016, p. 827) when trying to diagnose someone with an atypical presentation.</p>
	Autistic adults	[ID2, A/F/Oth] A lot of medical practitioners have issues differentiating between mental health and autism. So, if you're presenting with mental health issues, they really wanted to fix your mental health issues and try and make you better, instead of exploring why you are having those particular mental health issues.
	Family	[ID25, A/F/Pr] A clinician can develop their own battery, their own assessment. OK. And that isn't a so prescribed as long as you're mapping it to the DSM, we're able to give that diagnosis.
Community consultation focus groups		I just want to raise that I would like us to talk a little bit more about the children who, and I don't use this term, but I'm using it, you see it's useful shorthand unfortunately, but Level 3. I feel like we're talking a lot about the nuanced, subtle, internalised presentation and that's really easy to be affirming of. And I just think we need to challenge ourselves a little bit to think about how we support and affirm families where their child is, and I see them as co-occurring conditions that's not actually autism itself, but they're very commonly co-occurring. So you know they're gonna, it's gonna come up, you know, whether it's incontinence, whether it you know, at an older age, whether it's non-speaking whether, you know, alexithymia, interception, what whatever the EDS, you know whatever the co-occurring conditions are, I think we need to have a really gentle affirming way of holding that too, because you know that is experienced as drastic, by families and that is a different kettle of fish too.
	Practitioner	

Evidence type	Evidence source	Evidence
Community consultation survey	Autistic people	[ID645, A/P] Ensuring that genetic testing is done if indicated, ensuring that allergies are treated and not dismissed given that we know they impact executive functioning, ensuring that sleep apnea is checked, ensuring that chronic pain is considered. Every aspect of a person's health should be checked as part of this assessment given what we know about the impact of hyposensitivity/hypersensitivity on somebody's ability to effectively communicate health needs and health concerns.
	Family	[ID 176, F] Gather family history (diseases/disorders, food sensitivities) look at biomedical testing to determine any issues with certain cycles (methylated, sulfation, oxalate issues, salicylates, amines etc). Nutrient deficiencies through above issues or food aversions, sensitivities, allergies, narrow diet or structural issues (eating mechanics, swallowing etc), digestion (enzymes or stress). Genetic or epigenetic factors. Environment (mold). Gastrointestinal intestinal (food sensitivities, autoimmune).
	Practitioner	[ID812, P] A medical practitioner should provide information on feeding, toileting, weight, sleep, any medical conditions that may impact behaviour, screen for genetic conditions that may contribute to a specific presentation of a client.
	Organisation	[ID165, A/F/P/Org] That a full physical assessment is done to rule out other biological causes and other common co-occurring diagnoses such as Ehlers Danlos syndrome that will significantly impact on the individual's quality of life.
	Other	[ID465, A/F/P/Oth] medical evaluation is vital to ruling out other possible influences on the individual... for example, an eating disorder may actually be part of the individual's autism/sensory needs etc. or it may be totally separate. some medical issues are more common in autism, such as EDS; (hypermobility disorder); epilepsy; various auto-immune disorders etc. So, if an individual presents with 'Gut issues' or epilepsy, or a mental health diagnosis, such as BPS, autism should be explored even more so!

Evidence to decision judgements

Criteria	Question	Judgement	Evidence
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	High	Evidence available from the Original and Update from the autistic and autism communities (i.e., all stakeholders)
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	Are the benefits for clients likely to outweigh any risks?	Yes	Evidence for benefits. No evidence for risks.
Values and preferences	Is the Recommendation consistent with the values and preferences of autistic people and their families?	Yes	Evidence was available from Original and/or Update for consistency with values and preferences
Resources	Is the Recommendation likely to require additional resources from clients?	No	No Evidence from Original and/or Update for additional resources for clients
	Is the Recommendation likely to require additional resources from practitioners?	No	No Evidence from Original and/or Update for additional resources for practitioners
Equity	What would be the impact on health equity?	Uncertain/ conflicting	Evidence was not available from Original and/or Update for an impact on equity
Acceptability	Is the Recommendation likely to be acceptable to autistic people and families?	Yes	Evidence was available from Original and/or Update for acceptability to autistic people and families
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Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Yes	Evidence was not available from Original and/or Update for feasibility

Comment

Feasibility: The panel noted that feasibility is implied based on evidence from practitioners and/or organisations in support of this Recommendation, but noted the lack of direct evidence.

What should be the outcomes of a medical evaluation?

Recommendation 52

Where health and wellbeing needs have been identified, practitioners should inform the client of their options and provide a referral if appropriate.

Grade of recommendation: Strong

Evidence for Recommendation

Evidence type	Evidence source	Evidence
Umbrella Review	-	[Howes 2021] Within the post-diagnosis topic, the difficulties with support services were acknowledged, along with the satisfaction of both the professionals and families. Diagnosis was described as an entrance ticket to services and it was suggested that professionals may feel coerced to make an ASD diagnosis due to the link between diagnosis and service support.
		When faced with long referral times, some professionals chose to diagnose themselves, rather than refer to a specialist (Penner et al., 2017). They explained that getting support for people with autism as quickly as possible was a key priority.
		In cases of diagnostic uncertainty, professionals would put the needs of the child and family first, such as giving a “false positive diagnosis” (Rogers et al., 2016, p. 827), due to diagnosis being a gateway for some services.
Community consultation focus groups	Autistic adults	
	Family	
	Practitioner	

Evidence type	Evidence source	Evidence
Community consultation survey	Autistic people	[ID981, A] It should always lead to the outcome of the support needs for the individual, especially when it comes to co-occurring conditions (for which much more research needs to be done in this area, especially in the link between autism and gender diversity).
	Family	[ID888, A/F/P] Consideration that access to supports should not rely solely on a diagnosis as this is often a push from professionals and parents to get help. Many kids are labelled and reality is not all diagnosis ends up being helpful. Many kids are being excluded and experience seclusion and segregation at a very early age. Diagnosis should bring about positive experiences for child and family. This is not often the case from our clinical experience.
	Practitioner	[ID289, P] Support for the families.
	Organisation	[ID943, P/Org] The medical evaluation should result in referrals for treatment or investigation where required.
	Other	[ID 616, Oth] The person must feel safe. The professional must clearly explain, in accessible language, what is happening and why.

