AutismCRC

National guideline for supporting the learning, participation, and wellbeing of autistic children and their families in Australia

Draft Guideline for public consultation

Consultation period: 18 July 2022 – 29 August 2022

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Children, families, and community

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Reference Group

We warmly acknowledge and thank the members of the Reference Group, each of whom represented an organisation that is relevant to supporting the learning, participation, and wellbeing of autistic children and their families. The names of all members of the Reference Group, and their organisations they represented are presented in Chapter 2.

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Executive summary

Autistic children and their families have the right to full and meaningful participation and inclusion in society. Inherent in this right is the opportunity to access supports during childhood that maximise their learning, participation, and wellbeing; minimise environmental barriers they may experience; and promote high quality of life. These supports are typically non-pharmacological (i.e., not primarily based on medication) and are known by a variety of names, including interventions, therapies, programs, and services. The development of a nationally consistent approach to supporting autistic children and their families is an important step towards ensuring all children have equitable access to safe, effective and desirable supports.

This Guideline is focused on supports provided to autistic children aged 12 years or younger and their family members. It is concerned with guiding the use of supports delivered in clinical and community settings that seek to promote learning, participation, and wellbeing of autistic children, including through addressing environmental and contextual barriers.

A Guideline Development Group led the development of this Guideline, and comprised people with diverse knowledge, skills, experience, and perspectives, including members from both the autistic (autistic adults) and autism (e.g., family members, practitioners, researchers) communities. The Guideline was developed within an evidence-based practice framework, combining the best available research evidence, with evidence from clinical practice, and the preferences and priorities of children and their families. The Guideline Development Group undertook a range of research and community consultation activities, including systematic reviews of the research evidence, focus groups with members of the autistic and autism communities, and community and practitioner surveys. The information collected through these activities was systematically collated, analysed, and structured into a series of recommendations to guide practice using an internationally accepted framework.

The Guideline has 84 Consensus-Based Recommendations that span the support pathway, including guiding principles, goal setting, selecting and planning supports, delivering supports, and the monitoring and safeguarding of supports. Recommendations are key elements of practice that must be followed for a practitioner to deliver evidence-based support. Recommendations are accompanied by Good Practice Points that provide critical context to a given Recommendation, such as how a Recommendation should be implemented in clinical practice, or how it is applied to a specific population or under specific circumstances. Supporting evidence collected through the research and community consultations activities is presented for each Recommendation, and an Administration and Technical Report provides detailed information on the guideline development process.

This is Australia's first national guideline for supporting the learning, participation, and wellbeing of autistic children and their families in Australia. The Recommendations provide a framework through which evidence-based practice can be implemented across Australia. The next step will be for professional associations and individual practitioners to endorse and implement the Guideline; a process Autism CRC will support through a range of activities. It is recommended that this Guideline be updated within 5 years of publication.

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List of Recommendations

This is a complete list of Recommendations included in the Guideline, and are provided here as a quick reference guide only. It is critical that Recommendations are read in the context of the accompanying Good Practice Points that are described in the body of this Guideline."

Section 1: Guiding Principles

What guiding principles should be followed when providing supports to autistic children and their families?

Recommendation 1

Strength of Recommendation: Strong

Child and family-centred: Supports should be child and family-centred, where individual goals, preferences, and circumstances are respected, valued, and supported.

Recommendation 2

Strength of Recommendation: Strong

Individualised: Supports should be individualised for each child and family.

Recommendation 3

Strength of Recommendation: Strong

Strengths-focused: Supports should build on each child's and family's strengths.

Recommendation 4

Strength of Recommendation: Strong

Holistic: Supports should be holistic in terms of the goals that are targeted and the way they are achieved, considering all aspects of the child, family, and their community.

Recommendation 5

Strength of Recommendation: Strong

Honour childhood: Supports should honour the goals and activities of childhood including play, relationships, and personal discovery.

Recommendation 6

Strength of Recommendation: Strong

Foundation for the future: Supports should lay the foundation for a positive future, including optimum health, choice, learning, participation, and wellbeing.

Recommendation 7

Strength of Recommendation: Strong

Ethical: Supports must be ethical to protect the rights of children and families.

Recommendation 8

Strength of Recommendation: Strong

Culturally safe: Practitioners should acknowledge and respect the values, knowledge, preferences and cultural perspectives of the child and family, and reflect on their own cultural knowledge and competency in delivering services.

Recommendation 9

Strength of Recommendation: N/A

Respecting Australia's First Nations Peoples: Supports should be culturally safe for Aboriginal and Torres Strait Islander 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.

Recommendation 10

Strength of Recommendation: Strong

Evidence-based: Supports should reflect the best available evidence from research, evidence from clinical practice, and the preferences and unique context of each child and family.

Recommendation 11

Strength of Recommendation: Strong

Assent (children): Each child has the right to say no to supports and their assent (expression of approval) should be sought and respected, whether they communicate using words or in other ways.

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Recommendation 12

Strength of Recommendation: Strong

Informed consent (parents): Parents should have the information they need to make informed choices about supports and provide consent for any supports they or their child receives.

Recommendation 13

Strength of Recommendation: Conditional

Qualified practitioners: Practitioners should have relevant qualifications, be regulated, work within their scope of practice, and engage in continuing professional development.

Recommendation 14

Strength of Recommendation: Strong

Neurodiversity-affirming: Supports should be neurodiversity-affirming, embracing each child's unique understanding of other people and the world around them, and not seek to 'cure' autism.

Recommendation 15

Strength of Recommendation: Strong

Parent and family affirming: Supports should uphold the family's autonomy in raising their child, and ensure the natural roles of children, parents, siblings, and other family members are affirmed and preserved.

Recommendation 16

Strength of Recommendation: Conditional

Timely and accessible: Each child and family should be able to access the supports they need, when they need them, and in ways they desire, regardless of who they are, where they live, or how much money they have.

Recommendation 17

Strength of Recommendation: Conditional

Coordinated: Practitioners should engage in open and regular communication with other practitioners to ensure supports are coordinated.

Section 2: Goal Setting

What are appropriate goals for supporting children and families?

Recommendation 18

Strength of Recommendation: Strong

Practitioners should consider goals that help the child acquire skills that promote their learning, participation and wellbeing.

Recommendation 19

Strength of Recommendation: Strong

Practitioners should consider goals that empower parents and families to support and advocate for their child, and promote their own and their family's wellbeing.

Recommendation 20

Strength of Recommendation: Strong

Practitioners should consider goals that create safe and accessible environments that support learning, participation, and wellbeing.

Recommendation 21

Strength of Recommendation: Strong

Goals should be neurodiversity-affirming.

How should goals be selected?

Recommendation 22

Strength of Recommendation: Strong

The child and parents should be involved in setting goals, as well as other people, when relevant.

Recommendation 23

Strength of Recommendation: Strong

In recommending goals, practitioners should consider the unique aspects of the child and the contexts in which they live.

Recommendation 24

Strength of Recommendation: Strong

In recommending goals, practitioners should consider the unique aspects of the family and the contexts in which they live.

Recommendation 25

Strength of Recommendation: Strong

Practitioners should have a strong rationale for why a goal is recommended, which considers the potential benefits and risks for the child and family.

Recommendation 26

Strength of Recommendation: Conditional

Practitioners should ensure that the agreed goals are shared in a way that is informative, understandable, and meaningful to the child and the family.

Section 3: Selecting and planning supports

What types of supports might be relevant to children and their families?

Recommendation 27

Strength of Recommendation: Strong

Supports should help the child communicate with a variety of people in everyday contexts, for a variety of reasons, and in ways that they desire.

Recommendation 28

Strength of Recommendation: Strong

Supports should meet the child's sensory needs across activities, interactions, and settings.

Recommendation 29

Strength of Recommendation: Strong

Supports should help the child develop their cognitive skills as the foundation for learning about themselves, other people, and the world around them.

Recommendation 30

Strength of Recommendation: Strong

Supports should help the child develop social-emotional skills, supporting them to understand, express, and regulate their emotions as a foundational skill for learning, participation, and wellbeing.

Recommendation 31

Strength of Recommendation: Strong

Supports should help the child develop motor skills, maximising their ability to move in functional ways that they desire.

Recommendation 32

Strength of Recommendation: Strong

Supports should help the child to acquire academic skills that maximise their learning and participation in educational settings.

Recommendation 33

Strength of Recommendation: Strong

Supports should help children to acquire skills that are relevant to their participation in meaningful daily activities.

Recommendation 34

Strength of Recommendation: Strong

Supports should empower families in raising the child and promote the wellbeing of the child and family.

Recommendation 35

Strength of Recommendation: Strong

Supports should lead to the creation of accessible environments that support the child's learning, participation, and wellbeing.

How should supports be selected?

Recommendation 36

Strength of Recommendation: Strong

The child and parents should be involved in selecting supports, as well as other people, when relevant.

Recommendation 37

Strength of Recommendation: Strong

In recommending supports, practitioners should draw on multiple sources of information for the potential benefits and risks for the child and family.

Recommendation 38

Strength of Recommendation: Strong

Practitioners should consider the best available research evidence when making support recommendations for the child and family.

Recommendation 39

Strength of Recommendation: Strong

Practitioners should recommend supports that offer a plausible, practical, desirable, and defensible pathway to helping children and families achieve personally meaningful and valued outcomes.

Recommendation 40

Strength of Recommendation: Conditional

Practitioners should ensure the child and family understand the rationale for recommended supports, along with potential benefits, costs, and alternative options.

What knowledge and skills are required to plan supports?

Recommendation 41

Strength of Recommendation: Conditional

People who recommend supports should have relevant qualifications and work within their scope of practice.

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Recommendation 42

Strength of Recommendation: Conditional

Practitioners who recommend supports should have professional experience that matches their responsibilities.

Recommendation 43

Strength of Recommendation: Conditional

Practitioners who recommend supports should be eligible for membership with the relevant professional association and regulated.

Recommendation 44

Strength of Recommendation: Conditional

Practitioners who recommend supports should have knowledge and practical skills that are directly relevant to working with autistic children and their families.

Recommendation 45

Strength of Recommendation: Strong

Practitioners who recommend supports should provide the child and family with an accurate, complete, and timely plan of proposed supports.

Recommendation 46

Strength of Recommendation: Conditional

Where a practitioner does not have the qualifications, professional experience, professional regulation, relevant knowledge and skills, personal capacity, and/or professional capacity to plan a particular support, they should refer the child and family to a practitioner who does.

Section 4: Delivering supports

Who should deliver supports?

Recommendation 47

Strength of Recommendation: Conditional

Supports should be delivered by the people (e.g., parents, practitioners) who are likely to lead to the most meaningful and sustained increase in the child's learning, participation, and wellbeing.

What knowledge and skills are required to deliver supports?

Recommendation 48

Strength of Recommendation: Conditional

Practitioners who deliver supports should have relevant qualifications and work within their scope of practice.

Recommendation 49

Strength of Recommendation: Conditional

Practitioners who deliver supports should have professional experience that matches their responsibilities.

Recommendation 50

Strength of Recommendation: Conditional

Practitioners who deliver supports should be eligible for membership with the relevant professional association and regulated.

Recommendation 51

Strength of Recommendation: Conditional

Where another person assists a practitioner in the delivery of supports, that person must have appropriate knowledge, skills, experience, training, and regulation; and be adequately supervised and supported by the practitioner who has overall responsibility for the delivery of supports.

Who should receive the support?

Recommendation 52

Strength of Recommendation: Strong

Practitioners should support the child, people around the child, and/or changes to the environment in whatever combination is likely to lead to the most meaningful and sustained increase in the child's learning, participation, and wellbeing.

In what settings should supports be delivered?

Recommendation 53

Strength of Recommendation: Conditional

Practitioners should deliver supports in the setting(s) that are likely to lead to the most meaningful and sustained increase in the child's learning, participation, and wellbeing.

In what formats and modes should supports be delivered?

Recommendation 54

Strength of Recommendation: Conditional

Practitioners should deliver supports in the format(s) (one-on-one, in a group) that are likely to lead to the most meaningful and sustained increase in the child's learning, participation, and wellbeing.

Recommendation 55

Strength of Recommendation: Conditional

Practitioners should deliver supports in the mode(s) (e.g., in person, telepractice) that are likely to lead to the most meaningful and sustained increase in the child's learning, participation, and wellbeing.

In what amount and duration should supports be delivered?

Recommendation 56

Strength of Recommendation: Conditional

Practitioners should deliver supports in an amount and duration that is likely to lead to the most meaningful and sustained increase in the child's learning, participation, and wellbeing.

How should practitioners engage with other service providers and service systems?

Recommendation 57

Strength of Recommendation: Conditional

Practitioners should coordinate the supports they deliver with other relevant service providers and service systems.

Section 5: Outcomes, quality, and safeguarding

How should the effects of supports be monitored and reviewed?

Recommendation 58

Strength of Recommendation: Strong

The child, their family and the practitioner(s) should be involved in determining who will be involved in monitoring and review of supports.

Recommendation 59

Strength of Recommendation: Strong

Practitioners should monitor the extent to which the supports were delivered as planned.

Recommendation 60

Strength of Recommendation: Strong

Practitioners should monitor the child's and family's progress towards goals.

Recommendation 61

Strength of Recommendation: Strong

Practitioners should monitor the child's and family's generalisation and maintenance of use of skills across people, settings, and activities, and over time.

Recommendation 62

Strength of Recommendation: Strong

Practitioners should monitor the costs and benefits to the child and family of receiving the supports.

Recommendation 63

Strength of Recommendation: Strong

Practitioners should monitor for unplanned outcomes associated with the supports they deliver.

Recommendation 64

Strength of Recommendation: Strong

Practitioners should monitor progress by directly asking and listening to the child and family.

Recommendation 65

Strength of Recommendation: Strong

Practitioners should monitor progress through child observations.

Recommendation 66

Strength of Recommendation: Strong

Practitioners should monitor progress through reports from others.

Recommendation 67

Strength of Recommendation: Strong

Practitioners should monitor progress through the collection and evaluation of outcome data.

Recommendation 68

Strength of Recommendation: Strong

Practitioners should review goals, experiences, and outcomes at regular intervals based on the needs and preferences of each child and family.

Recommendation 69

Strength of Recommendation: Conditional

Practitioners should ensure that information they collect during monitoring is shared with children and families, and shared with other people, when relevant and appropriate.

Recommendation 70

Strength of Recommendation: Conditional

Practitioners should share information related to monitoring and reviews in a way that is informative, understandable, and meaningful to the child and family.

Recommendation 71

Strength of Recommendation: Strong

Practitioners should empower and support the child and parents to make decisions about whether to continue, change, or stop accessing supports.

Recommendation 72

Strength of Recommendation: Strong

Practitioners should communicate to the child and parents when there is indication that their services are no longer required or recommended.

How can the risk of adverse effects be reduced?

Recommendation 73

Strength of Recommendation: Strong

Practitioners should ensure that the delivery of supports takes place in a safe environment.

Recommendation 74

Strength of Recommendation: Strong

Practitioners should have up-to-date knowledge of research evidence for the effectiveness, acceptability, feasibility, and risks of the supports they recommend and deliver.

Recommendation 75

Strength of Recommendation: Strong

Practitioners should have up-to-date knowledge of the views and preferences of autistic people regarding different supports and their delivery.

Recommendation 76

Strength of Recommendation: Conditional

Practitioners should have recent experience working with autistic children and their families, and engage in continuing professional development.

Recommendation 77

Strength of Recommendation: Strong

Practitioners should access clinical supervision that matches their knowledge, skills, and professional experience.

Recommendation 78

Strength of Recommendation: Strong

Practitioners should inform the child and family about how they can make complaints about the supports they receive.

Recommendation 79

Strength of Recommendation: Strong

Practitioners should inform the child and family of any potential or actual conflicts of interest they have in providing supports or making referrals.

Recommendation 80

Strength of Recommendation: Strong

Practitioners should follow relevant international conventions, national and state legislative requirements, and other associated regulations.

Recommendation 81

Strength of Recommendation: Conditional

Practitioners should ensure clear, appropriate, and accurate information is shared with the child, family, and other practitioners.

How should adverse effects be managed?

Recommendation 82

Strength of Recommendation: Strong

Practitioners should have a documented procedure for the monitoring of adverse effects of supports.

How should the rights of children and families be protected?

Recommendation 83

Strength of Recommendation: Strong

Practitioners should be familiar with, and respect, the individual language and terminology preferences of the child and family.

Recommendation 84

Strength of Recommendation: Strong

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

Introduction

Background

All children deserve a healthy and happy start to life, surrounded by people who love, value, and support them, within environments that are conducive to their learning, participation, and wellbeing. Children have rights (United Nations, 1989; 2006): to learn in a way that fully develops their personalities, talents, and abilities; to have their culture, dignity and safety respected and preserved; and to have their views and voices heard, however they communicate. Inherent in these rights is that adults and organisations responsible for children should do what is best for each child, and that governments should ensure these rights are upheld at all times.

This Guideline is about the rights of autistic children and their families to access safe, effective, and desirable supports during childhood. Autism affects the way a person understands and interacts with other people and the world around them. From a diagnostic perspective, the term Autism Spectrum Disorder (herein referred to as autism) is the collective term for a group of neurodevelopmental conditions characterised primarily by differences in social-communication skills, and the presence of repetitive behaviours, intense or focussed interests and/or sensory differences (American Psychiatric Association, 2013). The behavioural features of autism are often present before 3 years of age, but may not become apparent until the school years or later in life, as social and cognitive demands increase. Many autistic people experience co-occurring conditions such as language and learning difficulties, and a range of medical conditions.

Many autistic people view autism as intrinsic to their identity and sense of being (Cooper et al., 2017). Nevertheless, there is broad acknowledgment from autistic people, family members, and the wider community that autistic people can face substantial barriers to their learning, participation and wellbeing. These barriers arise from a combination of developmental differences inherent to autism, and societal factors such as a lack of accessible environments. The provision of supports during childhood can help autistic children acquire skills, increase child and family wellbeing, minimise environmental barriers, and maximise each child's participation in life activities. These supports are typically non-pharmacological (i.e., not primarily based on medication) and are often known by a variety of names, including interventions, therapies, programs, and services.

There is a strong need to develop a nationally consistent approach to supporting autistic children and their families in Australia (Whitehouse et al., 2020). First, a large number of supports are offered to children and families, and there is considerable variability in their theoretical premise, delivery characteristics (e.g., by whom, in what settings, in what amount), and evidence for safety and effectiveness. Second, while it is recognised that supports should be individualised to meet the strengths, preferences, and support needs of each child and their family, there is little guidance for practitioners as to how this should occur. Third, community understanding of autism and views about the nature and delivery of support are evolving, driven in large part by the self-advocacy of autistic people and

advocacy by parents and significant others. It is imperative that this evolving understanding is reflected in the planning, selection, delivery, monitoring, and safeguarding of supports provided to children and their families.

In 2021, the Autism CRC commissioned the development of Australia's first Guideline for supporting the development and participation of autistic children and their families (the 'Guideline'). Andrew Whitehouse and David Trembath were requested to chair this process, in collaboration with a Guideline Development Group comprising Gary Allen, Katharine Annear, Valsamma Eapen, Jessica Feary, Emma Goodall, Sarah Pillar, Teresa Pilbeam, Felicity Rose, Nancy Sadka, Natalie Silove, Rhylee Sulek, Kandice Varcin, and Hannah Waddington.

The Recommendations in the Guideline were developed within an evidence-based practice framework, combining the best available research evidence, with insights from clinical practice, and the preferences and priorities of children and their families. The Guideline was developed according to the National Health and Medical Research Council (NHMRC, 2016) *Guidelines for Guidelines* manual, and used the internationally recognised Grading of Recommendations Assessment, Development and Evaluation (GRADE; Schünemann et al., 2013) method for moving from questions, to evidence, and then recommendations. Each Recommendation in this Guideline reflects multiple converging sources of evidence from the autistic and autism communities, gathered through systematic reviews of the literature and extensive community consultation. A glossary of key terms used in this Guideline is provided as Appendix A.

A Guideline for the provision of supports in Australia must ensure that recommendations are directly underpinned by evidence for safety and effectiveness, while also being flexible enough to account for the unique aspects of the child and family, and the settings and contexts in which they live. Autistic children vary widely in their strengths, behavioural characteristics, support needs, and preferences, and it is recognised that there is no one way to support all aspects of learning, participation, and wellbeing for all children. There is also considerable variability in the settings and contexts through which supports can be provided. By synthesising data from systematic literature reviews, detailed consultation in relation to community preferences, and practitioner consensus agreement on best practice, the Recommendations provide guidance to practitioners that is appropriate, relevant and meaningful in the Australian context.

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Purpose and objectives

This Guideline was developed to provide practitioners with an evidence-based practice framework that facilitates the safe and effective provision of supports to autistic children aged 12 years or younger and their families in Australia. The specific objectives were to develop a Guideline that:

1. Describes an evidence-based practice framework for providing supports to autistic children aged 12 years or younger and their families.

