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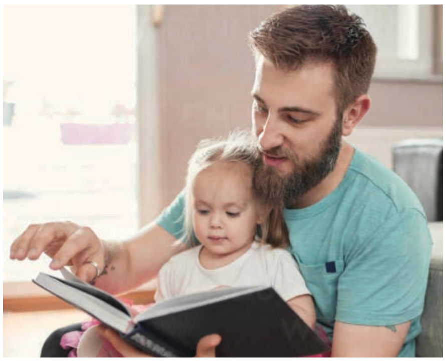

National guideline for supporting the learning, participation, and wellbeing of autistic children and their families in Australia

Draft supporting evidence informing the Recommendations

Draft Guideline for public consultation

Consultation period: 18 July 2022 – 29 August 2022

Have your say at autismcrc.com.au/supporting-children

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Contents

Supporting evidence for Recommendations

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

What are the Evidence to Recommendation tables?

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

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

Evidence for Recommendation

Evidence Source		Explanations of Source of Evidence
Systematic Reviews	Child and family experiences	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. Where evidence for a Recommendation is available, it is presented as an illustrative quote. It is important to note that these quotes are illustrative, and do not necessarily reflect all available evidence. The full references of the scientific articles cited are provided in the Administration and Technical Report.
	Umbrella Review	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. Where evidence from this review is available, it will be presented as a summary statement. The evidence that informed these statements are presented in full in the Administration and Technical Report.
Community Consultation	Delphi	A survey (in Delphi format) of practitioners (medical practitioners, occupational therapists, physiotherapists, psychologists, speech pathologists), was conducted to understand areas of consensus for various aspects of clinical practice in supporting autistic children and their families. Two Delphi rounds were conducted.
	Agreement	Where quantitative evidence is available for a Recommendation, it is presented as one or more statements presented to the participants followed by the level of agreement (%) across participants, the median, and inter-quartile range.
	Qualitative	Where qualitative evidence is available for a Recommendation, based on practitioners’ responses to one or more open-ended questions in the Delphi survey, it is presented as an illustrative quote. It is important to note that these quotes are illustrative, and do not necessarily reflect all available evidence.
	Survey – Quantitative	An online survey was conducted to understand the experiences of the autistic and autism communities in accessing supports, and their views on best practice.
	Autistic people	Where quantitative evidence is available for a Recommendation, it is presented as one or more statements or questions that were presented in the survey, followed by the level of agreement (%) for each participant group, along with the median and inter-quartile range for each group.
	Parents	
	Family	
	Service Providers	
	Organisations	
	Other	
	Survey - Qualitative	As explained above, an online survey was conducted to understand the experiences of the autistic and autism communities in accessing supports, and their views on best practice.
	Autistic people	Where qualitative evidence is available for a Recommendation, based on participants’ responses to one or more open-ended questions in the survey, it is presented in the form of an illustrative quote. It is important to note that
	Parents	
	Family	

Community Consultation	Service Providers	these quotes are illustrative, and do not necessarily reflect all available evidence.
	Organisations	
	Other	
	Focus Groups	A series of focus groups was conducted 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	Where qualitative evidence is available for a Recommendation, based on participants' comments during the focus groups, it is presented in the form of an illustrative quote. It is important to note that these quotes are illustrative, and do not necessarily reflect all available evidence.
	Parents	
	Brief survey	A brief online survey was conducted to understand the views of autistic children in accessing supports. Where qualitative evidence is available for a Recommendation, based on participants' responses to one or more open-ended questions in the survey, it is presented in the form of an illustrative quote. It is important to note that these quotes are illustrative, and do not necessarily reflect all available evidence.
	Reflection	A brief online survey was conducted to ask parents to reflect on their view of the autistic child's experience accessing supports. Where qualitative evidence is available for a Recommendation, based on participants' responses to one or more open-ended questions in the survey, it is presented in the form of an illustrative quote. It is important to note that these quotes are illustrative, and do not necessarily reflect all available evidence.

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

What are the Evidence to Decision judgement tables?

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

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

Criteria	Question	Research evidence	Additional Considerations	Judgement
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	Typically evidenced by multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	"Other evidence, such as routinely collected data, and assumptions and logic used to make a judgement)"	High
		Typically evidenced by at least one source of evidence from across the autistic and/or autism communities in support of the Recommendation.		Moderate
		Typically evidenced by few or inconsistent sources of evidence in support of the Recommendation.		Low
		Typically reflecting a lack of evidence in support of the Recommendation, or the existence of evidence against the Recommendation.		Very Low
Benefits and Harms	Are there likely to be benefits for autistic children and their families of implementing this Recommendation?	Typically evidenced by multiple converging sources of evidence for benefits from both the autistic and autism communities (i.e., all stakeholders)	"Other evidence, such as routinely collected data, and assumptions and logic used to make a judgement)"	Yes
		Typically evidenced by at least one source of evidence from across the autistic and/or autism communities indicating benefits.		Probably Yes
		Typically reflecting no, limited, and/or inconsistent evidence.		Uncertain
		Typically evidenced by at least one source of evidence from across the autistic and/or autism communities indicating lack of benefits.		Probably No
		Typically evidenced by multiple converging sources of evidence for lack of benefits from both the autistic and autism communities (i.e., all stakeholders)		No