Evidence to decision judgements

Criteria	Question	Judgement	Evidence
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Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Yes	Evidence was not available from Original and/or Update for feasibility

Comment

Feasibility: The panel noted that feasibility is implied based on evidence from practitioners and/or organisations in support of this Recommendation, but noted the lack of direct evidence.

Recommendation 53

Where the findings of the Medical Evaluation are consistent with a possible diagnosis of autism, the next step in the assessment and diagnostic process should be initiated.

Grade of recommendation: Strong

Evidence for Recommendation

Evidence type	Evidence source	Evidence
Umbrella Review	-	[Howes 2021] Some professionals also used a “wait and see” approach toward diagnosis, due to the worry that putting a family through the diagnostic process and the outcome not being ASD is “not a wonderful thing to go through”
Community consultation focus groups	Autistic adults	
	Family	
	Practitioner	[ID26, P] There is a growing understanding and an interest from people who are referring in for assessments as well, which has been, which has been good, you know they’re, they’re actively seeking out opinions of people who know. And do diagnostics when there is like there’s something here. I don’t know what it is, but have a look at this person for me. Have a chat to them and see what you think. And I think that’s something that’s really positive because that’s helping us to catch some people who are struggling immensely.
Community consultation survey	Autistic people	[ID450, A/F] They need to investigate the underlying causes of mental health issues (instead of stopping at this point and ruling out autism). They also need to understand common co-occurring physical conditions like Ehlers Dahnlos Syndrome.
	Family	[ID715, P] Information should also highlight that a clear medical evaluation is not the end of the matter. A clear set of information on where to from here with a positive evaluation.
	Practitioner	[ID54, A/F/P] Collaboration with multidisciplinary teams is essential for this. Not my area therefore handled by other teams.
	Organisation	[ID679, P/Org] When expertly done, a medical evaluation provides education and support and explains the considerations for a medical review such as known contributors to Autism (e.g. genetics) through to discussing any dietary needs (if fussy eaters).
	Other	[ID156-A/F/Oth] do more medical investigations, connect them with a GOOD paediatrician that can take referrals.

Evidence to decision judgements

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Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Yes	Evidence was not available from Original and/or Update for feasibility

Comment

Feasibility: The panel noted that feasibility is implied based on evidence from practitioners and/or organisations in support of this Recommendation, but noted the lack of direct evidence.

When should a diagnostic evaluation be conducted?

Recommendation 54

A Diagnostic Evaluation should be conducted when there are indications of autism.

Grade of recommendation: Strong

Evidence for Recommendation

Evidence type	Evidence source	Evidence
Umbrella Review	-	[Loubersac, 2021] Having a clinical assessment or very early intervention reduced the age at diagnosis of ASD, whether or not these measures were implemented in relation to a suspected developmental disorder.

Evidence type	Evidence source	Evidence
Community consultation focus groups	Autistic adults	[ID45, A] Considering the possibility of autism in people who present with whatever sort of problems. Or, just even if they don't mention problems just to sort of screening for people who live alone or that sort of thing, some sort of brief, brief screening by GP and also people might not be aware of the different types of presentation of autism, so. Older people might be aware that somehow they're different and that there's something wrong, but it might not, might not themselves consider the possibility of autism because they might not have met anyone who has precisely the same presentation as them and their idea of autism might be a, you know, not cover all possibilities. So yeah, that's my main concern. You know, being an older person who sort of got through life with no relation, no long-term relationships or friendships and not much success in employment. So just thinking about. Other people who might be out there in in the same situation.
	Family	[ID63, A/F/P] I have both, I automatically screen for both with any incoming clients. I just wish when a parent walked in and said, hey, my teenage daughter is suicidal, she's cutting, she has an eating disorder and she really struggles to get to school everyday, can we just do an ADHD and autism screener and start there? Instead of stuffing around with trying 400 different medications and all that, because we can do so much more damage if it's a kid that shouldn't be medicated with an SSRI. And the only way we find that out is when they get really suicidal on the SSRI. Like can we run the screen as it takes 5 minutes? It would be great if these screeners are freely available on the Internet. It would be great if the practioners had that process of, a person between 0 and 18 walks in with symptoms of depression and anxiety. Let's just screen for ADHD and autism while we're at it.
	Practitioner	[ID26, P] I think there is a continuing improvement of understanding. That autism can look different and that it's not, you know, a child rocking in the corner, avoiding eye contact, that there is a growth in our understanding. And it's not just practitioners who work with autism. There is a growing understanding and an interest from people who are referring in for assessments as well, which has been, which has been good, you know they're, they're actively seeking out opinions of people who know. And do diagnostics when there is like there's something here. I don't know what it is, but have a look at this person for me. Have a chat to them and see what you think. And I think that's something that's really positive because that's helping us to catch some people who are struggling immensely.
Community consultation survey	Autistic people	[ID218, A] When referred to psychologist for other issues diagnosed by general MD that ASD is looked at as a matter of course. For women looking at masking, high IQ, creativity and philosophical concepts.
	Family	
	Practitioner	
	Organisation	
	Other	

Evidence to decision judgements

Criteria	Question	Judgement	Evidence
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	High	Evidence available from the Original and Update from the autistic and autism communities (i.e., all stakeholders)
Benefits and Harms	Are there likely to be benefits for clients of implementing this Recommendation?	Yes	Evidence was available from Original and/or Update for potential benefits
	Are there likely to be risks for clients of implementing this Recommendation?	No	No evidence from Original and/or Update for potential risks
	Are the benefits for clients likely to outweigh any risks?	Yes	Evidence for benefits. No evidence for risks.
Values and preferences	Is the Recommendation consistent with the values and preferences of autistic people and their families?	Yes	Evidence was available from Original and/or Update for consistency with values and preferences
Resources	Is the Recommendation likely to require additional resources from clients?	No	No Evidence from Original and/or Update for additional resources for clients
	Is the Recommendation likely to require additional resources from practitioners?	No	No Evidence from Original and/or Update for additional resources for practitioners
Equity	What would be the impact on health equity?	Uncertain/ conflicting	Evidence was not available from Original and/or Update for an impact on equity
Acceptability	Is the Recommendation likely to be acceptable to autistic people and families?	Yes	Evidence was available from Original and/or Update for acceptability to autistic people and families
	Is the Recommendation likely to be acceptable to practitioners?	Yes	Evidence was available from Original and/or Update for acceptability to practitioners
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Yes	Evidence was not available from Original and/or Update for feasibility

Comment

Feasibility: The panel noted that feasibility is implied based on evidence from practitioners and/or organisations in support of this Recommendation, but noted the lack of direct evidence.