2. Contains sufficient flexibility to apply to all children regardless of their age, gender, communication or intellectual capacity, cultural or language background, or where they live in Australia.

3. Is feasible for clinical practitioners to implement across the full breadth of clinical or community settings in Australia.

4. Meets the needs and expectations of children and families receiving the supports.

Scope

The scope of the Guideline was determined prior to the commencement of the research and community consultation activities. The scope of the Guideline is provided in Table 1.

Table 1. The scope of the Guideline

Aspect	In scope	Out of scope
Recipients of supports	Children aged 12 years or younger with an autism diagnosis and their family members.	Children and families not meeting these criteria.
Supports and services	Non-pharmacological supports.	Pharmacological therapies and other biological-based therapies.
	Focused on directly supporting the learning, participation, and wellbeing of autistic children, including through addressing environmental and contextual barriers.	Focused on broader aspects of family functioning, including parental mental health.
	Delivered within a clinical or community setting.	Specifically designed for delivery in a medical, primary school, or high school settings.
Outcomes targeted by supports	Learning, participation, and wellbeing.	Outcomes related to conditions that co-occur with autism (e.g., sleep, gastrointestinal function, mental health).

Target users

The primary target users of this Guideline are practitioners working in Australia who are involved in the planning, selection, delivery and/or monitoring of supports for autistic children and their families.

Secondary target users of this Guideline include the following groups:

- Autistic children and their families can use this Guideline to understand an evidence-based practice framework for accessing and receiving supports.

- Service providers can use this Guideline to align resource allocation with an evidence-based practice framework.

- Australian training providers, including peak bodies and tertiary education institutions, can use this Guideline to tailor clinical training resources, courses, and qualifications to ensure practitioners achieve the learning outcomes required for the planning, selection, delivery and monitoring of supports.

- Governmental bodies can use this Guideline to make evidence-based policy decisions regarding funding and provision of supports, based on consensus-based recommendations that are relevant to the Australian autistic and autism communities.

Guideline development process

The Guideline development process adhered to the approach described in the *Guidelines for Guidelines* handbook (2016), published by the National Health and Medical Research Council (NHMRC). GRADE was used to move from questions, to evidence, and then recommendations (Schünemann, 2013). A detailed account of each aspect of the Guideline development process will be provided in the Administration and Technical Report that will accompany the Guideline.

Step 1: Establishing the Guideline Development Group

The first step was to establish a Guideline Development Group (GDG) to lead the research and community consultation process. This group included people with diverse knowledge, skills, experience, and perspectives; these attributes are listed in Table 2. Among the 15-member group were autistic adults; parents and other family members of autistic children, including children and young adults with complex needs; people with expertise in working alongside Aboriginal and Torres Strait Islander Peoples and Communities; people with expertise in ethics and research integrity; clinicians with experience in government and non-government sectors; and researchers with expertise in the guideline development process, including community consultation. Processes were put in place to declare and manage any potential conflicts of interest, consistent with the NHMRC and GRADE methodologies.

Table 2. Members of the Guideline Development Group.

Name	Position, role, and expertise
Prof Andrew Whitehouse (Co-chair)	Andrew Whitehouse is a Speech Pathologist and Angela Wright Bennett Professor of Autism at the Telethon Kids Institute and the University of Western Australia. Andrew is also the Director of CliniKids, a clinical research centre of excellence for autistic children, and is the Autism CRC's Research Strategy Director. He brings over 20 years' clinical research experience in working with autistic children and their families. He also brings experience in Guideline development, having chaired the development of the National Guideline for the Assessment and Diagnosis of Autism in Australia. Andrew was the Co-chair of the Guideline Development Group.
A/Prof David Trembath (Co-chair)	David Trembath is an Associate Professor in Speech Pathology at the Menzies Health Institute Queensland, Griffith University and Honorary Research Fellow at CliniKids, Telethon Kids Institute. He brings over 20 years of clinical-research experience working with autistic children and their families. David was the Co-chair of the Guideline Development Group.
Dr Kandice Varcin	Dr Kandice Varcin is a Research Fellow at the Menzies Health Institute Queensland, Griffith University. She is also a registered psychologist who brings experience and expertise in research focused on autism, early development and the evaluation of therapies and supports for young children and their families.
Dr Hannah Waddington	Dr Hannah Waddington is a senior lecturer at Victoria University of Wellington and the Clinic Lead of the Victoria University of Wellington Autism clinic. She is also a practicing educational psychologist who brings experience in provision of early support to autistic children and their families.
Dr Rhylee Sulek	Dr Rhylee Sulek is a Research Fellow within the School of Health Sciences and Social Work, Griffith University. She brings experience in working with young autistic children and their families when receiving early supports and therapies, and the inclusion of key stakeholders in the co-production of research.

Ms Sarah Pillar	Sarah Pillar is the Integration Project Manager at CliniKids, Telethon Kids Institute. She has a professional background in Speech Pathology and brings experience in providing clinical services to autistic children and their families. Sarah is a PhD candidate through the University of Western Australia.
Mr Gary Allen	Gary Allen is the Senior Policy Officer Human Research Ethics and Research Integrity at Griffith University. Gary has worked in the human research ethics area since 1997, working with a number of research institutions, state and federal departments, private companies and research ethics committees internationally. He also has a degree in education and a professional doctorate in social sciences. Gary brings extensive experience in regards to the national and international governance of ethical conduct in research.
Mx Katharine Annear	Mx Katharine Annear is a founding member of the Autistic Self Advocacy Network of Australia and New Zealand, a registered Developmental Educator, and Casual Academic at Flinders University. They bring lived experience as an Autistic person who also has numerous Autistic family members, and are a passionate advocate for co-design in research and public policy and the translation of research and policy into meaningful practice for disabled people.
Prof Valsamma Eapen	Professor Valsa Eapen is the Chair of Infant, Child and Adolescent Psychiatry at the University of New South Wales. An internationally-recognised child psychiatrist and researcher, Valsa's expertise combines extensive experience in childhood mental health and developmental disorders from a clinical and basic science research perspective.
Ms Jessica Feary	Jess Feary is the Victoria and Tasmania Coordinator for Positive Partnerships. She has a background in occupational therapy and public health and brings over 15 years' experience working with neurodiverse people and their families in clinical, research, policy and educational settings.

Dr Emma Goodall	Dr Emma Goodall is an autistic author, advocate, qualified meditation and mindfulness teacher and adjunct research fellow at the University of Southern Queensland. She is the Manager for Content & Research for Positive Partnerships and also runs Healthy Possibilities, a consultancy offering personal life coaching alongside autism specific continuing professional development for educators and families and National Disability Insurance Scheme (NDIS) services (many with a link to interoception). Emma speaks widely on the topic of interoception and the role mindful body awareness plays in emotional regulation.
Ms Teresa Pilbeam	Teresa Pilbeam is a special education teacher, an advocate for informal family carers, and has worked alongside First Nations peoples across Australia. Teresa has 30 years' experience in special education, contributed to carer and disability reform for over 10 years, is an Independent Director on government and profit-for-purpose state and federal councils and boards, and has a lived experience of autism spectrum and complex disability. Teresa brings experience and expertise of governance, ways of working with Aboriginal and Torres Strait Islander Peoples, and an enthusiasm for enabling the voice of informal family carers to be heard in cross-sector conversations.
Dr Felicity Rose	Dr Felicity Rose is a Project Manager at Telethon Kids Institute. Her current project is to further implement the National Guideline for the Assessment and Diagnosis of Autism into clinical practice. She has a professional background in science and research and is also the parent of a young person on the autism spectrum.
Dr Nancy Sadka	Dr Nancy Sadka is a Research Fellow at the Olga Tennison Autism Research Centre, La Trobe University. She works in the early identification and diagnosis of autism and is an advocate for families and children on the spectrum over the life span. She also is the mother of two autistic children and brings to the GDG over 25 years of lived experience.
Dr Natalie Silove	Dr Natalie Silove is a Clinical Associate Professor in the Discipline of Paediatrics and Child Health, University of Sydney and Senior Lecturer (Conjoint) at the School of Psychiatry (UNSW). She is also the Head of Child Development Services; Senior Staff Specialist, Child Development Unit at The Children's Hospital Westmead. She brings over 30 years experience working with children and young adults with special needs, their families and schools.

To support its work in community consultation, the GDG formed a Reference Group, comprising representatives from organisations with members that play a critical role in supporting aspects of children's health, development, education, participation, and wellbeing, and/or supporting parents and families in raising autistic children; that represent Aboriginal and Torres Strait Islander Peoples, and represent Culturally and Linguistically Diverse communities; or that were from the key Government agency, the National Disability Insurance Agency. Members of the Reference Group, and the national peak bodies they represented, are listed in Table 3.

Table 3. Members of the Reference Group.

Stakeholder group	National peak body	Representative	Position
Autistic people	Autistic Self Advocacy Network – Australia and New Zealand	Lisa Smith (first two meetings)	Member
Family members of autistic people	Autism Awareness Australia	Nicole Rogerson	Chief Executive Officer
First Nations peoples	First Peoples Disability Network Australia	Jess Styles	Director, Programs
Culturally and linguistically diverse communities	Federation of Ethnic Communities' Council of Australia	Daniel Coase	Senior Advisor
Focusing on children's health	Neurodevelopmental and Behavioural Paediatrics Society of Australasia	Ashanthi Munasinghe	Member
Focusing on children's social-communication development	Speech Pathology Australia	Amy Fitzpatrick	Senior Advisor - Disability
Focusing on children's physical development	Australian Physiotherapy Association	Nicole Haynes	Member

Focusing on children's cognitive development and mental health	Australian Psychological Society	Tamara Cavenett	President
Focusing on children's sensory development and occupations of childhood	Occupational Therapy Australia	Karen Brown	Division Manager (ACT, NSW)
Representing service providers (peak body)	Australian Autism Alliance	Frances Scodellaro	Member
Representing services (early childhood)	ReImagine Australia (formerly Early Childhood Intervention Australia)	Trish Hanna	Board Chair
Representing services (education)	Australian Association of Special Education	Patrick Kelly	President
Representing services (rural health)	National Rural Health Alliance	Gabrielle O'Kane	Chief Executive Officer
Representing researchers	Australasian Society for Autism Research	Jessica Paynter	Vice President
Representing policy advisors	Autism Advisory Group to the National Disability Insurance Agency	Jim Mullan	Member
Government	National Disability Insurance Agency	Sam Bennett	General Manager Policy, Advice and Research

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Step 2: Defining Guideline questions

The GDG formulated a set of questions about key aspects of clinical practice that would be the focus of all research and consultation activities, and ultimately the recommendations. These questions are presented in Table 4. The GRADE framework typically recommends the formulation of questions structured in a PICO format (Patient, Intervention, Comparison, Outcome). However, because of the purpose and objectives of the current Guideline, the relevance of PICO questions to the aspects of practice considered, and the nature and availability of research evidence that would inform the answers to the questions, the questions for this Guideline were structured around aspects of professional practice that impact on the experiences and outcomes for children and families in accessing supports.

For this same reason, the Recommendations included in the Guideline are considered Consensus-Based Recommendations, drawing on evidence from the research literature, combined with evidence collected through extensive community consultation.

Table 4. Questions that provided the foundation for the research activities and community consultation underpinning the Guideline.

Section	Question
Overarching principles	What guiding principles should be followed when providing supports to autistic children and their families?
Goal setting	What are appropriate goals for supporting children and families?
	How should goals be selected?
Selecting and planning supports	What types of supports might be relevant to children and families?
	How should supports be selected?
	What knowledge and skills are required to plan supports?
Delivering supports	Who should deliver supports?
	What knowledge and skills are required to deliver supports?
	Who should receive supports?
	In what settings should supports be delivered?
	In what formats and modes should supports be delivered?
	In what amount and duration should supports be delivered?
	How should practitioners engage with other service providers and service systems?
Monitoring and safeguarding of supports	How should the effects of supports be monitored and reviewed?
	How can the risk of adverse effects be reduced?
	How should adverse effects be managed?
	How should the rights of children and families be protected?

Step 3: Gathering evidence

Evidence can take many forms. For this Guideline, there was a concerted effort to gather evidence through systematic reviews of the research evidence alongside extensive community consultation. Evidence was gathered over a 9-month period (October 2021 to June 2022) using a structured research process. Ethical approval for the community consultation activities was procured through the Griffith University Human Research Ethics Committee (2021/843). The day-to-day work in gathering evidence was primarily undertaken by six members of the GDG: Sarah Pillar, Rhylee Sulek, David Trembath, Kandice Varcin, Hannah Waddington and Andrew Whitehouse. The literature reviews and community consultation activities are described in detail in the Administration and Technical Report. In brief, these activities comprised the following:

Literature reviews

Three systematic literature reviews were undertaken to synthesise current research evidence in three areas. First, a systematic scoping review was conducted to explore and map the breadth of principles and recommendations made within existing clinical guidelines for autism. There were 14 English-language guidelines that were included within this scoping review. Second, a systematic review was undertaken to identify and explore research relating to the experiences of autistic individuals and their family members accessing supports during childhood in Australia. There were 12 research articles that met inclusion criteria and were reviewed. Third, an umbrella review (a systematic review of systematic reviews) was conducted to synthesise data regarding the effects of different supports on a range of child and family outcomes. There were 48 systematic reviews that met study inclusion criteria and were reviewed.

Community consultation activities

A series of community consultation activities were conducted. These activities provided a range of opportunities for community members in Australia to give input into the Guideline development process in a way that suited their needs and preferences. The community consultation activities were advertised through the Autism CRC mailing list and traditional and social media networks. The community consultation activities are described in further detail in Appendix B. In brief, these activities were:

1. An online survey designed to understand the experiences of the autistic and autism communities in accessing supports, and their views on best practice.

2. A brief online survey designed to understand the views of autistic children in accessing supports.

3. A brief online survey designed to ask parents to reflect on their view of their autistic children's experience accessing supports.

4. A consultation activity involving the creation of art, which was designed to engage autistic children and adults who may communicate, or prefer to communicate, through ways other than spoken language.

5. A practitioner survey designed to understand areas of consensus for various aspects of clinical practice in supporting autistic children and their families. This followed a Delphi format, with two survey rounds.

6. A series of focus groups designed to provide opportunity for further detailed discussion on the experiences of the autistic and autism communities in accessing supports, and their views on best practice.

Step 4: Moving from evidence to recommendations

An iterative process, built around an Evidence to Decision framework, was used to move from evidence to recommendations (Alonso-Coello, Oxman et al., 2016; Alonso-Coello, Schünemann, et al., 2016). The process was led within the GDG by a *Draft Recommendations Working Group* (DRWG; Sarah Pillar, Rhylee Sulek, David Trembath, Kandice Varcin, Hannah Waddington and Andrew Whitehouse), and is summarised here. A detailed explanation is provided in the Administration

Iteration 1: Practice Statements

The DRWG developed a set of practice statements relating to each of the Guideline questions. The statements took the same form as those used in Round 1 of the Delphi survey, where practitioner consensus on these statements had already been reached.

The DRWG then independently reviewed these statements against the following sources of evidence:

- Evidence emerging from the systematic review of existing Guidelines, the umbrella review of existing research evidence, and the systematic review of children's and families' experience of accessing supports.

- Other relevant research (e.g., neurodiversity-affirming practice, other international reviews of research evidence).

- Conceptual and ethical frameworks (e.g., AIATSIS Code of Ethics for Aboriginal and Torres Strait Islander Research, 2020; International Classification of Functioning, Disability and Health, World Health Organisation, 2001).

- Regulations (e.g., National Disability Insurance Practice Standards Practice and Quality Indicators, 2021).

- Reports (e.g., Disability Royal Commission Interim Report, 2020).

- Conventions (e.g., United Nations Convention on the Rights of the Child, 1989).

During the independent review, each member made a list of suggested edits (additions, deletions, amendments) which were then raised and resolved at a meeting of the DRWG. The first iteration of the statements was shared with the broader GDG, discussed at the monthly meeting, and suggested edits documented.

Iteration 2: Draft recommendations

The DRWG incorporated the feedback from the broader GDG and revised the statements into a set of preliminary recommendations, supported by evidence tables. To do this, the DRWG members independently reviewed the statements against the complete set of evidence from the community Consultation process, which included the:

- Online community survey.

- Brief online survey.

- Focus groups.

- Parent reflections.

- Delphi survey Round 2.

Each member made a list of suggested edits (additions, deletions, amendments) which were then raised and resolved at a meeting of the DRWG. The DRWG also compiled evidence summary tables that were shared with the GDG, alongside the draft recommendations. The GDG provided feedback at the monthly meeting and via suggestions in shared documents, which were subsequently incorporated.

Iteration 3: Strength of recommendation judgments

In the third iteration, the DRWG further revised the recommendation statements, with a focus on creating plain language wording to the extent possible. The DRWG also independently completed a review and judgement of each recommendation against the seven criteria required within the GRADE Evidence to Decision framework (Alonso-Coello, Oxman et al., 2016; Alonso-Coello, Schünemann, et al., 2016). The judgements related to certainty of evidence, benefits and risks, values and preferences, resource implications, equity considerations, acceptability, and feasibility. The judgements occurred over three rounds, with the first involving independent review, followed by two rounds of consensus review.

Based on the judgements, each Recommendation was then classified as either a 'strong' Recommendation or a 'conditional' Recommendation, as per the GRADE process and reflecting the confidence in the clarity of the balance between desirable and undesirable consequences. In the case of this Guideline, 'conditional' Recommendations indicated: uncertainty around alignment with values and preferences of children and families; a possible reduction in health equity across populations; uncertainty around the acceptability of the recommendation for practitioners; and/or a possible lack of feasibility in implementation. The classifications reflect the judgements of the GDG, based on the available evidence and other relevant considerations such as alignment with international conventions. The complete set of judgements is provided in the Supporting Evidence document accompanying this Guideline.

The strength of Recommendations (strong, conditional) is intended to support readers in determining *how* to implement the complete set of Recommendations (i.e., known and

unknown factors that should be considered), not determine *if* a Recommendation should be implemented or prioritised.

Iteration 4: Draft Guideline

The DRWG prepared the draft guideline and shared it with the GDG, alongside the complete set of evidence summaries and Evidence to Decision judgements. These documents were reviewed and then discussed by members at a meeting of the GDG. The GDG endorsed the documents, subject to minor edits and formatting.

Step 5: Public consultation on Draft Guideline

The current document has been prepared for public consultation. The GDG warmly welcomes feedback from all members of the autistic and autism communities in Australia. Feedback can be provided by visiting **autismcrc.com.au/supporting-guideline/feedback**.

Step 6: Revise and release Guideline

All feedback will be considered by the GDG, shared with the NHMRC to support their evaluation of the Guideline, and made publicly available at the time the Guideline is released. A full explanation of how feedback will be used, how people's personally identifying information will be protected, and each person's rights will be provided prior to people providing informed consent to provide feedback. This section of the Guideline will be updated to reflect the outcomes of the consultation when the Guideline is officially launched.

Involvement of Aboriginal and Torres Strait Islander Peoples and culturally and linguistically diverse communities

For a Guideline to serve the needs of all Australians, it is critical that the guideline development process makes particular consideration of issues relating to Aboriginal and Torres Strait Islander Peoples and culturally and linguistically diverse communities. These considerations include recognising the enduring impact of historical injustices, discrimination, and marginalisation of Aboriginal and Torres Strait Islander Peoples; the importance of understanding and embracing culturally-bound understandings of child development, family, child-rearing practices, and disability; and the need to ensure that every Australian has access to culturally-responsive and appropriate health and education services, delivered by people with appropriate knowledge, skills, understanding, and experience. The GDG took the following steps to ensure the Guideline Recommendations were responsive to these and other considerations relevant to these peoples and communities:

- One member of the GDG (Teresa Pilbeam) was specifically appointed based on significant experience and expertise in working with Aboriginal and Torres Strait Islander Peoples and communities.

- The Reference Group included representatives from the peak organisation serving the health of Aboriginal and Torres Strait Islander Peoples, and the peak organisation representing Australians from culturally and linguistically diverse populations.
  - National Aboriginal Community Controlled Health Organisation (NACCHO)
  - Federation of Ethnic Communities' Council of Australia

- In consultation with Teresa Pilbeam (GDG member), the GDG:
  - Ensured that 12 organisations that represent and/or work closely with Aboriginal and Torres Strait Islander Peoples received a direct invitation to participate in the community consultation activities.
  - Established with the National Aboriginal Community Controlled Health Organisation (NACCHO) an understanding that the Autism CRC seeks to enter into a long-term partnership with the Aboriginal and Torres Strait Islander community, that will grow over time and support *proper way* collaboration and consultation. Short term agreed outcomes included consultation on the Guideline (as a member of the Reference Group), GDG member participation in a yarning circle in Darwin relating to service provision within the National Disability Insurance Scheme, and consultation regarding key issues in the provision of supports to autistic Aboriginal and Torres Strait Islander children.
  - Reviewed key documents to inform the development of the Guideline, including the AIATSIS Code of Ethics for Aboriginal and Torres Strait Islander Research (2020).