	Are there likely to be risks for autistic children and their families of implementing this Recommendation?	Typically evidenced by multiple converging sources of evidence for risks from both the autistic and autism communities (i.e., all stakeholders).	"Other evidence, such as routinely collected data, and assumptions and logic used to make a judgement)"	Yes
		Typically evidenced by at least one source of evidence from across the autistic and/or autism communities indicating risks.		Probably Yes
		Typically reflecting no, limited, and/or inconsistent evidence.		Uncertain
		Typically evidenced by at least one source of evidence from across the autistic and/or autism communities indicating lack of risks.		Probably No
		Typically evidenced by multiple converging sources of evidence for lack of risks from both the autistic and autism communities (i.e., all stakeholders).		No
	Are the benefits for autistic children and their families likely to outweigh any risks?	Typically supported by evidence for benefits, and evidence for a lack of risks.	"Other evidence, such as routinely collected data, and assumptions and logic used to make a judgement)"	Yes
		Typically supported by evidence for benefits, in the absence of evidence related to risks.		Probably Yes
		Typically reflecting a lack of evidence for both benefits and risks or inconsistent evidence for both benefits and risks.		Uncertain
		Typically supported by evidence for risks, in the absence of evidence related to benefits.		Probably No
		Typically supported by evidence for risks, and evidence of lack of benefits.		No

Values and Preferences	Is the Recommendation consistent with the values and preferences of autistic children and their families?	Typically evidenced by multiple converging sources of evidence from children and families for consistency with values and preferences.	“Other evidence, such as routinely collected data, and assumptions and logic used to make a judgement)”	Yes
		Typically evidenced by at least one source of evidence from children and families for consistency with values and preferences. Evidence from autistic adults can be considered here.		Probably Yes
		Typically reflecting no, limited, and/or inconsistent evidence.		Uncertain
		Typically evidenced by at least one source of evidence from children and families for inconsistency with values and preferences. Evidence from autistic adults can be considered here.		Probably No
		Typically evidenced by multiple converging sources of evidence from children and families for inconsistency with values and preferences.		No
Resources	Is the Recommendation likely to require additional resources from children and families?	Typically evidenced by multiple converging sources of evidence from children and families that additional resources will be required.	“Other evidence, such as routinely collected data, and assumptions and logic used to make a judgement)”	Yes
		Typically evidenced by at least one source of evidence from children and families that additional resources will be required. Evidence from other stakeholders can be considered here.		Probably Yes
		Typically reflecting no, limited, and/or inconsistent evidence.		Uncertain
		Typically evidenced by at least one source of evidence from children and families that additional resources will not be required. Evidence from other stakeholders can be considered here.		Probably No
		Typically evidenced by multiple converging sources of evidence from children and families that additional resources will not be required.		No

	Is the Recommendation likely to require additional resources from practitioners?	Typically evidenced by multiple converging sources of evidence from practitioners that additional resources will be required.	"Other evidence, such as routinely collected data, and assumptions and logic used to make a judgement)"	Yes
		Typically evidenced by at least one source of evidence from practitioners that additional resources will be required. Evidence from other stakeholders can be considered here.		Probably Yes
		Typically reflecting no, limited, and/or inconsistent evidence.		Uncertain
		Typically evidenced by at least one source of evidence from practitioners that additional resources will not be required.. Evidence from other stakeholders can be considered here.		Probably No
		Typically evidenced by multiple converging sources of evidence from practitioners that additional resources will not be required.		No
Equity	What would be the impact on health equity?	Typically supported by multiple converging sources of evidence that implementation of this Recommendation would lead to a reduction in disadvantage for a particular group (i.e., to receiving high quality supports based on their geographical location, place of residence, child and family resources, economic status, employment or occupation, education, gender identity, cultural background) (i.e., increasing equity).	"Other evidence, such as routinely collected data, and assumptions and logic used to make a judgement)"	Increased
		Typically supported by at least one source of evidence that implementation of this Recommendation would lead to a reduction in disadvantage for a particular group (i.e., reduced barriers to receiving high quality supports) (i.e., increasing equity). Evidence from practitioners or the broader autistic community (e.g., autistic adults), in the absence of direct evidence from children and families, could be considered here.		Probably Increased
		Typically reflecting no, limited, and/or inconsistent evidence.		Uncertain