Who should be involved in a diagnostic evaluation?

Recommendation 55

The Diagnostic Evaluation should involve practitioners with specified medical and/or allied health qualifications, combined with advanced training and/or experience relevant to the differential diagnosis of autism from a range of neurodevelopmental and behavioural conditions.

Grade of recommendation: Conditional

This Recommendation is as important as any other. The ‘conditional’ rating refers to factors to consider during implementation. Please refer to the Evidence to decision judgements table below for further information.

Evidence for Recommendation

Evidence type	Evidence source	Evidence
Umbrella Review	-	[Howes, 2021] A perceived lack of knowledge of how a person with autism presents was suggested to cause a delay in autistic traits being noticed. A lack of facts on ASD meant that some professionals felt they could not convey clear messages to parents about the diagnosis. Penner et al. (2017) described that professionals experienced diagnosis of both very young children and older children to be more challenging, and that girls were felt to be more difficult to diagnose, due to the differences in their presentation.
Community consultation focus groups	Autistic adults	[ID8, A] A lot of them simply don't have the knowledge and and shouldn't be doing it. That's that. They're they should be more stringent requirements as to how people get to be able to be a diagnostic person.
	Family	[ID14, A/P] Most diagnosticians have limited to inflexible understanding of Autism, it becomes very speculative. The awareness of 'female' presentations is lacking. Too many people are now offering "autism assessments" for thousands of dollars and really have no idea meaning there is lots of misdiagnoses.
	Practitioner	[ID26, P] Every now and then I will hit a pediatrician or a speechie who we haven't worked with before. They're not knowledgeable in the area. They may be new to the field, and I'll get comments like really, do you really think they have autism? I don't think so. And I'm like, well, I've spent six so hours with them, and you've spent an hour with them and you've done a standardized assessment.

Evidence type	Evidence source	Evidence
Community consultation survey	Autistic people	
	Family	[ID338, F] ASD assessment requires specific training, knowledge and experience of working with individuals with ASD and targeted professional development... All professionals conducting assessment should have a specific training qualifications.
	Practitioner	[ID752, P] Use of standardized tools as a guide but not forming the basis of the diagnosis solely from this. A thorough understanding of the ASD criteria as well as common co-occurring and/or differential diagnoses. Using clinical judgement to differentiate symptoms.
	Organisation	[ID393, Org] They need to be carried out by trained clinicians who have knowledge specific to assessment and diagnosis of ASD and who can provide differential diagnoses. This should be training-based and not profession-based.
	Other	[ID492, Oth] Must be completed by a multidisciplinary team trained and experienced in differential diagnosis.

Evidence to decision judgements

Criteria	Question	Judgement	Evidence
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	High	Evidence available from the Original and Update from the autistic and autism communities (i.e., all stakeholders)
Benefits and Harms	Are there likely to be benefits for clients of implementing this Recommendation?	Yes	Evidence was available from Original and/or Update for potential benefits
	Are there likely to be risks for clients of implementing this Recommendation?	No	No evidence from Original and/or Update for potential risks
	Are the benefits for clients likely to outweigh any risks?	Yes	Evidence for benefits. No evidence for risks.
Values and preferences	Is the Recommendation consistent with the values and preferences of autistic people and their families?	Yes	Evidence was available from Original and/or Update for consistency with values and preferences
Resources	Is the Recommendation likely to require additional resources from clients?	No	No Evidence from Original and/or Update for additional resources for clients
	Is the Recommendation likely to require additional resources from practitioners?	No	No Evidence from Original and/or Update for additional resources for practitioners
Equity	What would be the impact on health equity?	Probably reduced	Evidence was available from Original and/or Update for an impact on equity
Acceptability	Is the Recommendation likely to be acceptable to autistic people and families?	Yes	Evidence was available from Original and/or Update for acceptability to autistic people and families
	Is the Recommendation likely to be acceptable to practitioners?	Yes	Evidence was available from Original and/or Update for acceptability to practitioners
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Yes	Evidence was not available from Original and/or Update for feasibility

Comment

Equity: The panel noted this Recommendation would probably reduce health equity by reducing access to assessment and diagnostic services amongst particular groups who may be accessing services from people without specified qualifications. The panel noted that this Recommendation may impose additional barriers for those whom access to services may already be limited (e.g., based on geographical location).

Feasibility: The panel noted that feasibility is implied based on evidence from practitioners and/or organisations in support of this Recommendation, but noted the lack of direct evidence.

Recommendation 56

When a Lead Practitioner Diagnostic Evaluation is conducted, it should involve input from at least one other medical and/or allied health practitioner with specified qualifications.

Grade of recommendation: Conditional

This Recommendation is as important as any other. The ‘conditional’ rating refers to factors to consider during implementation. Please refer to the Evidence to decision judgements table below for further information.

Evidence for Recommendation

Evidence type	Evidence source	Evidence
Umbrella Review	-	[Howes, 2021] The benefits of multidisciplinary teams were noted. Multidisciplinary teams helped compensate for the clinical setting of a formal diagnostic assessment, by allowing observations to take place in a variety of environments.
Community consultation focus groups	Autistic adults	[ID63, A/F/P] My experience was, that I didn’t even have autism on the radar. My life just fell apart and I ended up in a psychiatric hospital for a month and then only in there did I actually get a diagnosis, and I actually was super privileged in the fact that I’ve got a consensus diagnosis between a psychiatrist, a clinical psychologist and an OT. I got, you know, really high-quality assessment.
	Family	
	Practitioner	