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Reading the Guideline

This Guideline was developed to ensure that autistic children and their families in Australia receive safe, effective, and desirable supports. The Guideline reflects the current knowledge in the area, weighs the benefits and harms identified, and provides Recommendations based on this information. These Recommendations are designed to provide practitioners who have the appropriate qualifications, experience, knowledge and skills with an evidence-based framework through which they can support autistic children and their families.

Recommendations and Good Practice Points

The Guideline is structured into a set of 84 Consensus-Based Recommendations with associated good practice points:

- **Consensus-Based Recommendations** are key elements of practice that must be followed for a practitioner to deliver evidence-based supports.

- **Good Practice Points** are linked to specific Recommendations, and are elements of practice that provide critical context to that Recommendation, such as how a Recommendation should be operationalised in clinical practice, or how it is applied to a specific population or under specific circumstances.

The Recommendations and Good Practice Points may include examples for illustrative purposes. These examples are provided to further contextualise the information, and should not be interpreted as a complete list.

Talking about autism

The language used to talk about autism is important. During the Guideline development process, the GDG took a proactive approach to understanding community views on different language choices, and prioritising the use of language that is the most acceptable to the widest range of the community. Through an open consultation process embedded within the online community survey, it was determined that the use of identity-first language (e.g., 'autistic children') is preferred by the autistic community and acceptable to the broader community in the context of this Guideline. Based on this consultation, identity-first language is used in this document. However, the Guideline also respects that no one term is preferred by all people. In this regard, the Guideline recommends that practitioners be familiar with, and respect, the individual language and terminology preferences of each individual child and family. The process undertaken to guide language use in this Guideline is described in the Administration and Technical Report.

Talking about parents and families

The Guideline recognises that families come in many forms, and a family unit may include one or more parents, siblings, and biologically related and unrelated children and adults. The Guideline recognises that conceptions of parents and families are culturally bound and equally valid. For clarity of writing, the Guideline refers to 'parents' throughout. This term is used to refer to any individual who has parenting responsibilities for a child. Recommendations that refer to 'parents' refers to these individuals specifically, whereas Recommendations referring to 'family' or 'families' refers to both parents and broader individuals within a child's family, including the child's siblings and any extended family, such as grandparents, aunts, uncles, cousins, and other people the child and parents themselves consider to be family.

Involving children in decision making

Consistent with a human rights framework, the Guideline recommends that autistic children are involved in decisions regarding the supports they receive. What this involvement looks like will be different for different children. There will be occasions when it may not be possible to involve the child to the extent described in a Recommendation, due to their young age, cognitive or communication capacity, or for other reasons. For these Recommendations, the Guideline suggests involvement of the child to the greatest extent possible.

Making use of the Guideline and all supporting documents

To make the best use of the Guideline, it is essential that practitioners familiarise themselves with its entire content by reading all sections. The Recommendations relate to the entire clinical process, from overarching principles, through to goal setting, the selection and delivery of supports, monitoring and review of outcomes, and safeguarding of the wellbeing and rights of children and their families. Thus, it is strongly advised that the Recommendations are taken as a whole, rather than in isolation.

Updating the Guideline

Guidelines should be regularly updated to incorporate new research and clinical evidence, as well as the changing understandings and preferences of the autistic and autism communities. A review of the guideline should take place within five years of the publication of this original version.

Acknowledging and respecting Aboriginal and Torres Strait Islander Peoples

The Guideline Development Group offers respect to the Traditional Owners and Custodians across the country now known as Australia. We acknowledge the journey of Elders past, and we recognise historical truths and the enduring impact for First Nations Australians. We recognise and value the knowledge and wisdom of Elders present, as well as those emerging leaders who share a continuing connection with Aboriginal and Torres Strait Islander Peoples and Country. We are strengthened together through upholding the continuation of the First Peoples lore of cultural and spiritual ways that help to grow children and families strong.

We recognise inequalities and commit our efforts to work alongside Aboriginal and Torres Strait Islander Peoples to better understand their lived experience. We support engaging two-worlds to progress deep knowledge of culturally safe, responsive, and timely supports and services.

The Guideline Development Group have strengthened existing relationships and initiated new networks to support *proper way* collaboration and consultation. Our intention is to continue the journey of walking alongside First Nations Peoples through deep listening and upholding shared knowledge. We acknowledge the valuable contribution of Aboriginal and Torres Strait Islander Peoples to this Guideline and recognise the perspectives, preferences, and priorities of First Peoples as key to guiding best practice across Australia.

Section 1: Guiding Principles

Guiding principles provide practitioners with a starting point for approaching all aspects of their work with children, families, and those who seek to support them. Guiding principles can also be helpful to children, families, all members of the autistic and autism community, and policy makers when making decisions about services and supports in the best interests of children.

What guiding principles should be followed when providing supports to autistic children and their families?

Practitioners should be guided by principles that inform their approach to working with children (child and family-centred, individualised, strengths-focused, and holistic). Their approach should honour the experiences and activities in childhood, and lay the foundation for a positive future. Practitioners should work in ways that respect Aboriginal and Torres Strait Islander Peoples, and that are culturally safe and appropriate for all people. The supports practitioners provide should be evidence-based. They should be ethical, seek children's assent, and always obtain parents' consent. Practitioners should be qualified, have relevant knowledge, skills, and experience, and operate within a professional regulation framework that helps to ensure high quality and safe services. They should work in ways that are neurodiversity-, parent-, and family-affirming, honouring the individuality, rights, and role of each person. Practitioners should work in ways that contribute to children and families having access to timely, accessible, and coordinated services.

Recommendation 1

Consensus-Based Recommendation

Strength of Recommendation: Strong

Child and family-centred: Supports should be child and family-centred, where individual goals, preferences, and circumstances are respected, valued, and supported.

Recommendation 2

Consensus-Based Recommendation

Strength of Recommendation: Strong

Individualised: Supports should be individualised for each child and family.

Recommendation 3

Consensus-Based Recommendation

Strength of Recommendation: Strong

Strengths-focused: Supports should build on each child's and family's strengths.

Recommendation 4

Consensus-Based Recommendation

Strength of Recommendation: Strong

Holistic: Supports should be holistic in terms of the goals that are targeted and the way they are achieved, considering all aspects of the child, family, and their community.

Recommendation 5

Consensus-Based Recommendation

Strength of Recommendation: Strong

Honour childhood: Supports should honour the goals and activities of childhood including play, relationships, and personal discovery.

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Recommendation 6

Consensus-Based Recommendation

Strength of Recommendation: Strong

Foundation for the future: Supports should lay the foundation for a positive future, including optimum health, choice, learning, participation, and wellbeing.

Recommendation 7

Consensus-Based Recommendation

Strength of Recommendation: Strong

Ethical: Supports must be ethical to protect the rights of children and families.

Recommendation 8

Consensus-Based Recommendation

Strength of Recommendation: Strong

Culturally safe: Practitioners should acknowledge and respect the values, knowledge, preferences and cultural perspectives of the child and family, and reflect on their own cultural knowledge and competency in delivering services.

Recommendation 9

Consensus-Based Recommendation

Strength of Recommendation: N/A

Respecting Australia's First Nations Peoples: Supports should be culturally safe for Aboriginal and Torres Strait Islander 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.

Recommendation 10

Consensus-Based Recommendation

Strength of Recommendation: Strong

Evidence-based: Supports should reflect the best available evidence from research, evidence from clinical practice, and the preferences and unique context of each child and family.

Recommendation 11

Consensus-Based Recommendation

Strength of Recommendation: Strong

Assent (children): Each child has the right to say no to supports and their assent (expression of approval) should be sought and respected, whether they communicate using words or in other ways.

Recommendation 12

Consensus-Based Recommendation

Strength of Recommendation: Strong

Informed consent (parents): Parents should have the information they need to make informed choices about supports and provide consent for any supports they or their child receives.

Recommendation 13

Consensus-Based Recommendation

Strength of Recommendation: Conditional

Qualified practitioners: Practitioners should have relevant qualifications, be regulated, work within their scope of practice, and engage in continuing professional development.

Recommendation 14

Consensus-Based Recommendation

Strength of recommendation: Strong

Neurodiversity-affirming: Supports should be neurodiversity-affirming, embracing each child's unique understanding of other people and the world around them, and not seek to 'cure' autism.

Recommendation 15

Consensus-Based Recommendation

Strength of Recommendation: Strong

Parent and family affirming: Supports should uphold the family's autonomy in raising their child, and ensure the natural roles of children, parents, siblings, and other family members are affirmed and preserved.

Recommendation 16

Consensus-Based Recommendation

Strength of Recommendation: Conditional

Timely and accessible: Each child and family should be able to access the supports they need, when they need them, and in ways they desire, regardless of who they are, where they live, or how much money they have.

Recommendation 17

Consensus-Based Recommendation

Strength of Recommendation: Conditional

Coordinated: Practitioners should engage in open and regular communication with other practitioners to ensure supports are coordinated.

Section 2: Goal Setting

Selecting appropriate, meaningful, and feasible goals provides the foundation for safe and effective supports that are desired by children and families. Goal setting can be used as the basis for identifying new supports or how to best use existing supports available to the child and family in their community. Different children and families will have different goals, reflecting their individuality as people, their individual contexts, and their individual views regarding the relevance of supports in their lives.

What are appropriate goals for supporting children and families?

Goals should focus on supporting the child to acquire skills, empowering their parents and families, and/or creating accessible environments, as the basis for supporting learning, participation, and wellbeing. All goals should be neurodiversity-affirming.

Recommendation 18

Consensus-Based Recommendation

Strength of Recommendation: Strong

Practitioners should consider goals that help the child acquire skills that promote their learning, participation, and wellbeing.

Good Practice Points

18.1   Goals may include helping a child:

- Acquire communication, cognitive, social-emotional, motor and academic skills, meet their sensory needs, participate in daily activities, and build and maintain their quality of life.

- Acquire skills across developmental domains that are personally meaningful, and developmentally and culturally relevant.

- Acquire and apply skills within play, daily routines, and other childhood activities.

- Acquire skills that enable them to express their views, interests, personality, preferences, and needs.

- Acquire skills that support their emerging autonomy, independence, self-identity, and capacity for self-advocacy.

- Acquire skills that replace the need for communicative behaviours that cause harm to themselves, others, and/or property.

- Build and maintain nurturing and positive relationships with parents, siblings, other family members, peers, and others in the community.
- Gain experience interacting with a range of people in a range of different places, in ways that build their confidence, keep them safe, and enable them to develop interests, connections, and their individual identities.

Recommendation 19

Consensus-Based Recommendation

Strength of Recommendation: Strong

Practitioners should consider goals that empower parents and families to support and advocate for their child, and promote their own and their family's wellbeing.

Good Practice Points

19.1 Goals focusing on helping parents and family members gain knowledge may include:

- Understanding autism from a neurodiversity perspective, including via the lived expertise of autistic children, young people, and adults.
- Understanding the characteristics of autism, including common strengths of autistic children, as well as challenges commonly experienced.
- Understanding the aims, attributes, and evidence (research, clinical, lived experience) for a range of supports.
- Understanding the roles, qualifications and regulation of those who provide supports.
- Understanding what disability-specific support may be available, including planning and funding through the National Disability Insurance Scheme.
- Understanding the ways to access broader community support including through education and health service systems.

19.2 Goals focusing on helping parents and family members to acquire skills may include:

- Acquiring knowledge and skills to support the child's learning, participation, and well-being.
- Learning techniques to monitor the child's experiences and outcomes as they access supports, as the basis for informed decision-making.
- Learning skills that support them in advocating for the child as they access supports including advocating for the child's enjoyment, learning outcomes, safety, quality of life, and wellbeing.
- Acquiring knowledge and skills that will support and sustain family wellbeing.

19.3 Practitioners should be aware that parents may experience goals aimed at helping them to acquire knowledge and skills as a burden and/or detracting from their natural parental role.

19.4 Goals focusing on helping parents and family members to create and maintain networks of support may include:

- Connecting with family (e.g., siblings, grandparents) and family-like people in the community in ways that support them in raising the child, and support their personal and family wellbeing.

- Connecting with other parents and family members who have lived expertise of raising autistic children.

- Connecting with autistic adults who have lived experience of autism.

- Connecting with appropriately qualified disability-specific and mainstream (e.g., health, education) service providers to access appropriate supports, including respite services.

19.5 Practitioners who recommend goals focusing on supporting parents or other family members to acquire knowledge and/or skills should clearly explain the rationale for these goals, and ensure they represent an opportunity to further enhance the intrinsic expertise parents and other family members bring to raising children, not to address a lack of effort or capacity.

Recommendation 20

Consensus-Based Recommendation

Strength of Recommendation: Strong

Practitioners should consider goals that create safe and accessible environments that support learning, participation, and wellbeing.

Good Practice Points

20.1 Goals focused on the physical environment may include:

- Ensuring spaces are safe (e.g., childproof fencing near roads, locked cabinets for medicines).

- Ensuring spaces are accessible (e.g., consideration of sensory needs, physical access for a child with co-occurring physical disability).

- Ensuring spaces are appropriate (e.g., compliance with standards regarding restrictive practices in the physical environment).

20.2 Goals focused on helping other people gain knowledge that will help them to support the learning, participation, and wellbeing of a child may include:

- Understanding autism from a neurodiversity perspective, including via the lived expertise of autistic children, young people, and adults.

- Understanding the characteristics of autism, including strengths and challenges commonly experienced by autistic children.

- Understand the child's individual strengths, needs, interests, and preferences.

- Understanding the aims, characteristics, and evidence (research, clinical, lived experience) for a range of supports.

20.3 Goals focused on helping other people gain skills that will help them to support the learning, participation, and wellbeing of a child include:

- Acquiring knowledge and skills to support the child's learning, participation, and wellbeing.

- Acquiring knowledge and skills to monitor the child's experiences and outcomes as they access supports, as the basis for informed decision-making.

Recommendation 21

Consensus-Based Recommendation

Strength of Recommendation: Strong

Goals should be neurodiversity-affirming.

Good Practice Points

21.1 Practitioners should be aware of neurodiversity principles, where brain-based and behavioural differences observed in autistic children are understood to reflect natural human variation and valued accordingly.

21.2 Practitioners should be aware that many autistic people consider autism to be intrinsic to their identity, which is in turn inherent to their sense of self and wellbeing.

21.3 Practitioners should be aware that goals that focus on helping children acquire functional social-communication skills (e.g., through early interactions with parents, siblings, and peers) and/or support changes in their experience of the world or behaviour (e.g., supports to transition away from engaging with a passionate interest) may be interpreted as seeking to reduce or 'cure' autism, because these goals relate to core characteristics of autism.

21.4 Where practitioners recommend goals related to characteristics of autism, practitioners should:

- Discuss the goal openly with the child and parents.

- Explain how the goal aligns with a neurodiversity-affirming approach to practice.

- Document the rationale for the goal in relation to reducing barriers to the children's activities, participation and associated wellbeing and quality of life.

- Consider the impacts of the goal on the child's developing identity.

- Develop and document ways of safeguarding to ensure the supports do not impinge on the right of the child to preserve their identity.

How should goals be selected?

The child and parents should be involved in goal setting, as well as other people when relevant. The process should include consideration of the unique aspects of the child, their family, and the broader context of their lives. The goals that are agreed to must be clearly expressed, supported by multiple sources of evidence, and contain all the information that the child, their family, and those who support them require to ensure they can work together with clarity and purpose.

People involved

Recommendation 22

Consensus-Based Recommendation

Strength of Recommendation: Strong

The child and parents should be involved in setting goals, as well as other people, when relevant.

Good Practice Points

22.1 Goal setting should always involve the child and parents.

22.2 Other people may be involved in setting goals, where relevant and agreed to by the child and parents.

- Family (e.g., siblings, grandparents) and family-like people (e.g., family friends, peers).

- Suitably qualified and experienced practitioners (e.g., allied health professionals, medical doctors, educators).

- People who can support the child's participation in community activities (e.g., sports coaches, art teachers, community members the child interacts with regularly including retail environments, community groups, cultural activities).

- Staff in agencies that support the provision and/or access to supports (e.g., NDIS planners, child safety officers).

Understanding the child, family, and context

Recommendation 23

Consensus-Based Recommendation

Strength of Recommendation: Strong

In recommending goals, practitioners should consider the unique aspects of the child and the contexts in which they live.

Good Practice Points

23.1 In recommending goals, practitioners should consider the following aspects of the child:

- The child's health - including physical health, mental health, co-occurring diagnoses, and health history.

- The child's developmental skills – including strengths and difficulties in gross and fine motor, social-emotional, cognitive, communication, and academic skills.

- The child's autism characteristics – including the functional impact of differences in social-communication skills, behaviours, interests, and sensory experiences. The functional impact includes both the strengths and challenges arising from these differences.

- The child's activities and participation – including enablers and barriers to participation in the home, educational, and community settings.

- The child's activity-related strengths, preferences, and needs – including activities that bring the child joy and/or that they have expertise in.

- The child's behaviours that may harm themself, others, and/or property – including full consideration and addressing of other factors including the child's health and those in an environment that may contribute to, or be the reason for, these behaviours.

- Other aspects related to the safety of the child – including water safety skills, road safety awareness, and risk of wandering (also known as 'absconding').

- The current and previous supports received by the child - including the type of supports received, their delivery mode (e.g., in person, telepractice), format (one-on-one, in a group), setting (clinic, home, community, school), agent (e.g., practitioner, parent), amount and duration, and the effects of those supports (outcomes, adverse effects, views and preferences expressed by the child and family).

- The child's view of their wellbeing and quality of life.

- The child's preferences regarding accessing supports.
- The child's expectations for the outcomes of receiving supports.

Recommendation 24

Consensus-Based Recommendation

Strength of Recommendation: Strong

In recommending goals, practitioners should consider the unique aspects of the family and the contexts in which they live.

Good Practice Points

24.1 In recommending goals, practitioners should consider the following aspects of the family:

- The family's physical and mental health – including the presence of any conditions that may impact upon family member's capacity to participate, or need to be considered, in the setting of goals.

- The family's social-emotional resources and supports - including the positive and challenging factors associated with the child's support needs, resilience factors and the capacity to deal with stressful situations, and the availability of social and emotional support via family, friends, and support groups.

- The family's experience of autism and co-occurring conditions – including whether the parents or siblings of the child are autistic.

- The family's financial resources and supports - including funding to pay for supports to achieve the goal, capacity to purchase unfunded supports, travel to access the supports, and capacity to take time away from paid work to access supports.

- The family's views, perspectives, and preferences – including views about their child's learning, participation, and wellbeing now and in the future; views on disability, child-rearing, and child development; the perceived relevance of the goals to the child; cultural perspectives on the goals; the motivation of the family to receive supports; the language that is preferred by the family; preferences for goals; and expectations for outcomes.

- The family's dynamics – including the nature and strength of relationships between family members, the wellbeing and quality of life of siblings, the nature and distribution of roles and responsibilities (including guardianship arrangements and related decision-making authority), stability of care, and living/care arrangements.

- The family's activities – including work, social, cultural, sport and recreational, and educational activities that may act as enablers or barriers to a particular goal.

24.2 Practitioners should be aware of the emotional impact that children, parents, and families may experience through sharing information about their lives with multiple people on multiple occasions and take steps, where possible, to reduce the burden (e.g., reading prior reports shared by the family.

Ensuring goals are relevant, safe, desired, and feasible

Recommendation 25

Consensus-Based Recommendation

Strength of Recommendation: Strong

Practitioners should have a strong rationale for why a goal is recommended, which considers the potential benefits and risks for the child and family.

Good Practice Points

25.1 Practitioners should recommend that goals are:

- Specific.
- Measurable.
- Achievable.
- Meaningful to the child, family and their context.
- Understood by the family and relevant stakeholders.
- Documented.
- Set with a clear timeframe.

25.2 Practitioners should ensure that each goal is supported by multiple converging sources of evidence including:

- A theoretical rationale for why the goal is likely to lead to an increase in the child's learning, participation and/or wellbeing.
- Research evidence from high quality research that the goal is likely to lead to an increase in the child's learning, participation, and/or wellbeing, along with consideration of any evidence regarding adverse effects.
- Evidence gathered through clinical practice that the goal is likely to lead to an increase in the child's learning, participation and/or wellbeing, along with consideration of any evidence regarding adverse effects, including evidence drawn from the experiences and outcomes of other children and families the practitioner has supported.
- Information gathered through an assessment of the child and family that is relevant to the goal.
- Perspectives expressed by autistic people regarding the goal.
- Consideration of how the goal may enhance and impede progress towards other goals.