		Typically supported by at least one source of evidence that implementation of this Recommendation would lead to an increase in disadvantage for a particular group (i.e., increased barriers to receiving high quality supports) (i.e., reducing equity). Evidence from practitioners or the broader autistic community (e.g., autistic adults), in the absence of direct evidence from children and families, could be considered here.		Probably Reduced
		Typically supported by multiple converging sources of evidence that implementation of this Recommendation would lead to an increase in disadvantage for a particular group (i.e., increased barriers to receiving high quality supports based on their geographical location, place of residence, child and family resources, economic status, employment or occupation, education, gender identity, cultural background) (i.e., reducing equity).		Reduced
Acceptability	Is the Recommendation likely to be acceptable to children and families?	Typically evidenced by multiple converging sources of evidence from children and families for acceptability.	"Other evidence, such as routinely collected data, and assumptions and logic used to make a judgement)"	Yes
		Typically evidenced by at least one source of evidence from children and families for acceptability. Evidence from autistic adults can be considered here.		Probably Yes
		Typically reflecting no, limited, and/or inconsistent evidence.		Uncertain
		Typically evidenced by at least one source of evidence from children and families for lack of acceptability. Evidence from autistic adults can be considered here.		Probably No

		Typically evidenced by multiple converging sources of evidence from children and families for lack of acceptability.		No
	Is the Recommendation likely to be acceptable to practitioners?	Typically evidenced by multiple converging sources of evidence from practitioners for acceptability.	“Other evidence, such as routinely collected data, and assumptions and logic used to make a judgement)”	Yes
		Typically evidenced by at least one source of evidence from practitioners for acceptability. Evidence from organisations can be considered here.		Probably Yes
		Typically reflecting no, limited, and/or inconsistent evidence.		Uncertain
		Typically evidenced by at least one source of evidence from practitioners for lack of acceptability. Evidence from organisations can be considered here.		Probably No
		Typically evidenced by multiple converging sources of evidence from practitioners for lack of acceptability.		No
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Typically evidenced by multiple converging sources of evidence from practitioners for feasibility.	“Other evidence, such as routinely collected data, and assumptions and logic used to make a judgement)”	Yes
		Typically evidenced by at least one source of evidence from practitioners for feasibility. Evidence from organisations can be considered here.		Probably Yes
		Typically reflecting no, limited, and/or inconsistent evidence.		Uncertain
		Typically evidenced by at least one source of evidence from practitioners for lack of feasibility. Evidence from organisations can be considered here.		Probably No
		Typically evidenced by multiple converging sources of evidence from practitioners for lack of feasibility.		No

How was the 'strength' of each Recommendation determined?

After consensus was reached on each judgment, a Recommendation was then classified as either 'strong' or 'conditional', according to a rubric (Table 3). These judgments reflect the confidence in the clarity of the balance between pros and cons of this Recommendation for the safe, effective and desirable accessing of supports by autistic children and their families. For 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. For benefits/harms, values and preferences, and acceptability, direct evidence to inform a judgement was available and the panel judged that a conservative approach should be adopted given that these criteria directly relate to the experiences, preferences, and outcomes of children and families. For resources, equity, and feasibility, no direct evidence was available to inform the judgements. The panel judged that uncertainty be tolerated within a strong Recommendation, given that there is direct evidence for benefits/harms, values and preferences and acceptability.

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

If a Recommendation met any single criteria in the 'Conditional' category, it was rated as 'Conditional'. Recommendations must have met the criteria in each ‘Strong’ category to be rated as ‘Strong’.

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

	Is the Recommendation likely to be acceptable to practitioners?	Yes Probably Yes	Uncertain Probably no No
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Yes Probably Yes Uncertain	Probably no No

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

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

Section 1: Guiding Principles

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.

Evidence for Recommendation

	Evidence Source	Evidence
Systematic Reviews	Child and family experiences	Other participants suggested that the SLP 's [speech-language pathologists] role should extend to supplying parents with information, including relevant research literature, and involving them in the therapy process (Auert et al., 2012)
	Umbrella Review	There is evidence that there is no single most-effective support for all autistic children and their families.
Community Consultation	**Delphi**	
	Agreement	Please indicate the extent to which you agree each of the following are principles that are important to all aspects of providing therapies and supports to children on the autism spectrum. *Statement:* Child and family-centred: The child and their family members should be considered equal partners with practitioners in the therapy process. *Outcome:* 99% agreement (Mdn: 5, IQR: 0)
	Qualitative	Always keep the child and their family as the focus for all planning. [d61-R1]