Evidence type	Evidence source	Evidence
Community consultation survey	Autistic people	
	Family	[ID369, F] Take your time build relationship over time. Get to know little ones and their families. Not just one-off appointments. CDS do this so well. All assessments should be through multidisciplinary teams not one practitioners opinion as they could bring their own subconscious bias towards the diagnosis. Bring more eyes on the child not just one person.
	Practitioner	[ID23, P] Ability to construct an assessment team that can answer the question effectively and knowing when to seek MD consultation. It's collaborative if multidisciplinary and includes liaison with others if single diagnostician.
	Organisation	[ID 919, Org] Whether the diagnostic assessment is made by a single clinician or 'consensus team', the practitioner/s should be confident to understand and integrate information from different sources to inform the diagnostic process including assessment and diagnostic information provided by APDs in relation to food and eating behaviours. Practitioners should be educated on the role of different allied health professions and how their assessments can be utilised to inform decision-making and diagnosis of autism. As previously mentioned, APDs should be recognised for their unique role in dietary assessment and diagnosis of food, nutrition and eating behaviours and as potential members of diagnostic 'consensus teams', when food and eating behaviours are part of the portfolio of signs and symptoms under consideration as part of the diagnosis.
	Other	

Evidence to decision judgements

Criteria	Question	Judgement	Evidence
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	High	Evidence available from the Original and Update from the autistic and autism communities (i.e., all stakeholders)
Benefits and Harms	Are there likely to be benefits for clients of implementing this Recommendation?	Yes	Evidence was available from Original and/or Update for potential benefits
	Are there likely to be risks for clients of implementing this Recommendation?	No	No evidence from Original and/or Update for potential risks
	Are the benefits for clients likely to outweigh any risks?	Yes	Evidence for benefits. No evidence for risks.
Values and preferences	Is the Recommendation consistent with the values and preferences of autistic people and their families?	Yes	Evidence was available from Original and/or Update for consistency with values and preferences
Resources	Is the Recommendation likely to require additional resources from clients?	No	No Evidence from Original and/or Update for additional resources for clients
	Is the Recommendation likely to require additional resources from practitioners?	No	No Evidence from Original and/or Update for additional resources for practitioners
Equity	What would be the impact on health equity?	Probably reduced	Evidence was available from Original and/or Update for an impact on equity
Acceptability	Is the Recommendation likely to be acceptable to autistic people and families?	Yes	Evidence was available from Original and/or Update for acceptability to autistic people and families
	Is the Recommendation likely to be acceptable to practitioners?	Yes	Evidence was available from Original and/or Update for acceptability to practitioners
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Yes	Evidence was not available from Original and/or Update for feasibility

Comment

Equity: The panel noted this Recommendation would probably reduce health equity by reducing access to assessment and diagnostic services amongst particular groups who may be accessing services from people without specified qualifications. The panel noted that this Recommendation may impose additional barriers for those whom access to services may already be limited (e.g., based on geographical location).

Feasibility: The panel noted that feasibility is implied based on evidence from practitioners and/or organisations in support of this Recommendation, but noted the lack of direct evidence.

Recommendation 57

In circumstances where a Consensus Team Diagnostic Evaluation is warranted but the team is in a geographically distant location to the client's community, a partnership between the team and one or more community practitioners should be initiated.

Grade of recommendation: Strong

Evidence for Recommendation

Evidence type	Evidence source	Evidence
Umbrella Review	-	
Community consultation focus groups	Autistic adults	[ID5, A/F/P] I also live in a regional area. I live in [location], so accessing somebody who can actually do the assessment, let alone somebody, actually knows what they're doing. Is you know it's very difficult in a regional area.
	Family	[ID48, A/F/P] Then there are psychologists out there participating in assessments and not even seeing the child.
	Practitioner	[ID32, P] I know in regional areas the restrictions around who can do the assessments has been a massive barrier. It's essentially makes it like there are no clinical psychologists, there are no, there's no clinical psychologists who do autism assessments, and we don't have a lot. In general, we don't have psychiatrists. And we've only got a handful of pediatricians, which means our region, which is quite large. Which people are waiting several years even for private assessments.
Community consultation survey	Autistic people	
	Family	
	Practitioner	[ID787, P] Collaboration, whilst necessary, is not always possible in regional/rural.
	Organisation	
	Other	

Evidence to decision judgements

Criteria	Question	Judgement	Evidence
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	High	Evidence available from the Original and Update from the autistic and autism communities (i.e., all stakeholders)
Benefits and Harms	Are there likely to be benefits for clients of implementing this Recommendation?	Yes	Evidence was available from Original and/or Update for potential benefits
	Are there likely to be risks for clients of implementing this Recommendation?	No	No evidence from Original and/or Update for potential risks
	Are the benefits for clients likely to outweigh any risks?	Yes	Evidence for benefits. No evidence for risks.
Values and preferences	Is the Recommendation consistent with the values and preferences of autistic people and their families?	Yes	Evidence was available from Original and/or Update for consistency with values and preferences
Resources	Is the Recommendation likely to require additional resources from clients?	No	No Evidence from Original and/or Update for additional resources for clients
	Is the Recommendation likely to require additional resources from practitioners?	Uncertain	Conflicting evidence for additional resources for practitioners
Equity	What would be the impact on health equity?	Probably increased	Evidence was available from Original and/or Update for an impact on equity
Acceptability	Is the Recommendation likely to be acceptable to autistic people and families?	Yes	Evidence was available from Original and/or Update for acceptability to autistic people and families
	Is the Recommendation likely to be acceptable to practitioners?	Yes	Evidence was available from Original and/or Update for acceptability to practitioners
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Uncertain	Evidence was not available from Original and/or Update for feasibility

Comment

Resources: The panel noted that implementing this Recommendation may have different resource implications for different practitioners, depending on their individual circumstances (e.g., nature and scope of practice, existing resources).

Equity: The panel noted that involving a local practitioner is likely to increase the quality of care, particularly for people living in rural and remote locations.

Feasibility: The panel noted that the feasibility of implementing this Recommendation will differ for different practitioners, depending on their individual circumstances (e.g., nature and scope of existing practice, existing resources).

What information should be collected in a diagnostic evaluation?

Recommendation 58

Practitioners should collate information from all appropriate sources including the referral, Assessment of Functioning, and Medical Evaluation for consideration in the Diagnostic Evaluation.