25.3 Goals should be selected and recommended with a view towards how the outcome of this goal may support the child's learning, participation, and wellbeing over:

- The short-term (i.e., <12 months)

- The medium-term (i.e., 12 months to 2 years)

- The long-term (i.e., >2 years).

Recommendation 26

Consensus-Based Recommendation

Strength of Recommendation: Conditional

Practitioners should ensure that the agreed goals are shared in a way that is informative, understandable, and meaningful to the child and the family.

Good Practice Points

26.1 Practitioners should ensure that all key considerations about the recommended goals are shared with the child and family, including the anticipated timing to achieve goals and plans to monitor progress.

26.2 Practitioners should ensure that information is shared in a way that is aligned with the cultural and language preferences of the child and family.

26.3 Practitioners should provide the child and the family sufficient time to consider all information and provide the opportunity for further discussion and questions.

Section 3: Selecting and planning supports

The goal setting process may identify that the child, parent, and/or family need further supports to promote child learning, participation, and wellbeing. These supports should align with child and family goals, as well as their strengths, needs, preferences, and contextual considerations.

What types of supports might be relevant to children and families?

A range of supports may be relevant to autistic children and their families. Supports may focus on helping children acquire meaningful skills, helping the people around the child better support the child, and/or creating environments that are accessible and conducive for child learning, participation, and wellbeing. Supports are intended to have a positive effect in relation to one or more child and family outcomes that are valued by the child and family.

Focusing on child's communication

Recommendation 27

Consensus-Based Recommendation

Strength of Recommendation: Strong

Supports should help the child communicate with a variety of people in everyday contexts, for a variety of reasons and in ways that they desire.

Good Practice Points

27.1 Supports focusing on *how* children communicate (i.e., modes) should:

- Help the child explore and acquire a combination of communication modes that are most effective for and desirable to them, including:
  › Non-verbal communication modes (e.g., gestures, facial expressions, picture symbols, communication apps and devices, sign-language).
  › Verbal communication modes (e.g., vocalisations, words, spoken utterances).

- Help communication partners be effective in supporting the child's preferred modes of communication (e.g., parents learning how to create and support the use of visual supports).

- Help create environments that are conducive to supporting the child's preferred modes of communication (e.g., ensuring visual supports are available in the classroom).

- Account for cultural differences in communication (e.g., cultures in which non-verbal language is embedded in ways of being).

- Account for co-occurring conditions that may influence the child's most effective and preferred modes of communication (e.g., co-occurring motor speech impairment), and complement any other supports currently being implemented.

27.2 Supports focusing on *how* children communicate (i.e., modes) should not:

- Force the child to communicate using one or more modes that are not of their choosing, or which may cause harm. Practitioners should be aware of evidence from the autistic community that forcing children to communicate by making eye-contact can be distressing for some children.

- Have a communication partner use a child's augmentative communication system (e.g., pictures, typing) to convey a message on the child's behalf.

- Focus on the child, without considering support for other people and potential adjustments in the environment.

- Assume that skills acquired in a clinical setting will automatically be maintained in and/or generalise to daily activities.

27.3 Supports focusing on *why* children communicate (i.e., communicative functions) should:

- Help the child explore and acquire skills that enable them to:

- Help the child express their wants, needs, preferences, and desires.

- Help the child share their ideas, interests, and aspects of their own experience and personality.

- Help the child make choices and advocate for what is right for them.

- Help the child form and engage in relationships that are meaningful to and desired by them.

- Help communication partners be effective in supporting children to communicate for a range of reasons that are meaningful to them (e.g., ensuring communication partners are aware of the different reasons children communicative and therefore create opportunities for them to do so).

- Help create environments that are conducive to supporting children to communicate for a variety of reasons that are meaningful to them (e.g., ensuring that children can make choices about play activities at preschool).

27.4 Supports focusing on *why* children communicate (i.e., communicative functions) should not:

- Force the child to engage in communicative behaviours that serve no functional purpose (e.g., learning and reciting lists of words without practical application).

- Force the child to interact with others in ways that are common in neurotypical children but may be non-preferred, challenging, and potentially harmful for autistic children. This includes teaching neurotypical 'social skills,' if doing so may impinge on their right for freedom of identity and expression. Attempting to 'normalise' children's social-communication may lead to 'masking' – the suppressing of certain natural behaviours - which can have significant implications for children's wellbeing.

- Focus on the child, without considering support for other people and potential adjustments in the environment.

- Assume that skills acquired in a clinical setting will automatically be maintained in and/or generalise to daily activities.

27.5 Practitioners should be aware that goals that focus on helping children acquire functional social-communication skills (e.g., through early interactions with parents, siblings, and peers) and/or support changes in their experience of the world or behaviour (e.g., reducing sensory-seeking behaviours) may be interpreted as seeking to reduce or 'cure' autism, because these goals relate to core characteristics of autism.

27.6 Where practitioners recommend goals related to social communication, practitioners should:

- Discuss the goal openly with child and parents.

- Explain how the goal fits with a neurodiversity affirming approach to practice.

- Document the rationale for the goal in relation to reducing barriers to the child's activities, participation and associated wellbeing and quality of life.

- Consider the impacts of the goal on the child's developing identity.

- Develop and document ways of safeguarding to ensure the supports do not impinge on the right of the child to preserve their identity.

Focusing on the child's sensory experiences

Recommendation 28

Consensus-Based Recommendation

Strength of Recommendation: Strong

Supports should meet the child's sensory needs across activities, interactions, and settings.

Good Practice Points

28.1 Supports for sensory needs should:

- Help the child to develop an understanding and awareness of their own internal physical and emotional states (interoceptive awareness) as a foundation for understanding their sensory needs.

- Help the child to identify, express, and address their own sensory needs, including through access to sensory toys, equipment, experiences, and environments.

- Help the people around the child to be effective in meeting the child's sensory needs.

- Help create environments that are conducive to meeting sensory needs.

- Help the child feel comfortable in all life situations as well as confident and supported in meeting their sensory needs and preferences.

- Account for co-occurring conditions that may influence the child's sensory needs (e.g., skin conditions), and complement any other supports currently being implemented.

28.2 Support for sensory needs should not:

- Attempt to 'normalise' the child's sensory seeking or avoiding behaviours which serve a functional purpose in meeting their needs and are considered by some autistic people as intrinsic to their identity.

- Focus on the child, without considering support for other people and potential adjustments in the environment.

- Assume that skills acquired in a clinical setting will automatically be maintained in and/or generalise to daily activities.

Focusing on the child's cognitive development

Recommendation 29

Consensus-Based Recommendation

Strength of Recommendation: Strong

Supports should help the child develop their cognitive skills as the foundation for learning about themselves, other people, and the world around them.

Good Practice Points

29.1 Supports for cognition should:

- Help the child to develop their skills including executive functioning, in the context of meaningful and relevant childhood activities.

- Help the people around the child to be effective in supporting their cognitive development.

- Help the child develop skills that support transitions between activities and settings.

- Help create environments that are conducive to developing the child's cognitive skills, and support their cognitive strengths, needs, and preferences.

- Help the child feel respected and valued in the way they understand other people and the world around them, including preferences for learning and passionate interests.

- Account for co-occurring conditions that may influence the child's cognitive development (e.g., intellectual disability, dyslexia), and complement any other supports currently being implemented.

29.2 Supports for cognition should not:

- Work within a framework that views a neurotypical profile of cognitive skills as being superior to that of an autistic child.

- Attempt to 'normalise' a child's cognitive skills to reflect a neurotypical profile.

- Attempt to reduce or eliminate a child's passionate interest(s).

- Focus on the child, without considering support for other people and potential adjustments in the environment.

- Assume that skills acquired in a clinical setting will automatically be maintained in and/or generalise to daily activities.

Focusing on the child's social-emotional development and wellbeing

Recommendation 30

| Consensus-Based Recommendation

Strength of Recommendation: Strong

Supports should help the child develop social-emotional skills, supporting them to understand, express and regulate their emotions as a foundational skill for learning, participation, and wellbeing.

Good Practice Points

30.1 Supports for social-emotional development and wellbeing should:

- Help the child to develop an understanding and awareness of their own internal physical and emotional states (interoceptive awareness) as a foundation for developing social-emotional skills.

- Help the child to develop social-emotional skills that are both functional and individually meaningful in helping them understand and interact with others.

- Help the child to identify, express, and address their own social-emotional needs and preferences, including through self-regulation.

- Help the child to form and foster healthy relationships that they want, and in ways that they value.

- Help the people around the child to be effective in supporting the child's development of social-emotional skills and expression of their needs and preferences. This includes these people working in ways that help the child identify and express their full range of emotions, including in the context of giving or refusing assent.

- Support the child to develop skills that help regulate their emotions during daily activities, as a way of promoting the child's wellbeing and increase their opportunities to learn and participate.

- Help create environments that are conducive to children's social-emotional development and wellbeing.

- Scaffold ways to express anger and frustration as well as give or refuse assent in ways that other people can understand.

- Account for co-occurring conditions that may influence the child's social-emotional development and wellbeing (e.g., anxiety, depression), and complement any other supports currently being implemented.

30.2 Support for social-emotional development and wellbeing should not:

- Attempt to 'normalise' the child's social-emotional development, skills, and preferences. Doing so may lead to 'masking' – the suppressing of certain natural behaviours - which can have significant negative implications for the child's current and future wellbeing.

- Focus on the child, without considering support for other people and potential adjustments in the environment.

- Deny the child the right or ability to express difficult emotions.

- Assume that skills acquired in a clinical setting will automatically be maintained in and/or generalise to daily activities.

30.3 Supports for social-emotional development may include addressing behaviours that result in children harming themselves, others, and/or property. Such supports should:

- Conduct a comprehensive, holistic assessment in order to (a) understand the nature and functions of behaviour, (b) identify the individual and environmental factors that influence and maintain the behaviour, and (c) identify changes to the environment and support for the individual that reduce or replace the need for the behaviour. The comprehensive assessment must include consideration of possible medical conditions that may cause and/or contribute to the behaviour (e.g., a child hitting their head due to ear-ache, unrecognised constipation).

- Focus on understanding the meaning and purpose of the behaviour from the child's viewpoint.

- Find safe and appropriate alternatives to the behaviours that are most helpful and desirable to the child and family.

- Be discussed with the child and parents explicitly, to ensure they are aware of the intended effect, that they are valued, and that they are agreed to them.

30.4 Practitioners should be aware that the following restrictive practices can present human rights infringements, and should only be used as a last resort and in compliance with regulatory frameworks, such as the NDIS (Restrictive Practices and Behaviour Support Rules) 2018:

- Seclusion - sole confinement of a person with disability in a room or a physical space at any hour of the day or night where voluntary exit is prevented, or not facilitated, or it is implied that voluntary exit is not permitted.

- Chemical restraint - the use of medication or chemical substance for the primary purpose of influencing a person's behaviour (not including the use of medication prescribed by a medical practitioner for the treatment of, or to enable treatment of, a diagnosed mental disorder, a physical illness or a physical condition).

- Mechanical restraint - the use of a device to prevent, restrict, or subdue a person's movement for the primary purpose of influencing a person's behaviour but does not include the use of devices for therapeutic or non-behavioural purposes.

- Physical restraint - the use or action of physical force to prevent, restrict or subdue movement of a person's body, or part of their body, for the primary purpose of influencing their behaviour (not including the use of a hands-on technique in a reflexive way to guide or redirect a person away from potential harm/injury).

- Environmental restraint – a restraint restricts a person's free access to all parts of their environment, including items or activities.

Focusing on the child's motor development

Recommendation 31

Consensus-Based Recommendation

Strength of Recommendation: Strong

Supports should help the child develop motor skills, maximising their ability to move in functional ways that they desire.

Good Practice Points

31.1 Supports for motor development should:

- Help the child to develop fine motor and gross motor skills that are both functional and individually meaningful in helping them engage in everyday childhood activities.

- Help the people around the child to be effective in supporting their motor development.

- Help create environments and contexts that are conducive to developing children's motor skills (e.g., through using preferred activities and the child's interests).

- Account for co-occurring conditions that may influence the child's motor development and functional skills (e.g., cerebral palsy, dyspraxia), and complement any other supports currently being implemented.

31.2 Supports for motor development should not:

- Focus on the child, without considering support for other people and potential adjustments in the environment.

- Assume that skills acquired in a clinical setting will automatically be maintained in and/or generalise to daily activities.

Recommendation 32

Consensus-Based Recommendation

Strength of Recommendation: Strong

Supports should help the child to acquire academic skills that maximise their learning and participation in educational settings.

Good Practice Points

32.1 Supports for academic skills delivered by practitioners should:

- Help the child to develop skills that are foundational to, and a reflection of, learning within the education curriculum.

- Help the people around the child to be effective in supporting their development of academic skills, including identifying passions for learning the child may have (e.g., interest in a particular topic).

- Help create environments that are conducive to children developing academic skills, including harnessing passions for learning.

- Account for co-occurring conditions that may influence the child's development of daily living skills (e.g., dyslexia, dyscalculia), and complement any other supports currently being implemented.

- Be planned and delivered in coordination with education providers who are supporting the child.

32.2 Supports for academic skills, delivered by practitioners, should not:

- Focus on the systematic acquisition of non-applied knowledge or skills (e.g., memorisation of items) without clear application, and evidence for use in everyday settings.

- Focus on the child, without considering support for other people and potential adjustments in the environment.

- Attempt to reduce or eliminate a child's learning passion (e.g., interest in a particular topic).

- Assume that skills acquired in a clinical setting will automatically be maintained in and/or generalise to daily activities.

Focusing on the child's daily activities and participation

Recommendation 33

Consensus-Based Recommendation

Strength of Recommendation: Strong

Supports should help children to acquire skills that are relevant to their participation in meaningful daily activities.

Good Practice Points

33.1 Supports for children in their daily activities should:

- Help the child to develop skills for daily activities that are both functional and individually meaningful with the context of childhood interactions, activities, and routines.

- Help the people around the child to be effective in supporting their participation as part of everyday childhood activities.

- Help create environments that are conducive to children developing skills for participation in daily activities, at a level and with independence that matches their chronological age. This includes increasing accessibility and reducing any barriers.

- Account for co-occurring conditions that may influence the child's participation in daily activities (e.g., physical and/or intellectual disability), and complement any other supports currently being implemented.

33.2 Supports for children in their daily activities should not:

- Focus on the child, without considering support for other people and potential adjustments in the environment.

- Assume that skills acquired in a clinical setting will automatically be maintained in and/or generalise to daily activities.

Focusing on the family wellbeing

Recommendation 34

Consensus-Based Recommendation

Strength of Recommendation: Strong

Supports should empower families in raising the child and promote the wellbeing of the child and family.

Good Practice Points

34.1 Supports to empower families should:

- Respect and value the parent and family's autonomy, authority, strengths and support needs, and agency in raising the child.

- Support parents in raising their autistic child, including helping them identify and build on their own strengths, build and utilise skills and resources, and address any needs.

- Aim to enhance family quality of life as an important facilitator of the quality of life of the autistic child.

- Value and respect the contribution that siblings make in the lives of autistic children, across the lifespan. Consider the impacts, both positive and challenges, that arise for siblings of autistic children, across the lifespan, with the view to supporting their development of skills, knowledge and social-emotional wellbeing.

- Acknowledge that different family members may have different understanding, expectations, and preferences regarding the supports they would like to, and are able to, accept and accommodate these wherever possible.

- Acknowledge the power imbalances may exist when families and practitioners work together and take steps to identify and address these imbalances.

- Recognising that some parents and family members may be autistic.

34.2 Supports to empower families should not:

- Impose the practitioner's or other people's experiences and views upon the family; they should feel supported in finding their own path to raising their child.

- Make family members feel they should take the role of a practitioner or ignore their own wellbeing in supporting the child.

Focusing on accessible environments

Recommendation 35

Consensus-Based Recommendation

Strength of Recommendation: Strong

Supports should lead to the creation of accessible environments that support the child's learning, participation, and wellbeing.

Good Practice Points

35.1 Supports aimed at creating accessible environments should:

- Help other people in the child's environment to gain knowledge and skills that will help them to maximise their learning, participation, and wellbeing of the child.

- Consider the physical environment (e.g., physical access, lighting, materials, textures, acoustics, and availability of assistive technology).

- Consider the social environment (e.g., disabling attitudes and language, knowledge barriers, and skills barriers created by others).

- Be informed by the views, experiences, needs, and preferences of the child and family.

- Consider the views, experiences, needs, and preferences reported by autistic children, young people, and adults.

- Be implemented collaboratively with all relevant stakeholders, using a co-design process wherever possible.

- Focus on creating the most inclusive, least restrictive environments possible, which seek to maximise outcomes and minimise stress and distress for the child and family.

- Reflect universal design principles.

- Be consistent with all relevant building, design, health, and safety standards.

35.2 Supports aimed at creating accessible environments should not:

- Be imposed on children, families, or other stakeholders without their full understanding of the rationale, the potential benefits, and potential costs. Doing so in unethical but also likely to lead to poor uptake of any proposed adjustments.

- Focus on the environment, without considering other support the child or family may also benefit from.

How should supports be selected?

Selecting appropriate supports requires the involvement of the child and parents, as well as other people when relevant, and should take into consideration the unique aspects of the child, their family, and the broader context of their lives. When recommending supports, practitioners should combine the best available research evidence with evidence from clinical practice and the preferences and priorities of the child and family. The supports that are agreed to should be clearly explained to the child and family, including the benefits and costs of the supports, and alternative options that may be available to achieve the same goal.

People involved

Recommendation 36

Consensus-Based Recommendation

Strength of Recommendation: Strong

The child and parents should be involved in selecting supports, as well as other people, when relevant.

Good Practice Points

36.1 Selecting supports should always involve the child and parents.

36.2 Other people may be involved in selecting supports, where relevant and agreed to by the child and parents:

- Family (e.g., siblings, grandparents) and family-like people (e.g., family friends, peers).

- Suitably qualified and experienced practitioners (e.g., allied health professionals, medical doctors, educators).

- People who can support the child's participation in community activities (e.g., sports coaches, art teachers, community members the child interacts with regularly including retail environments, community groups, and cultural activities).

- Staff in agencies that support the provision and/or access to supports (e.g., NDIS planners, child safety officers).

Sources of information

Recommendation 37

Consensus-Based Recommendation

Strength of Recommendation: Strong

In recommending supports, practitioners should draw on multiple sources of information for the potential benefits and risks for the child and family.

Good Practice Points

37.1 Practitioners should consider the following sources of information when selecting and recommending supports:

- A theoretical rationale for why a support is likely to lead to achievement of a stated goal.
- Research evidence (from published, peer-reviewed research) that a support is likely to lead to achievement of a stated goal.
- Evidence gathered through clinical practice that a support is likely to lead to achievement of a stated goal, including evidence drawn from the experiences and outcomes of other children, families, and practitioners.
- Information gathered through an assessment of the child and family that is relevant to the delivery or receipt of a particular support.
- Perspectives expressed by autistic people regarding a particular support.
- Consideration of whether the child and family have the time, social and emotional support (i.e., family members willing to assist), and financial resources required to participate in the support.
- Consideration of whether the support is consistent with the child and family's cultural background, views on child-rearing, views on child development, views on disability (i.e., whether to focus on the child versus environment) and their preferences for the language in which support is delivered.
- Consideration of the availability and accessibility of the support to the child and family.
- Consideration of whether the child and family desires the support.
- Consideration of the potential benefits and risks associated with the support.
- Consideration of the alternative options to this support.
- Consideration of how particular support(s) may enhance and impede progress towards other goals.
- Consideration of the relevance of the recommended support to the child and family, currently and in the future.

Using research evidence to inform the selection of supports

Recommendation 38

Consensus-Based Recommendation

Strength of Recommendation: Strong

Practitioners should consider the best available research evidence when making support recommendations for the child and family.

Good Practice Points

38.1 Practitioners should be aware that evidence taken from high-quality meta-analyses indicates that different supports have different effects on child and family outcomes. Appendix C presents evidence from meta-analyses regarding the effects of different supports on different child and family outcomes.

38.2 Practitioners should be aware that evidence taken from high-quality meta-analyses indicates that no one type of support leads to better outcomes than another type of support for all children.

38.3 Practitioners should be aware that evidence taken from high-quality meta-analyses does not support the concept that a child's age, cognitive skills, or adaptive behaviour determines how much they will benefit from a particular type of support, or from a particular way it is delivered (e.g., a particular amount, particular setting, a particular person who delivers it).

38.4 Practitioners should be aware that the research evidence relating to supports is complex for a variety of reasons, including a lack of consistent terminology used to describe supports, the variable quality of studies used to generate the evidence, and the relevance of findings to individual children and families.