Community Consultation	**Survey – Quantitative**	
		The following statements describe principles that have been identified by research as having importance for all aspects of providing therapies and supports for children and their families on the autism spectrum. While some principles refer to both children and their families in the same item to acknowledge the family unit, we do so noting that the individual preferences, needs, and rights of each person are always to be considered and maintained. *Statement:* Child and family-centred: The child and their family members should be considered equal partners with practitioners in the therapy process.
	Autistic people	*Outcome*: 81% agreement (n=59, Mdn: 5, IQR: 1)
	Parents	*Outcome*: 96% agreement (n=133, Mdn: 5, IQR: 1)
	Family	*Outcome*: 91% agreement (n=11, Mdn: 5, IQR: 1)
	Service Providers	*Outcome*: 94% agreement (n=67, Mdn: 5, IQR: 1)
	Organisations	*Outcome*: 99% agreement (n=70, Mdn: 5, IQR: 0)
	Other	*Outcome*: 90% agreement (n=21, Mdn: 5, IQR: 0)
	Survey - Qualitative	
	Autistic people	Collaboration. Goals need to include the Child's perspective as much as is possible, dependent on age and capacity (and interest). Working in a collaborate way WITH the child and their family. [598:702]
	Parents	Ensure time is made for reflection and discussion, with the child and the parent as appropriate. The best thing practitioners can do to ensure appropriate goals are selected is to facilitate a child centred process of identifying those goals…. Therapy needs to respect his individuality and focus on providing support for areas where he needs help rather than trying to make him less autistic. [182:641]
	Family	Work in collaboration with the child and family members [275:284]
	Service Providers	The functional outcomes for the child and their family are based on their needs and priorities, and the skills needed to achieve meaningful outcomes are identified through collaboration with the child and their family. 2. Each child has a documented support plan that describes the interventions and their functional outcomes and the child and family have been involved in developing the support plan 3. The assessment, intervention planning and outcomes for the child and the family are measured, evaluated and reported in ways that are meaningful to, and understood by, the family. [381:606]

Community Consultation	Organisations	To see the child with autism as a child first, and respond to their needs and preferences. Be family centred and work with the child and family in their natural environment so learning can be integrated into everyday routines. [405:789]
	Other	Engage in the process of person-centred planning. [645:58]
	Focus Groups	
	Autistic adults	I think one of the important considerations is listening to what the child has to say and valuing that. And also listening to what the family are saying. If they're saying something is not working, then you wanna have someone to actually have a discussion about why it's not working and not just think that it's not being implemented properly or whatever…. And we need to think outside this box because an autistic, there is no box, you know. We don't think outside a box 'cause we don't see the box. And that needs to be, you know, with therapists, it has to have that question of what is the best way I can support you and your child? Rather than that scripted oh, you've come to [*named practice*]. Here's what we do. And actually, it's the other way around. It's that power imbalance, so I think that's really important for, you know, practitioners and therapists that need to need to know that if just because they do X,Y and Z, it may not be the right fit…. It does often seem that a family has to fit in with a therapy model or a therapist and not the other way around. So, I think that's really important for me…. I suppose the conversation for this one starts off actually getting to know the family and what their wants and needs are, and hopes, being able to build on those, and not just see it in the medical model of therapy is something that's scripted, you know. [A32]
	Parents	The practitioner really, really needs to get [that] we want to be heard. Community. We want to be heard. We want to feel safe. We wanna be trusted as experts in our own family's experience. And we want to feel that somebody is going to help us navigate the system, the diagnosis, and help us advocate for our own family. So, I think they're really fundamental. [P42]
	Brief survey	It should be fun and relaxing, and they should work with parents and the child to understand what is important to them, not push their own 'expert' agenda [24]
	Reflection	Therapists need better training to think outside the square, build connections and come into the participant's world to get better results. [17]

Evidence to decision judgements

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.

Criteria	Question	Evidence	Additional Considerations	Judgement
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	High
Benefits and Harms	Are there likely to be benefits for autistic children and their families of implementing this Recommendation?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel identified multiple potential benefits for children and families, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
	Are there likely to be risks for autistic children and their families of implementing this Recommendation?	Direct evidence relating to potential and/or actual risks was not available.	The panel did not identify any prominent risks, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	No

	Are the benefits for autistic children and their families likely to outweigh any risks?	Evidence for benefits. Lack of evidence for risks.	The panel considered the identified benefits and lack of identified risks, as well as the consistency of the Recommendation with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Values and Preferences	Is the Recommendation consistent with the values and preferences of autistic children and their families?	Multiple converging sources of evidence from children and families in support of this Recommendation implies consistency with values and preferences.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Resources	Is the Recommendation likely to require additional resources from children and families?	Direct evidence regarding resource implications was not available.	The panel did not identify any clearly evidenced and/or prominent additional resource requirements.	No
	Is the Recommendation likely to require additional resources from practitioners?	Direct evidence regarding resource implications was not available.	The panel did not identify any clearly evidenced and/or prominent additional resource requirements.	No
Equity	What would be the impact on health equity?	Direct evidence regarding the impact on equity was not available.	The panel noted that there was no evidence that any particular group would benefit more than another and judged that it is uncertain that implementation of this Recommendation would impact health equity.	Uncertain
Acceptability	Is the Recommendation likely to be acceptable to children and families?	Multiple converging sources of evidence from children and families supporting this Recommendation implies acceptability.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes

	Is the Recommendation likely to be acceptable to practitioners?	Multiple converging sources of evidence from practitioners and/or organisations supporting this Recommendation implies acceptability.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Direct evidence for feasibility was not available.	The panel considered that feasibility is implied based on evidence from practitioners and/or organisations in support of this Recommendation, but noted the lack of direct evidence.	Probably yes

Recommendation 2

Consensus-Based Recommendation

Strength of Recommendation: Strong

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

Evidence for Recommendation

	Evidence Source	Evidence
Systematic Reviews	Child and family experiences	Child qualities and preferences were often considered. Parents reported pursuing strategies that fit their child's interests and preferences. (Wilson et al., 2021)
	Umbrella Review	The umbrella review did not reveal evidence for a consistent relationship between child characteristics (e.g., age, communication development, cognitive development or adaptive behaviour) and intervention effects, indicating the need for a personalised approach.
Community Consultation	**Delphi**	
	Agreement	Please indicate the extent to which you agree each of the following are principles that are important to all aspects of providing therapies and supports to children on the autism spectrum. ***Statement:*** Personalised: Therapies and supports should be tailored to the unique strengths, needs, and preferences of each child and family. ***Outcome:*** 96% agreement (Mdn: 5, IQR: 0)
	Qualitative	Individualised therapy that suits the needs of the child and their family is a priority and how an ASD impacts on a child and their family is unique to that child and their family. [d32-R1]

Community Consultation	**Survey – Quantitative**	
		The following statements describe principles that have been identified by research as having importance for all aspects of providing therapies and supports for children and their families on the autism spectrum. While some principles refer to both children and their families in the same item to acknowledge the family unit, we do so noting that the individual preferences, needs, and rights of each person are always to be considered and maintained. ***Statement:*** Personalised: Therapies and supports should be tailored to the unique strengths, needs, and preferences of each child and family.
	Autistic people	***Outcome***: 97% agreement (n=58, Mdn: 5, IQR: 0)
	Parents	***Outcome***: 99% agreement (n=132, Mdn: 5, IQR: 0)
	Family	***Outcome***: 100% agreement (n=11, Mdn: 5, IQR: 1)
	Service Providers	***Outcome***: 98% agreement (n=65, Mdn: 5, IQR: 0)
	Organisations	***Outcome***: 99% agreement (n=70, Mdn: 5, IQR: 0)
	Other	***Outcome***: 95% agreement (n=21, Mdn: 5, IQR: 0)
	Survey - Qualitative	
	Autistic people	Don't make assumptions, get to know the individual as a person. [620:96]
	Parents	Understand that each child is different, and that what works for one child may not be appropriate for another. There is no “typical" autistic child. [141:454]
	Family	-
	Service Providers	Individualised approach. Sticking with one specific program or approach is rarely a good fit for any individual. [530:9]
	Organisations	Avoiding 'one size fits all' interventions is very important. [392:68]
	Other	There's a risk that a child is "put in a therapy box" and given therapy according to a set model that doesn't really fit. This may not be beneficial or individualised. [627:1034]

Community Consultation	**Focus Groups**	
	Autistic adults	It's tailoring the therapists' approaches to the individual children and their different family dynamic and really sort of focusing on those strengths. [A23]
	Parents	One little quick point was really just about everybody letting go what they think they already know about autism, as in the practitioners, because what you know and what you think you know and what worked for another child or another adult with autism doesn't apply to mine. [P16]
	Brief survey	Therapy suggestions should be made based on the individual child. [56]
	Reflection	Prefers to interact in large spaces with lots of daylight, preferably a play gym or outside. He is calmer and will choose to interact and then withdraw. [10]

Evidence to decision judgements

Recommendation 2

Strength of Recommendation: Strong

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

Criteria	Question	Evidence	Additional Considerations	Judgement
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	High
Benefits and Harms	Are there likely to be benefits for autistic children and their families of implementing this Recommendation?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel identified multiple potential benefits for children and families, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
	Are there likely to be risks for autistic children and their families of implementing this Recommendation?	Direct evidence relating to potential and/or actual risks was not available.	The panel did not identify any prominent risks, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	No

	Are the benefits for autistic children and their families likely to outweigh any risks?	Evidence for benefits. Lack of evidence for risks.	The panel considered the identified benefits and lack of identified risks, as well as the consistency of the Recommendation with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Values and Preferences	Is the Recommendation consistent with the values and preferences of autistic children and their families?	Multiple converging sources of evidence from children and families in support of this Recommendation implies consistency with values and preferences.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Resources	Is the Recommendation likely to require additional resources from children and families?	Direct evidence regarding resource implications was not available.	The panel did not identify any clearly evidenced and/or prominent additional resource requirements.	No
	Is the Recommendation likely to require additional resources from practitioners?	Direct evidence regarding resource implications was not available.	The panel did not identify any clearly evidenced and/or prominent additional resource requirements.	No
Equity	What would be the impact on health equity?	Direct evidence regarding the impact on equity was not available.	The panel noted that there was no evidence that any particular group would benefit more than another and judged that it is uncertain that implementation of this Recommendation would impact health equity.	Uncertain
Acceptability	Is the Recommendation likely to be acceptable to children and families?	Multiple converging sources of evidence from children and families supporting this Recommendation implies acceptability.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes

Feasibility	Is the Recommendation likely to be acceptable to practitioners?	Multiple converging sources of evidence from practitioners and/or organisations supporting this Recommendation implies acceptability.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
	Is implementing the Recommendation likely to be feasible for practitioners?	Direct evidence for feasibility was not available.	The panel considered that feasibility is implied based on evidence from practitioners and/or organisations in support of this Recommendation, but noted the lack of direct evidence.	Probably yes

Recommendation 3

Consensus-Based Recommendation

Strength of Recommendation: Strong

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

Evidence for Recommendation

	Evidence Source	Evidence
Systematic Reviews	Child and family experiences	-
	Umbrella Review	This review was not designed to collect evidence for this aspect of support provision.
Community Consultation	**Delphi**	
	Agreement	Please indicate the extent to which you agree each of the following are principles that are important to all aspects of providing therapies and supports to children on the autism spectrum. ***Statement:*** Strengths-focused: Therapies and supports should focus on understanding, embracing and developing the strengths of an individual and their family. ***Outcome:*** 97% agreement (Mdn: 5, IQR: 0)
	Qualitative	I believe that in the context of family life, a strengths based approach - goals set with the family should be focussed around what is important and current to them. [d3-R1]

Community Consultation	**Survey – Quantitative**	
		The following statements describe principles that have been identified by research as having importance for all aspects of providing therapies and supports for children and their families on the autism spectrum. While some principles refer to both children and their families in the same item to acknowledge the family unit, we do so noting that the individual preferences, needs, and rights of each person are always to be considered and maintained. ***Statement:*** Strengths-focused: Therapies and supports should focus on understanding, embracing and developing the strengths of an individual and their family.
	Autistic people	***Outcome***: 98% agreement (n=58, Mdn: 5, IQR: 0)
	Parents	***Outcome***: 92% agreement (n=132, Mdn: 5, IQR: 1)
	Family	***Outcome***: 100% agreement (n=11, Mdn: 5, IQR: 0)
	Service Providers	***Outcome***: 97% agreement (n=66, Mdn: 5, IQR: 0)
	Organisations	***Outcome***: 96% agreement (n=70, Mdn: 5, IQR: 0)
	Other	***Outcome***: 95% agreement (n=21, Mdn: 5, IQR: 0)
	Survey - Qualitative	
	Autistic people	Focus on strengths and different ways to interpret situations rather than just "teaching" how they "should" behave. [568:398]
	Parents	More therapies need to be strength based and child focused. I have had wonderful experiences, but this not across the board. Too many places are deficits based and assume autistic children need "structure" which is an oversimplification. [231:795]
	Family	-
	Service Providers	Use strengths-based goals always. [504:558]
	Organisations	[Focused on] participation and strengths-based, not deficit focussed. [321:191]
	Other	-

Community Consultation	**Focus Groups**	
	Autistic adults	So that people actually have talents and they have skills, and they have passions, and they have strengths. They don't just have deficits that need to be fixed. And, like anyone, we actually just have things that we're good at, other things that were not good at, and things that we need to work on. [A16]
	Parents	Also think that when we're doing assessments, we're not just looking for sort of autistic sort of features or traits, we actually are really looking for strengths as well. You know, what sort of things are they good for? That's going to really indicate the success of your treatment if you're starting to bring in some of their real passions and interests and strengths, you're gonna have a lot more efficacy with your treatments and approaches, a lot more motivation of that young person to be involved…. I also think it's really important to understand the strengths and unique qualities of autistic individuals and the benefits they can bring to society…. I think there has been a lot of pathologizing regarding autism, and clearly there are a lot of things that need to be addressed and supported, but it's also really important to sort of understand what they can bring to society as a whole. [P45]
	Brief survey	Therapies were better when they were strength based and focused on the interests of the child…[24]
	Reflection	They would have liked their therapists to advocate for their needs and challenge other people's deficit-based opinions. [13]

Evidence to decision judgements

Recommendation 3

Strength of Recommendation: Strong

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

Criteria	Question	Evidence	Additional Considerations	Judgement
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	High
Benefits and Harms	Are there likely to be benefits for autistic children and their families of implementing this Recommendation?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel identified multiple potential benefits for children and families, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
	Are there likely to be risks for autistic children and their families of implementing this Recommendation?	Direct evidence relating to potential and/or actual risks was not available.	The panel did not identify any prominent risks, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	No