Grade of recommendation: Strong

Evidence for Recommendation

Evidence type	Evidence source	Evidence
Umbrella Review	-	[Howes, 2021] Standard assessments need to be supplemented with a personal approach to decide what works for the child.
Community consultation focus groups	Autistic adults	
	Family	
	Practitioner	[ID31, P] Talked about the clinical interview over tools. I completely agree. Incidentally, I don't actually love tools. That sounds weird, but I don't actually love a lot of formal processes. Most of my assessment is pretty much informal stuff as well, so I completely agree. I think that there's too much reliance on a particular individual standardized assessment to engage this process and that takes away the fluidity of what we're actually looking at and the interaction, because really that's what it is. When we're looking at autism is how is this person engaging in the world? How are they engaging in this process and too much emphasis and as a supervisor of provisional psychologists have been a lot of time taking them on. How can we take your emphasis away from these formal standardized assessments and put it all together so.

Evidence type	Evidence source	Evidence
Community consultation survey	Autistic people	[ID235, A/F/Oth] Autism characteristics, differential diagnoses, current and past experiences, sensory sensitivities, mix of self-report, carer-report, and clinician-observed measures.
	Family	[ID146, F] Other than meeting the diagnostic criteria from the DSM-5, it is critical that the diagnostician sees the child in a range of environments, not just their office, which is artificial and as far from a child's normal life as you can get. This needs to include home life, school life, and other settings where the child participates such as sport / recreation, playgroup, Kindergym, club, sport on weekends, swim lessons, friends houses for group play dates. Videos taken by parents or teacher/EA can be useful to show behaviours in a range of settings. Much of the diagnostic assessment is qualitative however there are standardised tests which may be of benefit.
	Practitioner	[ID338, P] Assessment protocols that are used to identify ASD traits (observed). History. Information provided by others (practitioners, schools, work place). Adaptive function, Identity.
	Organisation	
	Other	[ID497, Oth] Must seek information from multiple sources (e.g., observation, family, teacher - where appropriate).

Evidence to decision judgements

Criteria	Question	Judgement	Evidence
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	High	Evidence available from the Original and Update from the autistic and autism communities (i.e., all stakeholders)
Benefits and Harms	Are there likely to be benefits for clients of implementing this Recommendation?	Yes	Evidence was available from Original and/or Update for potential benefits
	Are there likely to be risks for clients of implementing this Recommendation?	No	No evidence from Original and/or Update for potential risks
	Are the benefits for clients likely to outweigh any risks?	Yes	Evidence for benefits. No evidence for risks.
Values and preferences	Is the Recommendation consistent with the values and preferences of autistic people and their families?	Yes	Evidence was available from Original and/or Update for consistency with values and preferences
Resources	Is the Recommendation likely to require additional resources from clients?	No	No Evidence from Original and/or Update for additional resources for clients
	Is the Recommendation likely to require additional resources from practitioners?	No	No Evidence from Original and/or Update for additional resources for practitioners
Equity	What would be the impact on health equity?	Uncertain/ conflicting	Evidence was not available from Original and/or Update for an impact on equity
Acceptability	Is the Recommendation likely to be acceptable to autistic people and families?	Yes	Evidence was available from Original and/or Update for acceptability to autistic people and families
	Is the Recommendation likely to be acceptable to practitioners?	Yes	Evidence was available from Original and/or Update for acceptability to practitioners
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Yes	Evidence was not available from Original and/or Update for feasibility

Comment

Feasibility: The panel noted that feasibility is implied based on evidence from practitioners and/or organisations in support of this Recommendation, but noted the lack of direct evidence.

Recommendation 59

Practitioners should gather and/or confirm information about social-communication and behavioural characteristics that are relevant to a diagnosis of autism, as well as characteristics that may inform differential diagnosis of other conditions.

Grade of recommendation: Strong

Evidence for Recommendation

Evidence type	Evidence source	Evidence
Umbrella Review	-	[Howes, 2021] Parental understanding was understood to impact assessment processes. Participants in Finke et al. (2010) acknowledged the importance of listening to parents as their awareness of their child's behaviors could be important in heightening the professional's "concern" that a diagnosis should be explored.
Community consultation focus groups	Autistic adults	[ID914, A,F] Listen to parent/carer detail of experiences. Evaluate to other co occurring conditions at the same time or if in doubt referto appropraite allied health for futher screening such as sensory processing/speech or auditory processing. Consider school reports acedemic and behaviour.
	Family	[ID10, A/F/Oth] I've watched people go through that diagnosis process and tried to find good diagnosticians. And one thing I've found is that with regard to those tools is that a lot of them insist on using a battery of tools that they say are to do with differential diagnosis. But if we're honest with ourselves, they don't. If we know autism, we don't need to do a WISC, a WIAT. That's the expensive stuff and the screen is for autism themselves aren't actually that. And with ADHD combined and perhaps some functional capacity assessment in there would be a better I think better approach then automatically selling people \$3000 worth of cognitive function testing, when cognitive function isn't in the criteria and is irrelevant, it's not relevant to support needs, but it's irrelevant to the autism diagnosis.
	Practitioner	[ID67, A/F/P] Exactly practitioners should be encouraged to screen for ADHD especially as part of diagnosis - the concomitance is exceptionally high and can help develop specific supports that recognsie impacts of both. I'm a parent of two children that are diagnosed autistic and ADHD, one who've which is a PDA. So that's the pathological demand avoidance. Better understood as that pervasive demand for autonomy.

Evidence type	Evidence source	Evidence
Community consultation survey	Autistic people	[ID682, A,F/P] Social impact and effort required in peopling. Repetitive behaviours and ways to self-soothe Autistic meltdowns and burnout.
	Family	[ID671, F] Social communication deficits that cause clinically significant impairment.
	Practitioner	[ID341, P/Org] giving them the best chance to display their communication skills, reciprocal social interaction and stereotyped or repetitive behaviours [ID268, P] Considering differential diagnoses and overlapping disorders, as well as adopting a neuroaffirming approach and placing the client's expression of their experiences at the centre of the assessment.
	Organisation	[ID250, Org] Use of an appropriate assessment strategy that considers the broad range of potential autistic presentations rather than excluding a diagnosis on the basis of masking behaviours. Assessment measures should be neurodiversity-affirming and include an evaluation of masking behaviours. ADHD should also be considered due to the high rate of co-occurrence.
	Other	[ID933, Oth] Evidence from our research points towards a strong co-occurrence of listening difficulties and decreased sound tolerance in autistic children. We believe this is an important factor that should be taken into consideration in the diagnostic process, in addition to language, cognitive, and global sensory processing. At present, audiologists are involved in the diagnostic process to rule out a peripheral hearing loss, however, our research strongly supports expanding the audiology clinical battery to the assessment of broader auditory skills, including listening, which have strong associations with speech and language development, broader communication skills, self-esteem and confidence, community participation, and academic outcomes.