38.5 Practitioners should consider the relevance of research evidence to the individual child and family and the broader context of their lives. This includes:

- The quantity, quality, and consistency of research evidence for the specific support. Practitioners should always critically appraise sources of evidence for risk of bias (e.g., predatory publishing practices).

- The extent to which the evidence from research is relevant to the proposed model of support delivery (e.g., who will deliver it, in what setting, in what mode, in what amount?)

- The extent to which the evidence from research is relevant to the individual child, family, and their circumstances.

- The extent to which potential or actual adverse effects have been measured and reported.

38.6 Where a specific type of support, a specific outcome, or a combination of these was not examined in the meta-analyses summarised in this Guideline (Appendix C; e.g., practitioner proposes to combine approaches, the support was not examined, only single case experimental design studies were available), practitioners should consider the best available research evidence.

38.7 Practitioners should consider evidence from clinical practice when making recommendations for supports. In doing so, they should consider:

- Knowledge of the child, family, and the context.

- Evidence for the effects of the recommended support, gathered in clinical practice by themselves or colleagues.

- Evidence for the effects of the support they are recommending, gathered from reports of autistic people, parents, and service providers.

38.8 Practitioners should consider the preferences and priorities of the child and family when making recommendations for supports. This includes full consideration of contextual factors that may influence the safety, effectiveness, and desirability of the outcomes.

Making recommendations

Recommendation 39

Consensus-Based Recommendation

Strength of Recommendation: Strong

Practitioners should recommend supports that offer a plausible, practical, desirable, and defensible pathway to helping children and families achieve personally meaningful and valued outcomes.

Good Practice Points

39.1 Practitioners should recommend and deliver a single support practice or combine a range of support practices to form a cohesive support program.

39.2 Recommended supports should be clearly linked to achieving the goals mutually agreed by the child, family, and practitioner.

39.3 Practitioners should recommend supports for a child and family based on a decision-making framework that considers:

- Plausibility– there is a plausible reason for why a particular support is likely to lead to the achievement of a goal, and evidence to support this reason, as well as its safety.

- Practicality – it is practical to receive the support within the child and family's time schedule and financial resources, and the support is able to be accessed without placing excessive stress on the child and family.

- Desirability – it is desirable to the child and family to receive the support when considering the child and family's culture and customs, the parents' views on child-rearing and child development, and the priority of receiving the support within a hierarchy of their needs.

- Defensibility - there is a clear rationale for why the recommended support is preferred over alternative options.

39.4 Practitioners should ensure that supports recommended are safe and appropriate for the assessed needs of the child and family, and are not excessive, unnecessary or not reasonably required.

Recommendation 40

Consensus-Based Recommendation

Strength of Recommendation: Conditional

Practitioners should ensure the child and family understand the rationale for recommended supports, along with potential benefits, costs, and alternative options.

Good Practice Points

40.1 Practitioners should ensure that the child and family are fully informed about:

- The rationale for the support – providing an explanation of how a particular support may help achieve the goal in the context of the child and family, why a particular support may be more effective than others, and the evidence supporting this rationale.

- The potential benefits of the support – providing an explanation of the desired effects of the support in the context of the stated goal, including a timeframe for when those effects may be observed.

- The potential costs of the support – providing an explanation of adverse effects that may be associated with the support, including financial and opportunity costs.

40.2 Practitioners should inform the child and family that:

- There are a variety of supports that may support children's development, their learning, participation and wellbeing.

- There is no one support that is equally effective in supporting all autistic children and families.

- There is no one support that has been shown to be effective in supporting all child and family outcomes.

40.3 Practitioners should share and discuss the supports recommended in a way that is informative, understandable, and meaningful to the child and the family.

40.4 Practitioners should develop a communication plan with other practitioners who are delivering supports to the child and family to ensure that clear, appropriate and accurate information is communicated between all practitioners.

What knowledge and skills are required to plan supports?

Practitioners who plan supports should ensure that they have the appropriate qualifications, knowledge and skills, professional experience matching their level of responsibility, and regulation, or should refer to an appropriate practitioner if they do not. An accurate, complete plan of the proposed supports should be provided to the child and the family in a timely manner.

Relevant qualifications

Recommendation 41

Consensus-Based Recommendation

Strength of Recommendation: Conditional

People who recommend supports should have relevant qualifications and work within their scope of practice.

Good Practice Points

41.1   Recommendations related to supporting a child's health and physical development should come from practitioners with medical qualifications.

41.2   Recommendations related to supporting children's development of functional skills in one or more developmental domains should come from practitioners with allied health and/or education qualifications that correspond with those domains (e.g., occupational therapy for occupational activities, physiotherapy for gross motor skills, psychology for cognition and mental health, speech pathology for communication).

41.3   Practitioners should only make support recommendations that are within their scope of practice.

41.4   Practitioners should ensure that parents are aware of their qualifications and scope of practice.

41.5   Practitioners working in transdisciplinary models of service delivery should ensure appropriate consultation with a practitioner who has qualifications relevant to the domain/s being supported.

Relevant professional experience

Recommendation 42

Consensus-Based Recommendation

Strength of Recommendation: Conditional

Practitioners who recommend supports should have professional experience that matches their responsibilities.

Good Practice Points

42.1 Practitioners should be aware that their level of experience influences their capacity to provide an accurate, complete, and timely plan of proposed supports.

42.2 Practitioners should be aware that autistic children, their families, and the broader autistic community value experience:

- Gained through working with children and their families.

- Gained through listening to and learning from autistic children, young people, and adults and their families.

- Gained in multiple contexts and settings.

- That is directly relevant to their individual circumstances.

42.3 Practitioners should access professional supervision and mentoring that matches their level of experience.

42.4 Practitioners should engage in continuing professional development that reflects an evidence-based framework including:

- Knowledge of emerging research evidence

- Development of new clinical skills

- Learning from the insights and perspectives of autistic children, their families, and the broader autistic community.

42.5 Practitioners should openly share the nature and level of their experience with the child and family.

Professional regulation

Recommendation 43

Consensus-Based Recommendation

Strength of Recommendation: Conditional

Practitioners who recommend supports should be eligible for membership with the relevant professional association and regulated.

Good Practice Points

43.1 In Australia, the following practitioners are registered with the Australian Health Practitioner Regulation Agency (AHPRA; **www.ahpra.gov.au**) and have knowledge and skills that may be relevant to autistic children and their families:

- Aboriginal and Torres Strait Islander Health Practice - scope of practice varies based on individual qualifications and contextual factors.

- Medical Practitioners – supporting children's health and wellbeing.

- Occupational Therapists – supporting children's health and wellbeing, including sensory processing and fine motor development, through participation in their occupations of life, including self-care and other daily living skills, play and leisure activities.

- Physiotherapists – supporting children's physical development including gross motor skills.

- Psychologists – supporting children's cognitive development and child and family social-emotional wellbeing.

43.2 In Australia, the following practitioners are eligible for membership of professional associations that in turn are members of Allied Health Professions Australia (AHPA; **www.ahpa.com.au**), and have knowledge and skills that may be relevant to autistic children and their families:

- Creative Art Therapists - supporting children's development, participation, and wellbeing through creative arts.

- Exercise Physiologists and Sports Scientists - supporting children's development, participation, and wellbeing through physical activity and sport.

- Music Therapists - supporting children's development, participation, and wellbeing through music.

- Social Workers - supporting child and family social-emotional wellbeing.

- Speech Pathologists – supporting children's communication development and swallowing.

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43.3 In Australia, the following practitioners are eligible for membership of professional associations that are not members of AHPRA or AHPA, but have knowledge and skills that may be relevant to autistic children and their families:

- Behaviour Practitioners – supporting children's acquisition of skills and addressing behaviours of concern. The professional association for behavioural practitioners in Australia is the Association for Behaviour Analysis Australia. Some behavioural practitioners may hold international credentials such as Board Certified Behaviour Analyst (BCBA).

- Developmental Educators - supporting children's development, participation, and wellbeing. The professional association for developmental educators in Australia is Developmental Educators Australia Incorporated.

43.4 In Australia, the following groups of educators are regulated by authorities in State and Territory jurisdictions:

- Early Childhood Teacher – supporting children's personal, social, and academic skills during the early years of formal education.

- Primary School Teacher -supporting children's personal, social, and academic skills during the primary school years of formal education.

- Special Education Teacher – supporting children with disabilities to acquire personal, social, and academic skills in formal education settings.

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Relevant knowledge and skills

Recommendation 44

Consensus-Based Recommendation

Strength of Recommendation: Conditional

Practitioners who recommend supports should have knowledge and practical skills that are directly relevant to working with autistic children and their families.

Good Practice Points

44.1 Practitioners should have current knowledge in the following areas:

- Typical and atypical development across the age ranges of children with whom they conduct their clinical work.

- The clinical presentation of autism, including co-occurring conditions.

- The impact of other important considerations on the provision of support, such as intellectual and/or communication abilities; cultural, linguistic and socioeconomic background; regional or remote location; or complex psychosocial factors, such as the experience of trauma.

- The range of supports appropriate for autistic children and children with additional neurodevelopmental conditions, within their scope of practice.

- The theoretical principle(s) underpinning the supports that they provide – i.e., the suggested reasons that the supports deliver the intended therapeutic effect.

- The current best available research evidence that the supports they provide deliver the intended therapeutic effect.

- The circumstances when supports may and may not be appropriate for a child and family.

- The scope of practice of their own and other disciplines.

- Trauma-informed care, and the related principles of safety, trust, choice, collaboration, empowerment and respect for diversity.

- Neurodiversity-affirming practices, which seek to affirm the child's neurodivergent identity, rather than seeking to 'cure' autism.

- Access to Government and other sources of funding to support the receipt of supports.

44.2 Practitioners should have practical skills in the following areas:

- Clinical reasoning in evaluating evidence, integrating information and decision-making.

- Clinical documentation and reporting.

- Time management and organisation.

- Self-reflection and ability to embrace feedback.

- Communicating and engaging with the child and family members in a way that:
  › Builds rapport and trust.
  › Fosters collaborative professional relationships.
  › Ensures a two-way exchange of information in a way that is accurate, meaningful and understandable.
  › Demonstrates that the information the child and family share is listened to and valued.
  › Is non-judgmental and conveys empathy.
  › Appropriately manages expectations and concerns.

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Planning, offering choice, and making referrals

Recommendation 45

Consensus-Based Recommendation

Strength of Recommendation: Strong

Practitioners who recommend supports should provide the child and family with an accurate, complete, and timely plan of proposed supports.

Good Practice Points

45.1 A plan for supports should include information that enables the child and family to make informed decisions in relation to:

- What supports will be provided.

- The person/people who will provide these supports including qualifications, skills, and experience.

- The setting where the supports will be provided.

- The delivery format (one-on-one, in a group) and mode (e.g., in person, telepractice).

- The amount of time the supports will take including the time commitment for each person involved and the frequency and length of support sessions.

- The anticipated duration of the supports.

- The anticipated outcomes including potential benefits and risks.

- The roles and responsibilities of each person involved.

- The time commitment for each person involved.

- How the supports will be monitored.

- The ways in which supports can be used in other contexts to facilitate generalisation of skills.

- The ways in which the child and family can request a change in support, cease it, and/or express concern.

Recommendation 46

Consensus-Based Recommendation

Strength of Recommendation: Conditional

Where a practitioner does not have the qualifications, professional experience, professional regulation, relevant knowledge and skills, personal capacity, and/or professional capacity to plan a particular support, they should refer the child and family to a practitioner who does.

Good Practice Points

46.1 Practitioners should provide families with information about their qualifications, professional experience, professional regulations, and relevant knowledge and skills so that they can make informed decisions about the supports they can provide.

46.2 Practitioners should clearly explain what they can and cannot offer families in terms of their qualifications, professional experience, professional regulation, and relevant knowledge and skills.

46.3 Practitioners should clearly explain what they can and cannot offer families in terms of their personal and/or professional capacity. This includes having the time, energy, resources, and interest to provide a safe, effective, and desired service in a timely manner.

46.4 Practitioners should ensure that families are aware of how they can find and contact other service providers in the same and other related professional disciplines.

Section 4: Delivering supports

Once supports have been planned and selected, delivery requires consideration of the person/people who will carry out the support (e.g., parent, practitioner), the format (one-on-one, in a group), the mode (e.g., in person, telepractice), the setting (e.g., home, clinic, community), and the amount and duration. It is imperative that support recommendations align with the goals of the child and family, and continue to align with their strengths, needs, preferences, and contextual considerations.

Who should deliver supports?

The delivery of supports may involve multiple people working together to achieve the goals of the child and family. This may include practitioners, parents and other family members, and members of the community. It is important that the choice of the people involved, along with their roles and responsibilities, are agreed to by the child, their parents, and the practitioner(s).

People involved

Recommendation 47

Consensus-Based Recommendation

Strength of Recommendation: Conditional

Supports should be delivered by the people (e.g., parents, practitioners) who are likely to lead to the most meaningful and sustained increase in the child's learning, participation, and wellbeing.

Good Practice Points

47.1 Where relevant to the child and family, the following people may be appropriate for the delivery of supports:

- Parent(s).

- Family (e.g., siblings, grandparents) and family-like people (e.g., family friends, peers).

- Suitably qualified and experienced practitioners (e.g., allied health professionals, medical doctors, educators).

- People who can support the child's participation in community activities (e.g., sports coaches, art teachers, community members the child interacts with regularly including retail environments, community groups, cultural activities).

- Staff in agencies that support the provision and/or access to supports (e.g., NDIS planners, child safety officers).

47.2 The people who deliver supports should be mutually agreed upon by the practitioner, child and parents.

47.3 Parents should be able to determine in what way and how much they are involved in the delivery of supports.

47.4 Practitioners should be aware that parents may perceive that their involvement in the delivery of supports detracts from their natural parental role.

47.5 Practitioners should be aware that there is no consistent research evidence from high-quality meta-analyses that one type of person delivering a support is likely to lead to the greater improvements in children's learning, participation, and wellbeing compared to any other type of person. Within this context, it is imperative that all other Good Practice Points are followed.

What knowledge and skills are required to deliver supports?

Practitioners who deliver supports should ensure that they have appropriate qualifications, knowledge and skills, professional experience matching their level of responsibility, and regulation, or should refer to an appropriate practitioner if they do not. Those who assist in the delivery of supports must be adequately supported by a practitioner who has appropriate qualifications, knowledge and skills, and professional experience, and who maintains overall responsibility for the delivery of supports.

Relevant qualifications

Recommendation 48

Consensus-Based Recommendation

Strength of Recommendation: Conditional

Practitioners who deliver supports should have relevant qualifications and work within their scope of practice.

Good Practice Points

48.1 Delivery related to supporting a child's health and physical development should involve practitioners with medical qualifications.

48.2 Delivery related to supporting children's development of functional skills in one or more developmental domains should involve practitioners with allied health and/or education qualifications that correspond with those domains (e.g., occupational therapy for fine motor skills, physiotherapy for gross motor skills, psychology for cognition and mental health, speech pathology for communication).

48.3 Practitioners should only deliver supports that are within their scope of practice.

48.4 Practitioners should ensure that parents are aware of their qualifications and scope of practice.

48.5 Practitioners working in transdisciplinary models of service delivery should ensure appropriate consultation with a practitioner who has qualifications relevant to the domain/s being supported.

Relevant professional experience

Recommendation 49

Consensus-Based Recommendation

Strength of Recommendation: Conditional

Practitioners who deliver supports should have professional experience that matches their responsibilities.

Good Practice Points

49.1 Practitioners should be aware that their level of experience influences their capacity to deliver supports safely, effectively, and in ways desired by autistic children and families.

49.2 Practitioners should be aware that autistic children, their families, and the broader autistic community value experience:

- Gained through working with children and their families.
- Gained through listening to and learning from autistic children, young people, and adults and their families.
- Gained in multiple contexts and settings.
- That is directly relevant to their individual circumstances.

49.3 Practitioners should access professional supervision and mentoring that matches their level of experience.

49.4 Practitioners should engage in continuing professional development that reflects an evidence-based framework including:

- Knowledge of emerging research evidence.
- Development of new clinical skills.
- Learning from the insights and perspectives of autistic children, their families, and the broader autistic community.

49.5 Practitioners should openly share the nature and level of their experience with the child and family.

Professional regulation

Recommendation 50

Consensus-Based Recommendation

Strength of Recommendation: Conditional

Practitioners who deliver supports should be eligible for membership with the relevant professional association and regulated.

Good Practice Points

50.1 In Australia, the following practitioners are registered with the Australian Health Practitioner Regulation Agency (AHPRA; **www.ahpra.gov.au**) and have knowledge and skills that may be relevant to autistic children and their families:

- Aboriginal and Torres Strait Islander Health Practice - scope of practice varies based on individual qualifications and contextual factors.

- Medical Practitioners – supporting children's health and wellbeing.

- Occupational Therapists – supporting children's health and wellbeing, including sensory processing and fine motor development, through participation in their occupations of life, including self-care and other daily living skills, play and leisure activities.

- Physiotherapists – supporting children's physical development including gross motor skills.

- Psychologists – supporting children's cognitive development and child and family social-emotional wellbeing.

50.2 In Australia, the following practitioners are eligible for membership of professional associations that in turn are members of Allied Health Professions Australia (AHPA; **www.ahpa.com.au**), and have knowledge and skills that may be relevant to autistic children and their families:

- Creative Art Therapists - supporting children's development, participation, and wellbeing through creative arts.

- Exercise Physiologists and Sports Scientists - supporting children's development, participation, and wellbeing through physical activity and sport.

- Music Therapists - supporting children's development, participation, and wellbeing through music.

- Social Workers - supporting child and family social-emotional wellbeing.

- Speech Pathologists – supporting children's communication development and swallowing.

50.3 In Australia, the following practitioners are eligible for membership of professional associations that are not members of AHPRA or AHPA, but have knowledge and skills that may be relevant to autistic children and their families:

- Behaviour Practitioners – supporting children's acquisition of skills and addressing behaviours of concern. The professional association for behavioural practitioners in Australia is the Association for Behaviour Analysis Australia. Some behavioural practitioners may hold international credentials such as Board Certified Behaviour Analyst.

- Developmental Educators - supporting children's development, participation, and wellbeing. The professional association for developmental educators in Australia is Developmental Educators Australia Incorporated.

50.4 In Australia, the following groups of educators are regulated by authorities in State and Territory jurisdictions:

- Early Childhood Teacher – supporting children's personal, social, and academic skills during the early years of formal education.

- Primary School Teacher -supporting children's personal, social, and academic skills during the primary school years of formal education.

- Special Education Teacher – supporting children with disabilities to acquire personal, social, and academic skills in formal education settings.

Recommendation 51

Consensus-Based Recommendation

Strength of Recommendation: Conditional

Where another person assists a practitioner in the delivery of supports, that person must have appropriate knowledge, skills, experience, training, and regulation; and be adequately supervised and supported by the practitioner who has overall responsibility for the delivery of supports.

Good Practice Points

51.1 Practitioners who are responsible for the delivery of supports should ensure that any person who assists in delivery:

- Is agreed to by the child and family.

- Has adequate knowledge, skills, and experience matching their role and responsibilities in the delivery.

- Has adequate supervision, mentoring and support to fulfil their role.

- Meets any relevant regulatory requirements (e.g., has an approved working with children check).

- Has the skills to communicate with children and their family members in a way that:
    › Builds rapport and trust.
    › Fosters collaborative professional relationships.
    › Ensures a two-way exchange of information in a way that is accurate, meaningful and understandable.
    › Demonstrates that the information the child and family share is listened to and valued.
    › Is non-judgmental and conveys empathy.
    › Appropriately manages expectations and concerns.

Who should receive the support?

Supports may be directed at the child, the family, and/or the environment and broader community. The focus of supports should be determined in collaboration with the child and family, and based on a judgment of the most appropriate and effective way to achieve their goal(s).

Recommendation 52

Consensus-Based Recommendation

Strength of Recommendation: Strong

Practitioners should support the child, people around the child, and/or changes to the environment in whatever combination is likely to lead to the most meaningful and sustained increase in the child's learning, participation, and wellbeing.

Good Practice Points

52.1 When relevant to the child and parents, it is appropriate for practitioners to deliver one or more of the following:

- Child-directed services: A practitioner working primarily with the child one-on-one, in a group to directly support their learning, participation, and wellbeing.

- Family-directed services: A practitioner working primarily to upskill the parents or other family members (e.g., siblings, grandparents) to support the child's learning, participation, and wellbeing.

- Community-directed services: A practitioner working primarily to create more accessible environment and/or upskill other members of the community (e.g., educators) to support the child's learning, participation, and wellbeing.

52.2 Practitioners should recommend child-directed, family-directed, and/or community-directed services, alone or in combination, based on a decision-making framework that considers:

- Plausibility— there is a plausible reason for the child and family to receive support in this way, and evidence to support this reason, as well as its safety.