	Are the benefits for autistic children and their families likely to outweigh any risks?	Evidence for benefits. Lack of evidence for risks.	The panel considered the identified benefits and lack of identified risks, as well as the consistency of the Recommendation with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Values and Preferences	Is the Recommendation consistent with the values and preferences of autistic children and their families?	Multiple converging sources of evidence from children and families in support of this Recommendation implies consistency with values and preferences.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Resources	Is the Recommendation likely to require additional resources from children and families?	Direct evidence regarding resource implications was not available.	The panel did not identify any clearly evidenced and/or prominent additional resource requirements.	No
	Is the Recommendation likely to require additional resources from practitioners?	Direct evidence regarding resource implications was not available.	The panel did not identify any clearly evidenced and/or prominent additional resource requirements.	No
Equity	What would be the impact on health equity?	Direct evidence regarding the impact on equity was not available.	The panel noted that there was no evidence that any particular group would benefit more than another and judged that it is uncertain that implementation of this Recommendation would impact health equity.	Uncertain
Acceptability	Is the Recommendation likely to be acceptable to children and families?	Multiple converging sources of evidence from children and families supporting this Recommendation implies acceptability.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes

	Is the Recommendation likely to be acceptable to practitioners?	Multiple converging sources of evidence from practitioners and/or organisations supporting this Recommendation implies acceptability.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Direct evidence for feasibility was not available.	The panel considered that feasibility is implied based on evidence from practitioners and/or organisations in support of this Recommendation, but noted the lack of direct evidence.	Probably yes

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.

Evidence for Recommendation

	Evidence Source	Evidence
Systematic Reviews	Child and family experiences	For the majority of the families in this study during the 'Experience and Evaluate' stage, there was an increasing recognition of the needs of the family, not just the needs of the child. With time, most of the parents in this study identified that prioritizing the needs of the family was actually in the child's best interest. (Edwards, et al., 2018)
	Umbrella Review	This review was not designed to collect evidence for this aspect of support provision.
Community Consultation	**Delphi**	
	Agreement	Please indicate the extent to which you agree each of the following are principles that are important to all aspects of providing therapies and supports to children on the autism spectrum. ***Statement:*** Holistic: The provision of therapies and supports should involve consideration of an individual's life history, culture, strengths and challenges, goals and preferences, and environmental factors that act as facilitators or barriers to learning, participation, and quality of life. ***Outcome:*** 100% agreement (Mdn: 5, IQR: 0).
	Qualitative	Therapy should be embedded into the child's natural activities and set in their natural social setting using their usual social partners [d22-R1]

Community Consultation

Survey – Quantitative	
	The following statements describe principles that have been identified by research as having importance for all aspects of providing therapies and supports for children and their families on the autism spectrum. While some principles refer to both children and their families in the same item to acknowledge the family unit, we do so noting that the individual preferences, needs, and rights of each person are always to be considered and maintained. ***Statement:*** Holistic: When providing therapy and supports, we should consider an individual's life history, culture, strengths and challenges, goals and preferences, and environmental factors that impact their learning, participation, and quality of life.
Autistic people	***Outcome***: 100% agreement (n=58, Mdn: 5, IQR: 0)
Parents	***Outcome***: 100% agreement (n=132, Mdn: 5, IQR: 0)
Family	***Outcome***: 100% agreement (n=11, Mdn: 5, IQR: 1)
Service Providers	***Outcome***: 98% agreement (n=65, Mdn: 5, IQR: 0)
Organisations	***Outcome***: 99% agreement (n=70, Mdn: 5, IQR: 0)
Other	***Outcome***: 95% agreement (n=21, Mdn: 5, IQR: 0)
Survey - Qualitative	
Autistic people	Checking in regularly with families. Ask how they are doing. Being aware. [549:1087]
Parents	Then look at the family and see what their needs are and how they need to be supported as a family unit. If the family is not functioning well then that will be a risk to the child. [91:235]
Family	To understand the family context as well as the child's specific developmental trajectory and the interventions and results of community provisions to date. [271:1113]
Service Providers	1. Work with family to see what will best suit them. 2. Use EBP [evidence-based practice]. 3. Be family centred and realistic. [326:206]
Organisations	Consider what the therapy means for the whole family and for family functioning. [639:409]
Other	Take a holistic view and consider the child in their context. [628:1049]

Community Consultation	Focus Groups	
	Autistic adults	I think there's something about understanding the totality of the child and also the totality of the family. So, what I find often, particularly when you've got multiple autistic children, is that a therapy is, or a support may be targeted to one child, but doesn't take into account the fact that there are dynamics in a family and family dynamics are important. And that child-led, family-led individualised care sounds great on paper, but I rarely see it in practice. So, you often get the one size fits all and you're meant to work out how its gonna fit into the dynamics of your complicated family. [A42]
	Parents	All the different service providers act as individuals, and I find that there's no holistic service. But there's two aspects of holistic service. There's a holistic service of the four, five, six, seven providers you might have involved in your child's life. But there's also the holistic view of your family as a whole. Like, quite often in the autism space, the parents really struggle as well, and they forget this whole package of the family. [P13]
	Brief survey	Being able to support all of me [my] needs, not just my autistic needs. [47]
	Reflection	It is really hard having to drive a child to endless therapies. This is really hard not only for the child, but their siblings and parent too. It resulted in my children missing out on a lot of everyday childhood experiences. I wish therapies slotted into everyday life better, and helped children integrate into society instead of pulling them out of it all the time. [13]

Evidence to decision judgements

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.