Evidence to decision judgements

Criteria	Question	Judgement	Evidence
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	High	Evidence available from the Original and Update from the autistic and autism communities (i.e., all stakeholders)
Benefits and Harms	Are there likely to be benefits for clients of implementing this Recommendation?	Yes	Evidence was available from Original and/or Update for potential benefits
	Are there likely to be risks for clients of implementing this Recommendation?	No	No evidence from Original and/or Update for potential risks
	Are the benefits for clients likely to outweigh any risks?	Yes	Evidence for benefits. No evidence for risks.
Values and preferences	Is the Recommendation consistent with the values and preferences of autistic people and their families?	Yes	Evidence was available from Original and/or Update for consistency with values and preferences
Resources	Is the Recommendation likely to require additional resources from clients?	No	No Evidence from Original and/or Update for additional resources for clients
	Is the Recommendation likely to require additional resources from practitioners?	No	No Evidence from Original and/or Update for additional resources for practitioners
Equity	What would be the impact on health equity?	Uncertain/ conflicting	Evidence was not available from Original and/or Update for an impact on equity
Acceptability	Is the Recommendation likely to be acceptable to autistic people and families?	Yes	Evidence was available from Original and/or Update for acceptability to autistic people and families
	Is the Recommendation likely to be acceptable to practitioners?	Yes	Evidence was available from Original and/or Update for acceptability to practitioners
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Yes	Evidence was not available from Original and/or Update for feasibility

Comment

Feasibility: The panel noted that feasibility is implied based on evidence from practitioners and/or organisations in support of this Recommendation, but noted the lack of direct evidence.

What information should be considered in making a diagnosis?

Recommendation 60

Practitioners should take into account the client’s characteristics and their impact on functioning individually and in comparison to people of the same chronological and developmental age when considering a diagnosis of autism.

Grade of recommendation: Strong

Evidence for Recommendation

Evidence type	Evidence source	Evidence
Umbrella Review	-	[Estrin, 2020] When observing social interactions from a distance, girls with ASD behaved like neurotypical girls, i.e. spending a significant amount of time talking and weaving in and out of groups; yet, it was only upon closer inspection of the quality of interaction with peers that social challenges were perceived. By contrast, it was easier to identify social challenges in boys with ASD at a distance. The authors argued that using camouflaging techniques to mask social difficulties makes girls with ASD more vulnerable and less likely than boys to be identified within a school setting.
Community consultation focus groups	Autistic adults	
	Family	
	Practitioner	[ID27, A/F/P/Org/Oth] Lots of assessments, not all of them, but lots of assessments, still don’t include a sensory profile aspect to the assessment and that is the agree with P27. That’s a massive problem because it’s such a huge thing in autism and it’s really big for individuals to understand because it’s so fundamental to the way they experience the world and the way they will function and what they have to account for and what the people around them have to account for.

Evidence type	Evidence source	Evidence
Community consultation survey	Autistic people	[ID863, A] Practitioners should take on all the evidence presented to them by the autistic person when making the diagnosis and not just the parts that fit into the boxes in the assessment process.
	Family	[ID165, A/F/P/Org] Ensuring a full assessment is done. Not just ticking the diagnostic boxes, but a full clinical interview and differential diagnosis as well as assessing for any learning barriers and disorders that will impact on the child's life.
	Practitioner	[ID736, P] It is not about 'ticking the box' to give a diagnosis but about understanding that person's journey and experiences and seeking to find what may be the best explanation of what is happening for them. The absence of another diagnosis does not mean the person has autism, even if there are some characteristics. This needs to be held in mind to ensure a valid assessment.
	Organisation	[ID943, P/Org] Assessments should take a neurodevelopmental perspective. A developmental history is essential to ensure that the person's lifetime development aligns with autism. Autistic traits should be considered from a lifespan perspective and in relation to age and developmental stage. Autistic features should be pervasive across time and context and have ongoing functional impact. Assessing teams should consider age, intellectual ability, verbal ability, sex and gender influences on autistic traits, and the impact of CALD.
	Other	[ID167, F/Org/Oth] Look at the big picture, not just one snapshot of one moment in time when the person having the assessment is in your office for 30-60 minutes. Take all information supplied and weave it into the assessment results.

Evidence to decision judgements

Criteria	Question	Judgement	Evidence
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	High	Evidence available from the Original and Update from the autistic and autism communities (i.e., all stakeholders)
Benefits and Harms	Are there likely to be benefits for clients of implementing this Recommendation?	Yes	Evidence was available from Original and/or Update for potential benefits
	Are there likely to be risks for clients of implementing this Recommendation?	No	No evidence from Original and/or Update for potential risks
	Are the benefits for clients likely to outweigh any risks?	Yes	Evidence for benefits. No evidence for risks.
Values and preferences	Is the Recommendation consistent with the values and preferences of autistic people and their families?	Yes	Evidence was available from Original and/or Update for consistency with values and preferences
Resources	Is the Recommendation likely to require additional resources from clients?	No	No Evidence from Original and/or Update for additional resources for clients
	Is the Recommendation likely to require additional resources from practitioners?	No	No Evidence from Original and/or Update for additional resources for practitioners
Equity	What would be the impact on health equity?	Uncertain/ conflicting	Evidence was not available from Original and/or Update for an impact on equity
Acceptability	Is the Recommendation likely to be acceptable to autistic people and families?	Probably yes	Evidence was available from Original and/or Update for acceptability to autistic people and families
	Is the Recommendation likely to be acceptable to practitioners?	Yes	Evidence was available from Original and/or Update for acceptability to practitioners
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Yes	Evidence was not available from Original and/or Update for feasibility

Comment

Acceptability: The panel noted some evidence from the Updated community consultation evidence that some autistic people and their families have concerns regarding the appropriateness of chronological and developmental-age comparisons.