- Practicality – it is practical for the child and family to receive the support in this way when considering the child and family's schedule and the social and emotional wellbeing and support and financial resources available to them.

- Desirability – it is desirable to the child and family to receive the support in this way when considering the child and family's culture and customs, the parents' views on child-rearing and child development; and the priority of these supports within a hierarchy of their needs.

- Defensibility - there is a clear rationale for why receiving the support in this way is preferred over alternative options.

52.3 The amount and proportion of child-directed, family-directed, and community-directed services each child receives should be personalised.

52.4 The amount and proportion of child-directed, family-directed, and community-directed services should be mutually agreed upon by the practitioner, child and parents.

52.5 Practitioners should be aware that family members may be autistic themselves and/or raising more than one autistic child or have children with other needs who are receiving services and coordinate supports accordingly, to minimise financial, time, energy, and other stresses on families

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In what settings should supports be delivered?

Supports may be delivered in a variety of settings (e.g., clinic, home, community, school). The setting should be determined in collaboration with the child and family, and based on a judgment of the most appropriate and effective way to achieve their goal(s).

Recommendation 53

Consensus-Based Recommendation

Strength of Recommendation: Conditional

Practitioners should deliver supports in the setting(s) that are likely to lead to the most meaningful and sustained increase in the child's learning, participation, and wellbeing.

Good Practice Points

53.1 Where relevant to the child and family, the following settings may be appropriate for the delivery of supports:

- Clinical settings.

- The child's home.

- Educational settings (including school and early child education settings/day care).

- Social settings (e.g., other people's homes, community spaces).

- Recreational settings (e.g., sports ovals, music/art/drama studios).

- Cultural settings (e.g., places of worship).

53.2 Other settings may also be appropriate for the delivery of supports, if they are relevant to the child and family.

53.3 Practitioners should recommend a delivery format for a support based on a decision-making framework that considers:

- Plausibility— there is a plausible reason for the child and family to receive the support in a given setting, and evidence to support this reason, as well as its safety.

- Practicality — it is practical for the child and family to receive the support in a given setting when considering the child and family's schedule, the accessibility of the setting to the child and family, and the social and emotional wellbeing and support and financial resources available to them.

- Desirability — it is desirable to the child and family to receive the support in a given setting when considering the child and family's culture and customs, the parents' views on child-rearing and child development; and the priority of these supports within a hierarchy of their needs.

- Defensibility - there is a clear rationale for why receiving the support in a given setting is preferred over alternative options.

53.4 The setting(s) in which supports are delivered should be mutually agreed upon by the practitioner, child, and parents.

53.5 Practitioners should ensure that the setting is safe, and that appropriate adjustments are made to the environment, including accommodations for sensory needs, to ensure that the child and family are comfortable, and that the delivery setting supports their learning, participation, and wellbeing.

53.6 When supports are delivered in clinical settings, support goals should include use of skills in everyday settings.

53.7 Practitioners should be aware that there is no research consistent evidence from high quality meta-analyses that one setting is likely to lead to the greater improvements in children's learning, participation, and wellbeing compared to any other setting. Within this context, it is imperative that all other Good Practice Points are followed.

In what formats and modes should supports be delivered?

Supports may be delivered in different formats (one-on-one, in a group) or modes (e.g., face-to-face, teleconference, videoconference). The format and mode should be determined in collaboration with the child and family, and based on a judgment of the most appropriate and effective way to achieve their goal(s).

Support formats

Recommendation 54

Consensus-Based Recommendation

Strength of Recommendation: Conditional

Practitioners should deliver supports in the format(s) (one-on-one, in a group) that are likely to lead to the most meaningful and sustained increase in the child's learning, participation, and wellbeing.

Good Practice Points

54.1 When relevant, it is appropriate for practitioners to deliver supports:

- In a one-on-one format.

- In a group-based format.

- A combination of one-to-on and group-based formats.

54.2 Practitioners should recommend a delivery format for a support based on a decision-making framework that considers:

- Plausibility– there is a plausible reason for the child and family to receive the support in a given format, and evidence to support this reason, as well as its safety.

- Practicality – it is practical for the child and family to receive the support in a given format when considering the child and family's schedule, and the social and emotional wellbeing and support and financial resources available to them.

- Desirability – it is desirable to the child and family to receive the support in a given format when considering the child and family's culture and customs, the parents' views on child-rearing and child development; and the priority of these supports within a hierarchy of their needs.

- Defensibility - there is a clear rationale for why receiving the support in a given format is preferred over alternative options.

54.3 The format/s in which supports are delivered should be mutually agreed upon by the practitioner, child and parents.

54.4 Practitioners should be aware that there is no consistent research evidence from high-quality meta-analyses that one format is likely to lead to the greater improvements in child learning, participation, and wellbeing compared to any other format. Within this context, it is imperative that all other Good Practice Points are followed.

Support modes

Recommendation 55

Consensus-Based Recommendation

Strength of Recommendation: Conditional

Practitioners should deliver supports in the mode(s) (e.g., in person, telepractice) that are likely to lead to the most meaningful and sustained increase in the child's learning, participation, and wellbeing.

Good Practice Points

55.1 When relevant, it is appropriate for practitioners to deliver supports:

- In person.
- By telepractice.
- A combination of in person and telepractice.

55.2 Practitioners should recommend a delivery mode for a support based on a decision-making framework that considers:

- Plausibility– there is a plausible reason for the child and family to receive the support in a given mode, and evidence to support this reason.
- Practicality – it is practical for the child and family to receive the support in a given mode when considering the child and family's schedule, and the social and emotional wellbeing and support and financial resources available to them.
- Desirability – it is desirable to the child and family to receive the support in a given mode when considering the child and family's culture and customs, the parents' views on child-rearing and child development; and the priority of these supports within a hierarchy of their needs.
- Defensibility - there is a clear rationale for why receiving the support in a given mode is preferred over alternative options.

55.3 The mode/s in which supports are delivered should be mutually agreed upon by the practitioner, child and parents.

55.4 Other modes (e.g., self-directed online modules) may also be appropriate for the delivery of supports, if they are relevant to the child and family, particularly when immediate access to relevant qualified practitioners is not possible.

55.5 Practitioners should be aware that there is no consistent research evidence from high-quality meta-analyses that one mode is likely to lead to the greater improvements in children's learning, participation, and wellbeing compared to any other mode. Within this context, it is imperative that all other Good Practice Points are followed.

In what amount and duration should supports be delivered?

Supports may be delivered in a variety of amounts (e.g., hours) distributed over varying time periods (e.g., days, weeks, months). 'Intensity' refers to the amount delivered in a particular period of time (e.g., hours per week). The amount and duration of support (which determine the intensity) should be determined in collaboration with the child and family, and based on a judgment of the most plausible, practicable, desirable and defensible pathway to achieving their goal(s).

Recommendation 56

Consensus-Based Recommendation

Strength of Recommendation: Conditional

Practitioners should deliver supports in an amount and duration that is likely to lead to the most meaningful and sustained increase in the child's learning, participation, and wellbeing.

Good Practice Points

56.1 The amount and duration of support provision should be tailored to the individual needs of the child and family. The includes consideration of the frequency, length and time of day of support sessions, and variations in support needs over time.

56.2 Practitioners should inform parents that there is no set number of hours per week of practitioner delivered supports that leads to the best outcomes for all children.

56.3 Practitioners should be aware that research evidence does not support the concept that supports delivered in greater amounts consistently leads to better child and family outcomes.

56.4 Practitioners should recommend an amount and duration of supports for a child and family based on a decision-making framework that considers:

- Plausibility— there is a plausible reason for the child and family to receive the support in a given amount and duration, and evidence to support this reason, as well as its safety.

- Practicality – it is practical for the child and family to receive the support in a given amount and duration when considering the child and family's schedule, and the social and emotional wellbeing and support and financial resources available to them.

- Desirability – it is desirable to the child and family to receive the support in a given amount and duration when considering the child and family's culture and

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customs, the parents' views on child-rearing and child development; and the priority of these supports within a hierarchy of their needs.

- Defensibility - there is a clear rationale for why receiving the support in a given amount and duration is preferred over alternative options.

56.5 The amount and duration of support provision should take into consideration the child's right to education; their right to relax, play and choose to join in a wide range of leisure activities; and their individual preferences for each.

56.6 The amount and duration of support provision should not impinge upon the natural roles of children, parents, siblings, and other family members.

56.7 Parents should be given options regarding the amount and duration of supports that their child/family receives.

56.8 Practitioners should be aware that members of the autistic and autism communities have expressed concerns and/or reported based on personal experience that supports delivered in large amounts and/or high intensities can have detrimental effects on children's learning, participation, and wellbeing, and the wellbeing of the family.

56.9 Practitioners should be aware that members of the autistic and autism communities have expressed concerns and/or reported based on personal experience that supports delivered in insufficient amounts can have detrimental effects on children's learning, participation, and wellbeing, and the wellbeing of the family.

How should practitioners engage with other service providers and service systems?

Children and families may be engaged with multiple service providers and service systems. When desired by the family, it is critical that all organisations have awareness of each other, and coordinate supports to best achieve the goals of the child and their family.

Recommendation 57

Consensus-Based Recommendation

Strength of Recommendation: Conditional

Practitioners should coordinate the supports they deliver with other relevant service providers and service systems.

Good Practice Points

57.1 Practitioners should have an awareness of service providers and service systems that may be involved in, or facilitate access to, the provision of supports for autistic children and their families, including:

- Education.

- Health.

- Disability (e.g., NDIS).

- Social services (e.g., Services Australia).

- Child protection.

57.2 Practitioners should plan for how supports can support learning, participation and wellbeing of the child across service systems.

57.3 Where desired and agreed to by the child and family, practitioners should proactively engage with relevant representatives of other service providers and service systems with which the child engages to ensure coordination of support plans and regular and transparent communication.

Section 5: Outcomes, quality, and safeguarding

Monitoring progress and conducting periodic reviews are critical to ensuring supports are safe, effective, and desirable for children and their families. Practitioners can use monitoring and reviews to adjust supports as the circumstances, needs, and preferences of children and their families change, and to end supports when no longer needed. Monitoring and reviews also contribute to high quality practice and safeguarding. Ensuring supports are delivered in safe environments, by people with appropriate knowledge and skills, and within frameworks that help ensure ethical practice, are equally important.

How should the effects of supports be monitored and reviewed?

Monitoring and reviews should involve the child, their parents, and other people when relevant. Monitoring is an ongoing process, focused on ensuring supports are delivered as intended, measuring progress towards goals, ensuring that any adverse effects are identified and addressed, and that children and families can give feedback on their experiences, changes in circumstances and preferences, and outcomes. Periodic reviews provide an opportunity for the child, family, practitioner, and all key stakeholders to reflect on the goals, the information collected during monitoring, and to consider the overall experience and effect of accessing supports on the life of the child and family.

Both monitoring and reviews typically involve the gathering of multiple sources of information using a variety of methods. While monitoring is ongoing, reviews should occur at intervals that are relevant to the child and family. Information should be collected, shared, and discussed with the child and family in a way that is informative and understandable to them. Central to this is the importance of practitioners empowering the child and parents to make decisions about whether to continue, change, or stop accessing a support.

People involved

Recommendation 58

Consensus-Based Recommendation

Strength of Recommendation: Strong

The child, their family and the practitioner(s) should be involved in determining who will be involved in monitoring and review of supports.

Good Practice Points

58.1 Other people may be involved in decisions regarding the monitoring and review of supports, where relevant and agreed to by the child and parents, including:

- Family (e.g., siblings, grandparents) and family-like people (e.g., family friends, peers).

- Suitably qualified and experienced practitioners (e.g., allied health professionals, medical doctors, educators).

- People who can support the child's participation in community activities (e.g., sports coaches, art teachers, community members the child interacts with regularly including retail environments, community groups, cultural activities).

- Staff in agencies that support the provision and/or access to services (e.g., NDIS planners, child safety officers).

Aspects to monitor

Recommendation 59

Consensus-Based Recommendation

Strength of Recommendation: Strong

Practitioners should monitor the extent to which the supports were delivered as planned.

Good Practice Points

59.1 Practitioners should monitor the following aspects of supports:

- Type – the extent to which the planned type of support was delivered.

- People – the extent to which the intended people contributed to progress towards the goal.

- Setting – the extent to which the support was delivered in the intended settings.

- Format – the extent to which the support was delivered in the intended format (e.g., one-on-one, in a group).

- Mode – the extent to which the support was delivered in the intended mode (e.g., in person, telepractice)

- Amount and duration – the extent to which the intended amount and duration of support was delivered.

Recommendation 60

Consensus-Based Recommendation

Strength of Recommendation: Strong

Practitioners should monitor the child's and family's progress towards goals.

Good Practice Points

60.1 Progress monitoring should include monitoring of:

- The amount of progress made towards the goal.

- The alignment between the child and family's existing goals and their current needs and preference, including any new goals arising.

- The extent to which the child and family are satisfied with progress towards the goal.

- The extent to which the child and family are satisfied with the services provided.

60.2 Progress monitoring should include monitoring of changes in:

- The child's developmental skills.

- The child's learning, participation and wellbeing.

- Family knowledge and confidence in managing the supports for their child.

- The family's wellbeing.

- The environments that affect learning and participation.

60.3 Practitioners should measure child and family experiences and progress towards goals in ways that are meaningful to the child and family.

Recommendation 61

Consensus-Based Recommendation

Strength of Recommendation: Strong

Practitioners should monitor the child's and family's generalisation and maintenance of use of skills across people, settings, and activities, and over time.

Good Practice Points

61.1 Practitioners should monitor:

- Generalisation of outcome to interactions with other people.

- Generalisation of outcome to other activities.

- Generalisation of outcome to other settings.

61.2 Where practicable, practitioners should monitor the maintenance of the outcomes of supports:

- The short-term (i.e., <12 months).

- The medium-term (i.e., 12 months to 2 years).

- Long-term (i.e., >2 years).

Recommendation 62

Consensus-Based Recommendation

Strength of Recommendation: Strong

Practitioners should monitor the costs and benefits to the child and family of receiving the supports.

Good Practice Points

62.1 Cost and benefit monitoring should include:

- Benefits to the child - including gains in developmental skills, functional abilities, learning, participation and wellbeing.

- Costs to the child - including opportunity cost of not pursuing alternative goals or supports, reduced time availability, fatigue, and other detrimental psychosocial effects.

- Benefits to the family - including increase in understanding autism, neurodiversity, and how to support their autistic child; improvements in family functioning and wellbeing; and increase in community participation.

- Costs to the family - including financial costs, reduced time availability, fatigue, stress, and other detrimental psychosocial effects.

Recommendation 63

Consensus-Based Recommendation

Strength of Recommendation: Strong

Practitioners should monitor for unplanned outcomes associated with the supports they deliver.

Good Practice Points

63.1 Unplanned outcomes monitoring should include monitoring of:

- Positive unplanned outcomes that have arisen from the delivery of supports.

- Adverse events that have arisen from the delivery of the supports and whether this may plausibly be related to the support (an adverse effect).

Methods of monitoring

Recommendation 64

Consensus-Based Recommendation

Strength of Recommendation: Strong

Practitioners should monitor progress by directly asking and listening to the child and family.

Good Practice Points

64.1 Monitoring through child and family report should include:

- Direct report from the child about progress towards goals.
- Family report of the child's progress towards the goals.
- Child report of what they perceive to be the benefits and costs of their own experience engaging in support, including the opportunity costs of engaging with support.
- Family report of what they perceive to be the benefits and costs of the child's experience engaging in support, including the opportunity costs of engaging with support.

Recommendation 65

Consensus-Based Recommendation

Strength of Recommendation: Strong

Practitioners should monitor progress through child observations.

Good Practice Points

65.1 Monitoring through child observation should include observing:

- The child's progress towards goals during the delivery of the support.
- The child's progress towards goals in contexts outside of those in which the support is being delivered (e.g., community settings).
- The child's reaction (positive, negative, mixed) to engaging in the support.

Recommendation 66

Consensus-Based Recommendation

Strength of Recommendation: Strong

Practitioners should monitor progress through reports from others.

Good Practice Points

66.1 Monitoring through reports from others related to the planning, selection and delivery of supports, should include:

- Reports from people who are involved in the delivery of the support.
- Reports from people who can provide insight into the child's progress towards the goals and/or general learning, participation, and wellbeing (e.g., educators, other allied health practitioners or medical doctors who provide support for the child's health and development, other family members, sports coaches, community members the child interacts with regularly).

Recommendation 67

Consensus-Based Recommendation

Strength of Recommendation: Strong

Practitioners should monitor progress through the collection and evaluation of outcome data.

Good Practice Points

67.1 When monitoring progress through the collection and evaluation of outcome data, practitioners should consider:

- Clinician collected outcome data, including:
  - › Norm-referenced assessments comparing the child's skills and functioning with neurotypical children of the same age.
  - › Criterion-referenced assessments comparing the child's skills and functioning with pre-defined criteria such as developmental milestones.
  - › Curriculum-based assessments comparing the child's progress towards a pre-specified set of goals.
- Child collected outcome data, such as through self-report.
- Family collected outcome data.
- Outcome data collected from other stakeholders, such as a teacher-report checklist.

What and when to review

Recommendation 68

Consensus-Based Recommendation

Strength of Recommendation: Strong

Practitioners should review goals, experiences, and outcomes at regular intervals based on the needs and preferences of each child and family.

Good Practice Points

68.1 Goals and supports should be reviewed:

- When the child achieves a goal.
- When the child and family request new goals.
- When the practitioner identifies new goals relevant to the child and family.
- When there are significant changes in the life of the child and family (e.g., transition to school, parental supervision, moving house).
- At a frequency, and in a manner, that is sufficient for the practitioner delivering the support to make evidence-based recommendations.
- At a frequency, and in a manner, that is appropriate to the child and family, and the specific goal.
- When there is a change in the family's financial capacity to access services, including changes in available funding.
- When there has been no meaningful progress made towards a particular goal across a timeframe when progress was anticipated.
- When any adverse effects occur.

68.2 At minimum, practitioners should complete a formal review support goals and progress every three months.

68.3 The timing of reviews should meet the needs of the child and family, including where reporting will inform and/or fulfil requirements for funding and support including through NDIS planning processes and regulatory requirements (e.g., reporting of restrictive practices).

Information sharing

Recommendation 69

Consensus-Based Recommendation

Strength of Recommendation: Conditional

Practitioners should ensure that information they collect during monitoring is shared with children and families, and shared with other people, when relevant and appropriate.

Good Practice Points

69.1 Information collected during monitoring should be shared and discussed with the child and family, as it is collected and at the time of review.

69.2 Information arising from monitoring and reviews may be shared with other people, where relevant and agreed to by the child and parents, including:

- Family (e.g., siblings, grandparents) and family-like people (i.e., family friends, peers).
- Other community members (nominated by the parents) as the basis for supporting the child and family.
- Other practitioners that support the child to inform them of progress and/or invite consultation.
- Other organisations that support the child to inform them of progress and/or invite consultation.

Recommendation 70

Consensus-Based Recommendation

Strength of Recommendation: Conditional

Practitioners should share information related to monitoring and reviews in a way that is informative, understandable, and meaningful to the child and family.

Good Practice Points

70.1 The way in which information is shared should be personalised to the circumstances and preferences of the child and family, and may include:

- A face-to-face discussion.
- A written report.

- A telephone conversation.

- A videoconference conversation.

- A video recording (e.g., of skill demonstrated by the child).

- Other digital means (e.g., emails, shared online documents).

- Other ways that may be meaningful to the child and family (e.g., graphical mode such as drawing, art).

- A combination of these modes.

70.2 Practitioners should ensure that information is shared in a way that is aligned with the cultural and language preferences of the child and family.

70.3 Practitioners should provide the child and the family sufficient time to consider all information and provide the opportunity for further discussion and questions.

70.4 Practitioners should involve the child and the parents in any decisions about supports made in response to the information collected during monitoring and reviews.

70.5 Other people may be involved in decisions made in response to information collected during monitoring and reviews, where relevant and agreed to by the child and parents, including:

- Family (e.g., siblings, grandparents) and family-like people (e.g., family friends, peers).

- Suitably qualified and experienced practitioners (e.g., allied health professionals, medical doctors, educators).

- People who can support the child's participation in community activities (e.g., sports coaches, art teachers, community members the child interacts with regularly including retail environments, community groups, cultural activities).

- Staff in agencies that support the provision and/or access to services (e.g., NDIS planners, child safety officers).

Changing or ending supports

Recommendation 71

Consensus-Based Recommendation

Strength of Recommendation: Strong

Practitioners should empower and support the child and parents to make decisions about whether to continue, change, or stop accessing supports.

Good Practice Points

71.1 Practitioners should communicate to parents that they have a right to make decisions about the supports their child receives.

71.2 Practitioners should communicate to the child that they have a right to provide input into decisions about whether to continue, change, or stop accessing supports.

Recommendation 72

Consensus-Based Recommendation

Strength of Recommendation: Strong

Practitioners should communicate to the child and parents when there is indication that their services are no longer required or recommended.

Good Practice Points

72.1 Practitioners should provide clear communication to the child and family when they feel:

- The services they provide are no longer beneficial to the child and family.
- The services they provide are no longer necessary to support the child and family.
- Another practitioner may provide greater benefit to the child and family.

72.2 Practitioners should document when they feel their services are no longer required or recommended, and communicate this in a way that is informative, understandable and meaningful to the child and the family.

72.3 Practitioners should ensure that information is shared in a way that is aligned with the cultural and language preferences of the child and family.

72.4 Practitioners should provide the child and the family sufficient time to consider all information and provide the opportunity for further discussion and questions.

How can the risk of adverse effects be reduced?

All supports have the potential to cause adverse effects, and it is critical that steps are taken prior to, and during, the provision of supports to reduce the chances that adverse effects are experienced. Practitioners have a responsibility to ensure that supports are delivered in a safe environment, and that they have current knowledge of research evidence, relevant professional knowledge and skills, and have access to clinical supervision. Practitioners must make the child and family aware of the complaints procedure, and also inform the child and family of their own potential or actual conflicts of interest in providing supports or making referrals. Central to minimising the risk of adverse effects is ensuring that open and accurate information is shared with the child, family and practitioners in a timely manner.

Safe environment

Recommendation 73

Consensus-Based Recommendation

Strength of Recommendation: Strong

Practitioners should ensure that the delivery of supports takes place in a safe environment.

Good Practice Points

73.1 Practitioners should only deliver supports in settings that meet the work health and safety requirements set out in the relevant Acts and Regulations in their State or Territory.

73.2 Practitioners should establish and follow a risk assessment procedure that:

- Identifies and documents organisational risks.
- Uses data to support risk assessments.
- Acts to reduce risks.
- Regularly reviews and acts to improve the effectiveness of the risk management system.
- Reports on risks to the workforce and consumers.
- Plans for, and manages, internal and external emergencies and disasters.

73.3 Practitioners should have awareness of any known environmental factors (e.g., loud noises, bright lights) that may cause distress to the child and take appropriate steps to manage these risks.

73.4 Practitioners should seek input from the parents and/or family around the suitability of recommended safety considerations, particularly in their own home.

73.5 Practitioners should be aware that the following restrictive practices can present human rights infringements, and should only be used as a last resort and in compliance with regulatory frameworks, such as the NDIS (Restrictive Practices and Behaviour Support Rules) 2018:

- Seclusion - sole confinement of a person with disability in a room or a physical space at any hour of the day or night where voluntary exit is prevented, or not facilitated, or it is implied that voluntary exit is not permitted.

- Chemical restraint - the use of medication or chemical substance for the primary purpose of influencing a person's behaviour (not including the use of medication prescribed by a medical doctor for the treatment of, or to enable treatment of, a diagnosed mental disorder, a physical illness or a physical condition).

- Mechanical restraint - the use of a device to prevent, restrict, or subdue a person's movement for the primary purpose of influencing a person's behaviour but does not include the use of devices for therapeutic or non-behavioural purposes.

- Physical restraint - the use or action of physical force to prevent, restrict or subdue movement of a person's body, or part of their body, for the primary purpose of influencing their behaviour (not including the use of a hands-on technique in a reflexive way to guide or redirect a person away from potential harm/injury).

- Environmental restraint – a restraint restricts a person's free access to all parts of their environment, including items or activities.

Current knowledge of research evidence

Recommendation 74

Consensus-Based Recommendation

Strength of Recommendation: Strong

Practitioners should have up-to-date knowledge of research evidence for the effectiveness, acceptability, feasibility, and risks of the supports they recommend and deliver.

Good Practice Points

74.1 Practitioners should be aware of:

- Evidence regarding the effectiveness of the supports in relation to relevant child and family outcomes.
- Evidence regarding the likely effectiveness of the supports for the individual child and family based on their characteristics, preferences, and resources.
- Evidence regarding the acceptability of the supports among children and families.
- Evidence regarding the feasibility of the supports for children and families, as well as practitioners.
- Evidence for potential risks and document adverse effects associated with the supports.
- The quantity, quality, and consistency of evidence in relation to each of these considerations.

Recommendation 75

Consensus-Based Recommendation

Strength of Recommendation: Strong

Practitioners should have up-to-date knowledge of the views and preferences of autistic people regarding different supports and their delivery.

Good Practice Points

75.1 Practitioners should have an understanding of neurodiversity-affirming practices, which seek to affirm the child's neurodivergent identity, rather than seeking to 'fix' or 'cure' autism.

75.2 Practitioners should seek engagement with autistic people as a way of understanding their views and preferences on supports.

Current professional knowledge, skills, and access to supervision

Recommendation 76

Consensus-Based Recommendation

Strength of Recommendation: Conditional

Practitioners should have recent experience working with autistic children and their families, and engage in continuing professional development.

Good Practice Points

76.1 Professionals should maintain an adequate connection with, and recent practice in, clinical practice, consistent with the recency of practice regulations of their professional discipline.

76.2 Practitioners should engage in continuing professional development to improve and increase their knowledge, skills, and competence.

76.3 Practitioners should be aware of, and able to work in ways that are consistent with Professional Codes of Conduct of professional organisations relevant to each profession.

76.4 Practitioners should be aware their scope of practice is determined by both:

- Profession scope of practice - the roles, functions, responsibilities, activities and decision-making capacity that individuals within a given profession are educated, competent and authorised to perform.

- Individual scope of practice – the roles, functions, responsibilities, activities and decision-making capacity within a profession's scope of practice that the practitioner (as an individual) is educated, competent and authorised to perform.

Recommendation 77

Consensus-Based Recommendation

Strength of Recommendation: Strong

Practitioners should access clinical supervision that matches their knowledge, skills, and professional experience

Good Practice Points

77.1 Practitioners should receive discipline-specific clinical supervision to reflect on their own practice and wellbeing, and to encourage professional development in a systematic and planned manner.

77.2 Practitioners should receive clinical supervision and mentoring at a frequency that aligns with their professional experience.

Complaints procedure

Recommendation 78

Consensus-Based Recommendation

Strength of Recommendation: Strong

Practitioners should inform the child and family about how they can make complaints about the supports they receive.

Good Practice Points

78.1 Practitioners should have a complaints procedure, which is documented and shared with the child and family prior to the provision of any services.

78.2 Practitioners should share and discuss the complaints procedure in a way that is informative, understandable and meaningful to the child and the family.

78.3 Complaints should be acknowledged, assessed and resolved in a fair, efficient and timely manner.

78.4 Practitioners should ensure that a complaint does not affect the provision of services to the person making the complaint (or, if different, the child) adversely.

78.5 If appropriate, the practitioner may need to refer the person making the complaint and/or the child to another appropriate practitioner.

78.6 Practitioners should ensure that the person making the complaint is:

- Appropriately involved in the resolution of the complaint.

- Kept informed of the progress of the complaint, including any action taken and reasons for the decisions made.

Conflicts of interest

Recommendation 79

Consensus-Based Recommendation

Strength of Recommendation: Strong

Practitioners should inform the child and family of any potential or actual conflicts of interest they have in providing supports or making referrals.

Good Practice Points

79.1 Practitioners should recognise and carefully consider all actual or potential conflicts of interest they may have in the provision of services, and disclose these as appropriate to the child and family.

79.2 Practitioners should ensure that all services for which they receive financial or other compensation are justified and appropriate for the assessed needs of the child and family, and are not excessive, unnecessary or not reasonably required.

79.3 Where a practitioner provides a referral to another practitioner or service provider, all actual and potential conflicts of interest between the referring and the receiving practitioner or service provider should be declared to the child and family.

79.4 Practitioners should ensure that referrals are based on objective criteria and are relevant to the needs of the child and family.

79.5 Practitioners should take steps to reduce conflicts of interests with referrals, including:

- Establishing ways of monitoring referral practices.

- Identifying or making alternative referrals when conflicts cannot be appropriately managed.

Knowledge of conventions, legislative requirements and regulations

Recommendation 80

Consensus-Based Recommendation

Strength of Recommendation: Strong

Practitioners should follow relevant international conventions, national and state legislative requirements, and other associated regulations.

Good Practice Points

80.1 Practitioners should be aware of, and able to work in ways that are consistent with:

- The United Nations Convention on the Rights of the Child.

- The United Nations Convention on the Rights of Persons with Disabilities.

- The Disability Discrimination Act and National Disability Insurance Scheme Act of the Commonwealth of Australia.

- The operational guidelines of the National Disability Insurance Scheme.

- The requirements for working with children, including criminal history screening, as set out in the relevant Acts and Regulations in their State or Territory.

- The work health and safety requirements set out in the relevant Acts and Regulations in their State or Territory.

Open and accurate communication

Recommendation 81

Consensus-Based Recommendation

Strength of Recommendation: Conditional

Practitioners should ensure clear, appropriate, and accurate information is shared with the child, family, and other practitioners.

Good Practice Points

81.1   Practitioners should create and maintain systems that ensure that informed assent and consent is validly obtained from the child and family, respectively.

81.2   Practitioners should engage the child and family in a way that encourages open and regular communication.

81.3   Practitioners should keep clear, appropriate, and accurate records of all communication with the child and family regarding the provision of their supports.

81.4   Practitioners should ensure that the child and family have consented to the sharing of information between practitioners, including:

- The nature of the information that will be shared.

- The way that information will be shared.

- The time frame when the information will be shared.

81.5   Practitioners should interact with each other clearly, respectfully, and promptly.

81.6   Practitioners should keep clear, appropriate, and accurate records of all communication with another practitioner regarding the child and family.

How should adverse effects be managed?

Practitioners should have a documented procedure for proactively identifying and managing adverse effects to help ensuring the safety of the child and family throughout planning, selecting, delivering, and monitoring supports.

Recommendation 82

Consensus-Based Recommendation

Strength of Recommendation: Strong

Practitioners should have a documented procedure for the monitoring of adverse effects of supports.

Good Practice Points

82.1 Practitioners should have a documented procedure for monitoring adverse effects and events, which includes:

- The relevant Acts and Regulations in their jurisdiction with which practitioners must comply

- Procedures for the proactive monitoring of adverse events.

- Procedures for determining whether an adverse event is related to a support (an adverse effect).

- Steps to be taken in response to the identification of an adverse event/effect, including:
  > Reporting of the adverse effect to the relevant authority.
  > Open and honest communication with the child and family as to what has occurred, and the anticipated consequences in the short and long-term.
  > Reviewing of the cause and practitioner response to the adverse effects.
  > Service improvement to reduce the risk of the adverse effect occurring again.

82.2 Practitioners should monitor adverse events via a range of methods, including:

- Child observations.

- Listening to and directly asking the child and family.

- Reports from others related to the support process.

82.3 Practitioners should determine whether an adverse event is caused by the support (i.e., an adverse effect) via a range of methods, including:

- Child observations.

- Listening to and directly asking the child and family.

- Reports from others related to the support process.

- Awareness of adverse effects of a support previously reported through research.

- Awareness of adverse effects of a support previously observed or reported in clinical practice.

82.4 If an adverse event is found to be related to a support (an adverse effect), the response of practitioners should comply with the relevant Acts and Regulations in their State or Territory.

How should the rights of children and families be protected?

Protecting the rights of children and families involves adhering to the complete list of recommendations. Central to doing so, is recognising, valuing, and respecting the individuality of each child and family member including their language and terminology preferences.

Recommendation 83

Consensus-Based Recommendation

Strength of Recommendation: Strong

Practitioners should be familiar with, and respect, the individual language and terminology preferences of the child and family.

Good Practice Points

83.1 Practitioners should be aware that different children, families, and those who support them may have different preferences regarding language and terminology, including in relation to talking about autism (e.g., identity-first, person-first), functional skills (e.g., differences, impairments), and services children and families access (e.g., therapies, supports, interventions).

83.2 Practitioners should ask children and families about their preferences and adopt these during all aspects of their work together, including during interactions (e.g., with the child and family), in documentation (e.g., progress notes), and in communication about the child and family (e.g., writing reports).

Recommendation 84

Consensus-Based Recommendation

Strength of Recommendation: Strong

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

Good Practice Points

84.1 Practitioners should ensure that the child and families are aware of their human rights.

84.2 Practitioners should promote and protect individual rights, including freedom of expression, self-determination and decision making.

84.3 Practitioners should respect the rights of the child and family to exercise choice and control about matters that affect them.

84.4 Practitioners should work in ways that makes the child feel safe, secure and supported.

84.5 Practitioners should work in ways that helps the child develop their sense of self-worth and confidence in their self-identity.

Future directions

This Guideline provides a set of Consensus-Based Recommendations for supporting the learning, participation, and wellbeing of autistic children and their families in Australia. The publication of this Guideline is an important step towards ensuring that all autistic children and their families in Australia receive safe, effective, and desirable supports. The next steps towards this goal involve the dissemination and implementation of the Guideline, its endorsement by peak clinical and consumer bodies, and a number of key clinical, research, and policy activities. These are presented here.

Dissemination and implementation of the Guideline

Following the publication of the Guideline, the Autism CRC will undertake activities to support the dissemination of the Guideline and implementation of the Recommendations. It is envisaged that dissemination activities will include traditional and social media awareness campaigns, email distributions, the development of web resources, and the delivery of workshops and seminars. It is envisaged that implementation activities will include the development of quick reference guides (e.g., infographics, summary guides, videos, case studies, child-friendly version of the Guideline) and other resources (e.g., clinical training resources for students, continuing professional development courses, audit tools). It is anticipated that these activities will be conducted in close consultation with relevant professional colleges and societies and consumer representative organisations.

The NHMRC requires that when publishing new guidelines, the GDG should identify Recommendations that may be particularly likely to have positive impact on the lives of the people the Guideline is about. These Recommendations are equally important as all other Recommendations, but are highlighted because they (a) reflect a substantial change in the evidence base, (b) propose a substantial change in current practice, (c) may require specific support for practitioners to implement, and/or (d) are likely to lead to substantially improved outcomes for children and families if adopted. Table 5 presents a set of Recommendations that the GDG believe meet one or more of these criteria and are likely to lead to substantial improvements in experience and outcomes for autistic children and their families if implemented. These Recommendations will receive specific attention during implementation activities.

Table 5. Recommendations that may be more likely to lead to improvements on current learning, participation and wellbeing outcomes

Section	No.	Recommendation
Guiding Principles	5	**Honour childhood:** Supports should honour the goals and activities of childhood including play, relationships, and personal discovery.
Guiding Principles	9	**Respecting Australia's First Nations peoples:** Supports should be culturally safe for Aboriginal and Torres Strait Islander 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.
Guiding Principles	10	**Evidence-based:** Supports should reflect the best available evidence from research, evidence from clinical practice, and the preferences and unique context of each child and family.
Guiding Principles	13	**Qualified practitioners:** Practitioners should have relevant qualifications, be regulated, work within their scope of practice, and engage in continuing professional development.
Goal Setting	21	Goals should be neurodiversity-affirming.
Selecting and planning supports	38	Practitioners should consider the best available research evidence when making support recommendations for the child and family.
Selecting and planning supports	39	Practitioners should recommend supports that offer a plausible, practical, desirable, and defensible pathway to helping children and families achieve personally meaningful and valued outcomes.
Selecting and planning supports	46	Where a practitioner does not have the qualifications, professional experience, professional regulation, relevant knowledge and skills, personal capacity, and/or professional capacity to plan a particular support, they should refer the child and family to a practitioner who does.

Delivering supports	47	Supports should be delivered by the people (e.g., parents, practitioners) who are likely to lead to the most meaningful and sustained increase in the child's learning, participation, and wellbeing.
Delivering supports	53	Practitioners should deliver supports in the setting(s) that are likely to lead to the most meaningful and sustained increase in the child's learning, participation, and wellbeing.
Delivering supports	56	Practitioners should deliver supports in an amount and duration that is likely to lead to the most meaningful and sustained increase in the child's learning, participation, and wellbeing.
Outcomes, quality and safeguarding	82	Practitioners should have a documented procedure for the monitoring of adverse effects of supports.
Outcomes, quality and safeguarding	83	Practitioners should be familiar with, and respect, the individual language and terminology preferences of the child and family.

Endorsement of the Guideline

Following the publication of the Guideline, Autism CRC will seek endorsement of the Guideline from the peak clinical and consumer bodies represented on the Reference Group. These include Autism Awareness Australia, Autistic Self Advocacy Network – Australia and New Zealand, Australian Physiotherapy Association, Australian Psychological Society, Neurodevelopmental and Behavioural Paediatrics Society of Australasia, Occupational Therapy Australia, and Speech Pathology Australia. Autism CRC will welcome endorsement of the Guideline by other peak clinical and consumer bodies that seek to support autistic children and their families.

Future directions for research

Evaluation of Guideline

It is important that an ongoing evaluation process is in place to understand barriers and facilitators to Guideline dissemination and implementation, to monitor whether the Guideline is meeting the defined objectives, and to inform future Guideline updates.

Guideline update

The Guideline Recommendations should be reviewed and updated on a regular basis to respond to new evidence from research, clinical practice, or changes in community preferences and priorities. Recommendation 38, which is directly informed by the findings of the umbrella review (Appendix C), will be particularly affected by the publication of new high-quality systematic reviews that meet inclusion/exclusion criteria. These systematic reviews will include new research, co-designed with autistic people, that will likely lead to new and improved ways of conceptualising, designing, delivering, and evaluating supports for autistic children and their families. The first update of the Guideline should take place within 5 years of publication of this original version. A suitable approach to updating the Guideline would involve reconstituting a Guideline Development Group to update the systematic reviews (restricted to evidence published since the previous systematic reviews), conduct new community consultation activities, and consider whether any of the Recommendations require amending or updating.

Evidence gaps

The research activities identified key knowledge gaps that require urgent research attention. These include:

- **Quality of life outcomes:** A shared goal of all supports is to increase a child's and family's quality of life. However, a key finding from the umbrella review was the primary focus of the extant literature on the effects of different supports on development and learning outcomes, and not on outcomes more directly associated with quality of life, such as participation and wellbeing. Understanding the impact of different supports on quality of life, and whether any improvements are sustained over time, are critical areas of focus for future research.

- **Adverse effects:** The umbrella review also highlighted a lack of consideration of potentially adverse effects in clinical trials of different supports. The lack of reporting on adverse effects may reflect an assumption that non-pharmacological supports carry a negligible risk of harm. However, this is an assumption that requires constant testing in order to meet the ethical obligations of clinical research. Explicit collection and reporting of data relating to adverse effects is a critical and urgent recommendation for further research in this area.

- **Cultural diversity:** The majority of research on different supports to date has taken place in North America, Europe and Australia, which have populations with a majority White/Caucasian background. The lack of cultural diversity in this research area is particularly salient to the provision of services to Australia's First Peoples: Aboriginal and Torres Strait Islander Peoples and their communities. A recent report highlighted the stark absence of research in this area, and the urgent need to better understand the life experiences of individuals on the autism spectrum in these communities (Lilley, Sedgwick & Pellicano, 2019). A community-directed research strategy that identifies the

needs, priorities and preferences of the Aboriginal and Torres Strait Islander Peoples and their communities is critical to meeting the obligation for ethical clinical practice in Australia.

- **Quality of evidence:** A common theme identified through the research and community consultation activities was the low quality of research evidence that underpins many supports accessed by autistic children and families (Whitehouse et al., 2020). This is highlighted in Appendix C, where the blank cells represent evidence that could not be obtained through the umbrella review. There is an important and urgent need for more high-quality co-designed clinical trials (adhering to the standards of the CONsolidated Standards Of Reporting Trials, CONSORT; Begg et al., 1996) to be conducted in this area, which in turn, are summarised in high-quality meta-analyses (adhering to the standards of the Preferred Reporting Items for Systematic Reviews and Meta-Analyses, PRISMA; Moher et al., 2009). Clinical trials that systematically examine different support characteristics, or compare responses to supports across children with different characteristics, will be particularly critical in developing a knowledge base that can inform the provision of individualised supports.

- **Co-design of supports and associated research:** Central to the Recommendations in this Guideline is the right of autistic people to have their views and voices heard, respected and valued. This right extends to the co-design of supports with autistic people, and also the co-design of research that tests the efficacy, safety, and acceptability of these supports. Grounding research in the lived experience of the autistic community provides the greatest opportunity for research to generate outcomes that are meaningful to, and have a positive impact on, the lives of autistic children and their families. The Autism CRC Participatory and Inclusive Research Practice Guides provide important guidance in this area (den Houting, 2021)

Future directions for clinical practice.