Feasibility: The panel noted that feasibility is implied based on evidence from practitioners and/or organisations in support of this Recommendation, but noted the lack of direct evidence.

Recommendation 61

Practitioners should take into account potential gender-based differences in the characteristics of autism when considering a diagnosis of autism.

Grade of recommendation: Strong

Evidence for Recommendation

Evidence type	Evidence source	Evidence
Umbrella Review	-	[Estrin, 2020] Girls with ASD used gestures more vividly than boys. Girls with ASD made significantly more mistakes than boys on an emotion recognition test. Watson (2014) found that all participants (n = 13 females with a clinical ASD diagnosis) reported having a co-occurring condition (e.g. ADHD), with 10 out of the 13 participants receiving their co-occurring diagnosis prior to ASD. Girls with an additional diagnosis were diagnosed later than girls who did not have an additional diagnosis. It has also been suggested that cognitive impairment increases the likelihood of having a documented ASD diagnosis for boys, but not for girls (Giarelli et al. 2010). Girls with an IQ of 70 or less were less likely than boys with an IQ of 70 or less to have a documented ASD diagnosis. This may suggest that once a cognitive impairment had been identified in a female, it is less likely that an ASD assessment will take place.
Community consultation focus groups	Autistic adults	
	Family	
	Practitioner	
Community consultation survey	Autistic people	[ID675, A/F/P/Org] Gender bias. Masking for professionals. Thorough history from parents/care giver looking at genetic, environmental factors as well as psychological and physical.
	Family	
	Practitioner	[ID943, P/Org] Assessing teams should consider age, intellectual ability, verbal ability, sex and gender influences on autistic traits, and the impact of CALD.
	Organisation	
	Other	

Evidence to decision judgements

Criteria	Question	Judgement	Evidence
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	High	Evidence available from the Original and Update from the autistic and autism communities (i.e., all stakeholders)
Benefits and Harms	Are there likely to be benefits for clients of implementing this Recommendation?	Yes	Evidence was available from Original and/or Update for potential benefits
	Are there likely to be risks for clients of implementing this Recommendation?	No	No evidence from Original and/or Update for potential risks
	Are the benefits for clients likely to outweigh any risks?	Yes	Evidence for benefits. No evidence for risks.
Values and preferences	Is the Recommendation consistent with the values and preferences of autistic people and their families?	Yes	Evidence was available from Original and/or Update for consistency with values and preferences
Resources	Is the Recommendation likely to require additional resources from clients?	No	No Evidence from Original and/or Update for additional resources for clients
	Is the Recommendation likely to require additional resources from practitioners?	No	No Evidence from Original and/or Update for additional resources for practitioners
Equity	What would be the impact on health equity?	Probably increased	Evidence was available from Original and/or Update for an impact on equity
Acceptability	Is the Recommendation likely to be acceptable to autistic people and families?	Yes	Evidence was available from Original and/or Update for acceptability to autistic people and families
	Is the Recommendation likely to be acceptable to practitioners?	Yes	Evidence was available from Original and/or Update for acceptability to practitioners
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Probably yes	Evidence was not available from Original and/or Update for feasibility

Comment

Equity: The panel noted that this Recommendation has the potential to increase health equity by enhancing diagnostic accuracy, particularly amongst people who identify as female or gender-diverse, based on consideration of the available evidence and the broader research evidence, professional standards, national regulations, and/or international conventions.

Feasibility: The panel noted that feasibility is implied based on evidence from practitioners and/or organisations in support of this Recommendation, but noted the lack of direct evidence.

Recommendation 62

Practitioners should consider the potential impact of current and/or past psychosocial factors on the client's behavioural presentation and functioning, when considering a diagnosis of autism.

Grade of recommendation: Strong

Evidence for Recommendation

Evidence type	Evidence source	Evidence
Umbrella Review	-	[Riviera-Figueroa, 2022] The most widely used ASD assessment tools are normed on predominantly White samples, and administration guidelines have little guidance regarding cultural considerations (Harris et al., 2014). Racial and ethnic disparities are exacerbated by a lack of culturally competent healthcare.
Community consultation focus groups	Autistic adults	
	Family	
	Practitioner	
Community consultation survey	Autistic people	
	Family	[ID358, F/Org] That a thorough biopsychosocial developmental history has been taken, information has been collected from a range of sources. Observation as well as formal assessment tools are used.
	Practitioner	[ID943, P/Org] Assessments should take a neurodevelopmental perspective. A developmental history is essential to ensure that the person's lifetime development aligns with autism. Autistic traits should be considered from a lifespan perspective and in relation to age and developmental stage. Autistic features should be pervasive across time and context and have ongoing functional impact. Assessing teams should consider age, intellectual ability, verbal ability, sex and gender influences on autistic traits, and the impact of CALD.
	Organisation	
	Other	

Evidence to decision judgements

Criteria	Question	Judgement	Evidence
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	High	Evidence available from the Original and Update from the autistic and autism communities (i.e., all stakeholders)
Benefits and Harms	Are there likely to be benefits for clients of implementing this Recommendation?	Yes	Evidence was available from Original and/or Update for potential benefits
	Are there likely to be risks for clients of implementing this Recommendation?	No	No evidence from Original and/or Update for potential risks
	Are the benefits for clients likely to outweigh any risks?	Yes	Evidence for benefits. No evidence for risks.
Values and preferences	Is the Recommendation consistent with the values and preferences of autistic people and their families?	Yes	Evidence was available from Original and/or Update for consistency with values and preferences
Resources	Is the Recommendation likely to require additional resources from clients?	No	No Evidence from Original and/or Update for additional resources for clients
	Is the Recommendation likely to require additional resources from practitioners?	No	No Evidence from Original and/or Update for additional resources for practitioners
Equity	What would be the impact on health equity?	Probably increased	Evidence was available from Original and/or Update for an impact on equity
Acceptability	Is the Recommendation likely to be acceptable to autistic people and families?	Yes	Evidence was available from Original and/or Update for acceptability to autistic people and families
	Is the Recommendation likely to be acceptable to practitioners?	Yes	Evidence was available from Original and/or Update for acceptability to practitioners
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Probably yes	Evidence was not available from Original and/or Update for feasibility

Comment

Equity: The panel noted that this Recommendation has the potential to increase health equity by enhancing diagnostic accuracy, particularly amongst people with complex presentations, based on consideration of the available evidence and the broader research evidence, professional standards, national regulations, and/or international conventions.

Feasibility: The panel noted that feasibility is implied based on evidence from practitioners and/or organisations in support of this Recommendation, but noted the lack of direct evidence.

How should a diagnostic decision be made?

Recommendation 63

Practitioners should use the current versions of either of the following international diagnostic manuals to make diagnostic decisions in relation to autism: the Diagnostic and Statistical Manual of Mental Disorders or the International Statistical Classification of Diseases and Related Health Problems.

Grade of recommendation: Strong

Evidence for Recommendation

Evidence type	Evidence source	Evidence
Umbrella Review	-	
Community consultation focus groups	Autistic adults	
	Family	
	Practitioner	
Community consultation survey	Autistic people	
	Family	
	Practitioner	
	Organisation	
	Other	

Evidence to decision judgements

Criteria	Question	Judgement	Evidence
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	High	Evidence available from the Original and Update from the autistic and autism communities (i.e., all stakeholders)
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Equity	What would be the impact on health equity?	Uncertain/ conflicting	Evidence was not available from Original and/or Update for an impact on equity
Acceptability	Is the Recommendation likely to be acceptable to autistic people and families?	Yes	Evidence was available from Original and/or Update for acceptability to autistic people and families
	Is the Recommendation likely to be acceptable to practitioners?	Yes	Evidence was available from Original and/or Update for acceptability to practitioners
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Yes	Evidence was not available from Original and/or Update for feasibility

Comment

Feasibility: The panel noted that feasibility is implied based on evidence from practitioners and/or organisations in support of this Recommendation, but noted the lack of direct evidence.

Recommendation 64

Practitioners involved in Diagnostic Evaluation should use their clinical judgement to reach their diagnostic decision by taking into account all relevant information from all stages of the assessment and diagnostic process.

Grade of recommendation: Strong

Evidence for Recommendation

Evidence type	Evidence source	Evidence
Umbrella Review	-	
Community consultation focus groups	Autistic adults	
	Family	
	Practitioner	
Community consultation survey	Autistic people	
	Family	
	Practitioner	
	Organisation	
	Other	

Evidence to decision judgements

Criteria	Question	Judgement	Evidence
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	High	Evidence available from the Original and Update from the autistic and autism communities (i.e., all stakeholders)
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Acceptability	Is the Recommendation likely to be acceptable to autistic people and families?	Yes	Evidence was available from Original and/or Update for acceptability to autistic people and families
	Is the Recommendation likely to be acceptable to practitioners?	Yes	Evidence was available from Original and/or Update for acceptability to practitioners
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Yes	Evidence was not available from Original and/or Update for feasibility

Comment

Feasibility: The panel noted that feasibility is implied based on evidence from practitioners and/or organisations in support of this Recommendation, but noted the lack of direct evidence.

What should be the outcomes of a diagnostic evaluation?

Recommendation 65

Practitioners should discuss with the client and document the findings of the Diagnostic Evaluation, including whether a diagnosis of autism and/or other conditions is appropriate.

Grade of recommendation: Strong

Evidence for Recommendation

Evidence type	Evidence source	Evidence
Umbrella Review	-	[Howes, 2021] professionals in Rogers et al. (2016) recognized the need to communicate both the positive and negatives of the ASD diagnosis with both the person with autism and their family.
Community consultation focus groups	Autistic adults	
	Family	
	Practitioner	
Community consultation survey	Autistic people	
	Family	[ID243, F/P/Org] Does the person meet criteria? If not, can the person be referred somewhere else? If the practitioner is skilled in alternative diagnoses perhaps they could offer differential diagnosis.
	Practitioner	[ID758, P] Is there sufficient evidence to warrant a diagnosis or should a review be considered at a later time. Consider the impact of a diagnosis. Ensure that differential and co-diagnoses are adequately considered. Recommendations aiming to support the individual need to be provided regardless of diagnostic outcome.
	Organisation	
	Other	[ID788, F/Oth] Ensuring that there is a differential diagnosis if not meeting criteria for ASD so parents are not left with a report saying no to ASD but nothing else.

Evidence to decision judgements

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Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	High	Evidence available from the Original and Update from the autistic and autism communities (i.e., all stakeholders)
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Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Yes	Evidence was not available from Original and/or Update for feasibility

Comment

Feasibility: The panel noted that feasibility is implied based on evidence from practitioners and/or organisations in support of this Recommendation, but noted the lack of direct evidence.

Recommendation 66

Practitioners should discuss and document recommendations, including referral for further assessment and/or supports, where appropriate.

Grade of recommendation: Strong

Evidence for Recommendation

Evidence type	Evidence source	Evidence
Umbrella Review	-	[Howes, 2021] Referral pathways also influenced professionals' experiences of the assessment process. A clear process for referral pathways allowed for a single point of referral, helping facilitate the diagnostic process.
Community consultation focus groups	Autistic adults	
	Family	
	Practitioner	
Community consultation survey	Autistic people	
	Family	[ID715, F] Be clear in providing information on what other causes there are, how these can be assessed and any referral or support processes in place.
	Practitioner	[ID779, P] Skills and knowledge to see if other conditions better explain the ASD-type features and make appropriate referrals if necessary.
	Organisation	[ID555, P/Org] Provide recommendations that link people into resources and pathways and that will advocate for their needs if they pursue NDIS.
	Other	

Evidence to decision judgements

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Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	High	Evidence available from the Original and Update from the autistic and autism communities (i.e., all stakeholders)
Benefits and Harms	Are there likely to be benefits for clients of implementing this Recommendation?	Yes	Evidence was available from Original and/or Update for potential benefits
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Comment

Feasibility: The panel noted that feasibility is implied based on evidence from practitioners and/or organisations in support of this Recommendation, but noted the lack of direct evidence.

Our values



Inclusion

Valuing lived experience



Innovation

Solutions for long term challenges



Evidence

Truth in practice



Independence

Integrity through autonomy



Cooperation

Capturing opportunities together



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