Clinical training

It is important that practitioners and other professionals undertake appropriate training to ensure they have the knowledge and skills to implement the Guideline within their service. Central to meeting this aim is having clinical training programs (through universities and other training organisations) that meet the requirements of the Recommendations enclosed in the Guideline, along with continuing professional development programs (through professional societies) that engage practitioners in life-long learning.

Community of practice

Communities of practice connect practitioners in a similar area with the aim of deepening their collective knowledge and expertise in that area through ongoing interaction.

Communities of practice help practitioners engage in reflective practice and life-long learning, and also provide connections to other practitioners who may support the clinical supervision and mentoring requirements of the Guideline Recommendations. The development of communities of practice centred around the Guideline Recommendations will be a key facilitator for the implementation of high-quality practice across Australia.

Future directions for policymakers

Incentivise and regulate Guideline adherence

The Recommendations included in this Guideline have been developed through an evidence-based practice framework, combining the best available research evidence, with insights from clinical practice, and the preferences and priorities of children and their families. Government agencies and professional societies should create and maintain frameworks that incentivise and/or regulate the adherence to the full suite of Recommendations in this Guideline as a way to ensure that all autistic children and their families receive safe, effective, and desirable supports.

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Appendix A: Glossary

Term	Definition
Academic skills (as a focus of supports)	The abilities, strategies and habits that help people learn in an academic setting, such as school.
Acceptability	The extent to which the child and/or family perceives a particular support to be appropriate and meet their needs.
Adaptive behaviour	Skills that help people to function in their daily lives, this includes self-care and daily living skills, skills for communicating in the real world, and skills for relating to others.
Activity	The engagement in or performance of a task or action.
Adverse effect	An adverse event for which the causal relation between the support and the event is at least a reasonable possibility.
Agent	The person who is delivering the support to the child.
Allied Health Professions Australia (AHPA)	AHPA is a national organisation whose membership consists of associations that represent specific allied health professions in Australia. AHPA has 25 member organisations, including the Australian Association of Music Therapists; Australian Music Therapy Association; Australian, New Zealand and Pacific Creative Arts Therapies Association; Australian Physiotherapy Association; Australian Psychological Society; Exercise and Sports Science Australia; Occupational Therapy Australia; and Speech Pathology Australia. AHPA's website is: **www.ahpa.com.au**
Amount	The quantum of support measured in units of time (e.g., minutes, hours).
Assent	The expressed approval a person to participate in an activity, where that person is not able to give legal consent to participate. In Australia, consent for children (under 18 years of age) to receive supports is generally provided by parents.

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Autism Spectrum Disorder	Autism Spectrum Disorder (often referred to as autism or ASD) is the collective term for a group of neurodevelopmental conditions characterised by persistent difficulties in social-communication and interaction, and by restricted, repetitive patterns of behaviour, interests, or activities and/or sensory behaviours. The behavioural features that characterise autism are often present before 3 years of age, but may not become apparent until the school years or later in life. While these features can vary widely in nature and level between individuals, and in the same individual over time, there is evidence that autistic behaviours endure into adult life, though the impacts may change across the lifespan. A range of developmental, mental, and physical health conditions regularly co-occur with autism, including attention deficit hyperactivity disorder, intellectual disability, epilepsy, gastrointestinal issues, sleep disorders, language disorders, motor difficulties, and mental health problems. These comorbid conditions, in conjunction with the core autism characteristics, can create significant barriers to a person's ability to function independently in his or her environment, with longer-term implications for educational and vocational attainment and wellbeing.
Autism community	The community of autistic people.
Autistic community	The community of parents and family members of autistic people, along with practitioners and other community members who seek to support autistic people.
Autism CRC	A collaborative research organisation that is focused on autism across the lifespan, and is an independent national source of evidence for best practice. The Autism CRC funded the development of this Guideline. The Autism CRC's website is: **www.autismcrc.com.au**
Australian Health Practitioner Regulation Agency (AHPRA)	AHPRA is the Australian Government agency that is responsible for the implementation of the National Registration and Accreditation Scheme across Australia. AHPRA is responsible for the regulation of 16 health professions across Australia, including Aboriginal and Torres Strait Islander Health Practitioners, Medical Practitioners, Occupational Therapists, Physiotherapists and Psychologists AHPRA's website is: **www.ahpra.gov.au**.

Biological-based therapies	Any type of support/therapy that seeks to directly change biological processes or functions, including (but not limited to) medications, dietary supports, exercise, chiropractic, massage, acupuncture, reflexology, kinesiology, shock therapy, neurofeedback, transcranial magnetic stimulation, or hyperbaric oxygen therapy interventions.
Clinical mentoring	A reciprocal professional relationship whereby a practitioner with knowledge and experience assists with the learning and development of another. A clinical mentoring relationship is not typically related to ensuring accountability within a given place of employment.
Clinical supervision	A professional, and often contractual, relationship in which a typically more experienced supervisor provides guidance to a practitioner on aspects of ethical and professional practice.
Cognitive development (as a focus of supports)	The process by which children acquire, organise and learn to use knowledge.
Consensus-Based Recommendation	Key elements of practice that must be followed for a practitioner to deliver evidence-based supports.
Consent	A person's agreement, based on adequate knowledge and understanding of relevant material, to participate in an activity.
Communication (as a focus of supports)	An exchange of information, ideas, and feelings between two or more people, where they create and share meaning.
Community consultation	Refers to research activities undertaken by the Guideline Development Group to gather evidence form the autistic and autism communities to inform the development of the Guideline.
Daily activities (as a focus for supports).	The activities that people undertake on a daily basis and help everyday functioning in life, such as self care (sleeping, toileting, personal grooming and eating).
Developmental skills	Skills that children gain over time, which are learnt and then combined to develop more complex tasks.
Draft Recommendations	The six members of the Guideline Development Group who led the analysis of the information collected through the research

Working Group (DRWG)	and community consultation activities to develop recommendations and make Evidence to Decision judgments. The group members were Sarah Pillar, Rhylee Sulek, David Trembath, Kandice Varcin, Hannah Waddington and Andrew Whitehouse
Duration	The length of time that a given amount of support is received, such as a given number of months.
Effectiveness	The ability of a support to lead to the desired beneficial effect.
Evidence-based supports	Supports that are based on the best available evidence from research, evidence from clinical practice, and the preferences and unique context of each child and family.
Evidence to Decision (EtD) framework	A research method that is part of the GRADE framework that guides Guideline developers to use evidence in a structured and transparent way to inform decisions in the context of Guideline Recommendations.
Family	The child's parents, siblings, and any extended family, including grandparents, aunts, uncles, and cousins.
Family-like	People who are not relatives of the child and family, but play a significant personal role in supporting the child and family.
Feasibility	The extent to which a support is able to be delivered by a practitioner in a particular context.
Format	The delivery set up in terms of the individuals receiving the support, such as delivery to an individual child (also called one-on-one delivery), or delivery to a group of children (also called group delivery).
Generalisation	The ability to perform skills learnt in one circumstance in other settings, activities, and with other people.
Good Practice Points	Elements of practice that provide critical context to a give Recommendation, such as how a Recommendation should be operationalised in clinical practice, or how it is applied to a specific population or under specific circumstances.

GRADE	The Grading of Recommendations Assessment, Development and Evaluation (GRADE) is an internationally recognised research framework for assessing the certainty of evidence and strength of clinical practice recommendations.
Guideline Development Group (GDG)	The 15 member group that led the research and community consultation activities upon which this guideline is based. The group included autistic adults; parents and other family members of autistic children, including children and young adults with complex needs; people with expertise in working alongside Aboriginal and Torres Strait Islander Peoples and communities; people with expertise in ethics and research integrity; clinicians with experience in government and non-government sectors; and researchers with expertise in the guideline development process, including community consultation. This group were: Gary Allen, Katharine Annear, Valsamma Eapen, Jessica Feary, Emma Goodall, Sarah Pillar, Teresa Pilbeam, Felicity Rose, Nancy Sadka, Natalie Silove, Rhylee Sulek, David Trembath (Co-chair), Kandice Varcin, and Hannah Waddington, Andrew Whitehouse (Co-chair).
Intensity	The amount of support (measured in units of time) provided in a particular time period (e.g., hours per week).
Learning	Acquiring knowledge and skills.
Meta-analysis/es	A statistical analysis that combines the results from different studies focused on the same research question.
Mode	The medium through which a support is delivered, such as through in-person delivery (also called 'in person') and through telepractice delivery.
Monitoring	The ongoing process of collecting information to ensure that supports are being delivered in a safe, effective and desirable way.
Motor development (as a focus of supports)	The acquisition of skills that enable a child to move around and manipulate the environment around them. This includes fine motor skills (involving larger muscle movement, such as sitting, crawling and walking) and gross motor skills (involving smaller muscle movement, such as grasping and drawing).

Narrative synthesis/es	An approach to combine the results from different studies focused on the same research question, which relies primarily on words to summarise and explain the pattern of findings.
National Disability Insurance Scheme	The National Disability Insurance Scheme (NDIS) is an Australian social security system that provides support to people with disability, their families and carers. The NDIS is jointly governed by the Australian and state and territory governments.
Neurodiversity	The perspective that people experience and interact with the world in different ways. Inherent in this view is that there is no one 'normal' way of thinking, learning and behaving, and therefore differences in behaviours should not be seen as 'deficits'. In the context of autism, a neurodiversity perspective views brain-based and behavioural differences observed in autistic children as reflecting natural human variation, and is valued accordingly.
Neurodiversity-affirming	Practices that seek to affirm the child's neurodivergent identity. In the context of autism, this term refers to providing supports that embrace each child's unique understanding of other people and the world around them, rather than seeking to 'cure' autism.
NHMRC	The National Health and Medical Research Council (NHMRC) is the main statutory authority of the Australian Government responsible for medical research. The NHMRC provides guidelines that describes the best practice approach for developing practice guidelines in Australia (called 'Guidelines for Guidelines).
Non-pharmacological	Any type of support that is not primarily based on medication.
Parents	Any individual with parenting or caretaker responsibilities for a child, including guardian, kinship and foster carers.
Participation	The involvement in life situations that a person desires and in a way that they agree to.
Pharmacological supports/therapies	Any type of support that uses medication.

Practitioners	People who are paid to provide support services to children and families.
Public consultation	Refers to the process whereby the Guideline Development Group released the Draft Guideline, gathered feedback from the autistic and autism communities, and used this feedback to refine the Guideline.
Reference Group	A group of representatives from key stakeholder organisations in Australia, who supported the community consultation process and who provided input to the guideline development process at key stages. The Reference Group comprised representatives from organisations that play a critical role in supporting aspects of children's health, development, education, participation, and wellbeing, and/or supporting parents and families in raising autistic children; that represent Aboriginal and Torres Strait Islander Peoples, and represent Culturally and Linguistically Diverse communities; as well as from the key Government agency, the National Disability Insurance Agency.
Research synthesis	A research project that combines the results from different studies focused on the same research question, and provides an overarching summary of those studies.

Restrictive practices	Any action that has the effect of restricting the rights or freedom of movement of a person with disability. In Australia, restrictive practices are subject to regulation. Restrictive practices include: • Seclusion - sole confinement of a person with disability in a room or a physical space at any hour of the day or night where voluntary exit is prevented, or not facilitated, or it is implied that voluntary exit is not permitted • Chemical restraint - the use of medication or chemical substance for the primary purpose of influencing a person's behaviour (not including the use of medication prescribed by a medical practitioner for the treatment of, or to enable treatment of, a diagnosed mental disorder, a physical illness or a physical condition) • Mechanical restraint - the use of a device to prevent, restrict, or subdue a person's movement for the primary purpose of influencing a person's behaviour but does not include the use of devices for therapeutic or non-behavioural purposes • Physical restraint - the use or action of physical force to prevent, restrict or subdue movement of a person's body, or part of their body, for the primary purpose of influencing their behaviour (not including the use of a hands-on technique in a reflexive way to guide or redirect a person away from potential harm/injury) • Environmental restraint – a restraint restricts a person's free access to all parts of their environment, including items or activities.
Reviewing	A periodic assessment of all information collected during monitoring, which enables the child, family and practitioner to reflect on the overall experience of accessing supports, including whether the current goals remain relevant and meaningful, and whether the current supports are safe, effective and desirable.
Sensory experiences (as a focus of supports)	Interpreting input from the five senses (hearing, sight, taste, touch, smell).

Service	Any paid activity performed by a practitioner in the process of supporting children and families. This includes goal-setting, selecting supports, support delivery, and support monitoring.
Service Provider	An organisation that provides services to autistic children and their families. These organisations may have a sole practitioner or many practitioners.
Service system	The arrangement of organisations, people, institutions, and resources that provide services to people for a shared intent (e.g., education service system, health service system, disability service system).
Social-emotional development (as a focus of supports)	The child's experience, expression and management of emotions, and the ability to build healthy relationships with others.
Supports	Any paid activity performed by a practitioner that seeks to improve a person's experience of the world, either through helping the child acquire skills that promote their learning, participation and wellbeing, empowering parents to support and advocate for their child and promote their own and their family's wellbeing, and/or create safe and accessible environments that support learning, participation, and child and family wellbeing.
	The term that encompasses both what are historically referred to as 'therapies' and 'supports':
	Therapies – services that focus on supporting the child to acquire or enhance functional skills aimed at developing and maintaining their learning, participation, and wellbeing in the community.
	Supports – services that focus on adjustments, modifications and enhancements to the environment aimed at developing and maintaining their learning, participation, and wellbeing in the community.
	While supports for individuals on the autism spectrum vary, they share a universal goal of minimising the impact of developmental challenges and co-occurring conditions on functional abilities, participation, and quality of life, and maximising long-term independence and autonomy.

Telepractice	The use of telecommunications (including, videoconference and internet technology) to connect a practitioner with a child and family at a distance for the purpose of providing therapies/supports and/or other services.
Wellbeing	Positive and sustainable characteristics, such as being comfortable, healthy, and happy, which help an individual thrive and flourish.

Appendix B:

Consultation activities conducted as part of the Guideline development process

Activity	Description	Who was able to take part?	What was involved?	How was it completed?	How many people took part?
Online community survey	An online survey designed to understand the experiences of the autistic and autism communities in accessing supports, and their views on best practice.	Open to all members of the community, aged 12 years or older	Completion of a survey, which was structured around the guideline questions, and allowed for Likert scale and/or open-ended responses. Participants were able to provide general feedback on supports for autistic children, or more detailed responses aligned to each of the guideline questions.	An online survey, accessed via the Autism CRC website.	668 participated in the online community survey.
Brief online survey	A brief online survey designed to understand the views of autistic children in accessing supports.	Focused on autistic children, but also open to autistic adults and designed to cater for autistic people of all ages who communicate mainly in ways other than speech.	Completion of a survey that requested parents ask questions of their child about their child's experience accessing supports, and write down verbatim the child's responses. Autistic adults completing the survey were asked to reflect on their childhood experiences.	An online survey, accessed via the Autism CRC website.	46 people participated in the brief online survey.

Parent reflections	A brief online survey designed to ask parents to reflect on their view of their autistic child's experience accessing supports.	Focused on parents of autistic children. Also open to parents of autistic adults and designed to cater for autistic people of all ages who communicate mainly in ways other than speech.	Completion of a survey that requested parents to reflect and report on their observations of their child as they accessed supports. Parents of autistic adults, were asked to reflect on their adult person's childhood experiences.	An online survey, accessed via the Autism CRC website.	26 people participated in the reflection activity.
Expression through artwork	A consultation activity designed to understand the views of autistic children and adults in accessing supports. The activity design recognises that autistic individuals may communicate, or prefer to communicate, through ways other than spoken language.	Open to autistic children and adults and designed to cater for autistic people of all ages who communicate mainly in ways other than speech.	Production of a piece of art (e.g., a drawing, painting, or other artwork) about their experiences and/or their feelings of accessing supports. Autistic adults completing the survey were asked to reflect on their childhood experiences.	Completed remotely, and then uploaded to the Autism CRC website.	The Guideline Development Group did not receive any submissions for this activity.

Delphi survey	A practitioner survey designed to understand areas of consensus for various aspects of clinical practice in supporting autistic children and their families.	A total of 100 practitioners were invited to take part; 20 practitioners were nominated by each of the five peak bodies representing clinical practitioners who have expertise in key outcomes for autistic children, specifically: 7. Health and medical needs (Neurodevelopmental and Behavioural Paediatrics Society of Australasia) 8. Communication (Speech Pathology Australia) 9. Cognition and social-emotional development (Australian Psychological Society) 10. Sensory needs (Occupational Therapy Australia) 11. Motor development (Australian Physiotherapy Association)	Completion of an online Delphi survey, which was structured around the guideline questions and requested responses on Likert scale. Practitioners were also able to provide additional information through open-ended questions. Two Delphi rounds were conducted.	An online survey, accessed via a unique link emailed directly to invited practitioners.	72 practitioners completed the first round, and 59 practitioners completed the second round.
Focus groups	Focus groups designed to provide opportunity for further detailed discussion on the experiences of the autistic and autism communities in accessing supports, and their views on best practice.	Autistic adults (four focus groups) and parents of autistic children (four focus groups).	Each focus group was 2 hours in length, and included dedicated time for each individual to discuss their feedback and experiences relating to the Guideline questions.	Videoconference.	47 people participated in the focus groups.

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Appendix C: Summary of the effect of different supports on child and family outcomes, drawn from an umbrella review of meta-analyses.

To support consideration of the best available research evidence for this Guideline, an umbrella review of 48 systematic reviews was completed. The evidence was synthesised in a way that enables practitioners to consider the evidence for the effects of nine categories of supports on a range of child and family outcomes. The nine categories each have different underlying principles. These categories and a brief summary of their underlying theoretical principles, are as follows:

- **Behavioural:** Children learn new skills based primarily on the cues for, and consequences of, their behaviour (operant learning).

- **Developmental:** Children learn new skills primarily through interactions with people and environments (cognitive and social constructivist theories).

- **Naturalistic Developmental Behavioural Interventions (NDBIs):** Children learn new skills, through interactions with other people and environments (behavioural and constructivist theories).

- **Sensory-based:** Children's learning can be enhanced by addressing neurophysiological impairments in sensory processing.

- **Technology-based:** Technology use complements children's diagnostic characteristics, thus supporting learning and participation.

- **Animal-assisted:** Human-animal interactions may be particularly motivating and provide a context for learning and improved wellbeing.

- **Cognitive Behaviour Therapy:** People can learn to identify and replace unhelpful thoughts, leading to positive effects on emotions and behaviour.

- **TEACCH:** Children learn new skills most effectively when the environment is adapted to their learning characteristics.

- **Other Interventions:** Do not align directly with the features (theoretical premise, clinical application, and principles) of one of the eight specific categories identified.

Further information about these categories and umbrella review is provided in the Administration and Technical Report.

Type of support	No. of systematic reviews	Communication				Sensory	Cognitive	Social-emotional	Motor	Academic skills	School/ learning readiness	Daily activities and participation			Family wellbeing		
		Overall communication	Expressive language	Receptive language	Social-communication							Adaptive behaviour	Play	Participation	Child quality of life	Parent knowledge and skills	Parent wellbeing
Behavioural supports (variety of practices)	1	+ H			+ H		+ H	+ H	+ H			+ H					
Early intensive behavioural intervention	3	+ H	o H	+ H	+ H		+ H	o H				? H					
Developmental supports (variety of practices)	2	o H			+ H												
Naturalistic developmental behavioural interventions (variety of practices)	2	+ H	+ H	+ H	? H		+ H	o H				o H	+ H				
Early Start Denver Model	2	+ L			o L		+ L					o H					
Pivotal Response Treatment	2	o L	+ L														? L
JASPER	1	+ H	? H	? H	+ H								+ H				
Sensory-based supports (variety of practices)	1	o H															
Music therapy	2	+ H			+ H												+ H
TEACCH (variety of practices)	1				o H												
Technology based supports (variety of practices)	3				o H			o H									
Apps	3	o H	o H	o H	o H		+ H		+ H								
Animal-assisted supports (variety of practices)																	
Equine assisted therapy	2	+ L			+ L							o L					
Canine assisted therapy	1				+ L												
Cognitive behavioural therapy (variety of practices)	2				+ L			? H									
Other supports																	
Social skills training (computers + robots)	1				+ H												
UCLA PEERS	1				+ L									+ L			

+   Positive therapeutic effect   ?   Inconsistent therapeutic effect   o   Null effect   Blank cell indicates no evidence available

L = Low quality systematic review   H = High quality systemtatic review   Effects drawn from meta-analyses   Effects drawn from narrative syntheses

Our values

Inclusion

Working together with those with the lived experience of autism in all we do

Innovation

New solutions for long term challenges

Evidence

Guided by evidence-based research and peer review

Independence

Maintaining autonomy and integrity

Cooperation

Bringing benefits to our partners; capturing opportunities they cannot capture alone