Criteria	Question	Evidence	Additional Considerations	Judgement
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	High
Benefits and Harms	Are there likely to be benefits for autistic children and their families of implementing this Recommendation?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel identified multiple potential benefits for children and families, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
	Are there likely to be risks for autistic children and their families of implementing this Recommendation?	Direct evidence relating to potential and/or actual risks was not available.	The panel did not identify any prominent risks, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	No

	Are the benefits for autistic children and their families likely to outweigh any risks?	Evidence for benefits. Lack of evidence for risks.	The panel considered the identified benefits and lack of identified risks, as well as the consistency of the Recommendation with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Values and Preferences	Is the Recommendation consistent with the values and preferences of autistic children and their families?	Multiple converging sources of evidence from children and families in support of this Recommendation implies consistency with values and preferences.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Resources	Is the Recommendation likely to require additional resources from children and families?	Direct evidence regarding resource implications was not available.	The panel did not identify any clearly evidenced and/or prominent additional resource requirements.	No
	Is the Recommendation likely to require additional resources from practitioners?	Direct evidence regarding resource implications was not available.	The panel noted that implementing this Recommendation may have different resource implications for different practitioners, depending on their individual circumstances (e.g., scope of practice, existing practice, existing resources).	Uncertain
Equity	What would be the impact on health equity?	Direct evidence regarding the impact on equity was not available.	The panel noted that there was no evidence that any particular group would benefit more than another and judged that it is uncertain that implementation of this Recommendation would impact health equity.	Uncertain

Acceptability	Is the Recommendation likely to be acceptable to children and families?	Multiple converging sources of evidence from children and families supporting this Recommendation implies acceptability.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
	Is the Recommendation likely to be acceptable to practitioners?	Multiple converging sources of evidence from practitioners and/or organisations supporting this Recommendation implies acceptability.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Direct evidence for feasibility was not available.	The panel considered that feasibility is implied based on evidence from practitioners and/or organisations in support of this Recommendation, but noted the lack of direct evidence.	Probably yes

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.

Evidence for Recommendation

	Evidence Source	Evidence
Systematic Reviews	Child and family experiences	Child age and developmental readiness was also an influence on therapy and intervention decisions. (Wilson et al., 2021)
	Umbrella Review	This review was not designed to collect evidence for this aspect of support provision.
Community Consultation	**Delphi**	
	Agreement	Please indicate the extent to which you agree each of the following are principles that are important to all aspects of providing therapies and supports to children on the autism spectrum. ***Statement:*** Developmental perspective: Clinical decision-making regarding the provision of therapies and supports should account for, and be responsive to, the individual, family and social changes that occur through childhood. ***Outcome:*** 100% agreement (Mdn: 5, IQR: 0)
	Qualitative	The design and provision of therapies and related support services need to take into account both the extent to which they are age appropriate and developmentally / cognitively appropriate / accessible (understood) by the child. [d33-R1]

Community Consultation	**Survey – Quantitative**	
		The following statements describe principles that have been identified by research as having importance for all aspects of providing therapies and supports for children and their families on the autism spectrum. While some principles refer to both children and their families in the same item to acknowledge the family unit, we do so noting that the individual preferences, needs, and rights of each person are always to be considered and maintained. ***Statement:*** Developmental perspective: Decision-making should account for, and be responsive to, the individual, family and social changes that occur through childhood.
	Autistic people	***Outcome***: 84% agreement (n=58, Mdn: 5, IQR: 1)
	Parents	***Outcome***: 96% agreement (n=133, Mdn: 5, IQR: 1)
	Family	***Outcome***: 91% agreement (n=11, Mdn: 5, IQR: 1)
	Service Providers	***Outcome***: 95% agreement (n=65, Mdn: 5, IQR: 1)
	Organisations	***Outcome***: 100% agreement (n=70, Mdn: 5, IQR: 0)
	Other	***Outcome***: 95% agreement (n=21, Mdn: 5, IQR: 1)
	Survey - Qualitative	
	Autistic people	That the child's life just becomes about therapy and doesn't leave room for a normal childhood. [614:826]
	Parents	Benefits should be proportional to costs. I often think kids with autism get much more out of participating in their local soccer team or surf class than therapy. Too much meeting the needs of therapists (sitting, small room) rather than honouring the nature of childhood (doing, making, being active. [226:777]
	Family	-
	Service Providers	Be educated on age and developmentally appropriate goals. [358:426]
	Organisations	Supports not taking into account the child's developmental level. [379:586]
	Other	-

Community Consultation	**Focus Groups**	
	Autistic adults	It also needs to be a therapy and life balance. It's no good if you're carting three or four kids to four different therapists because, you know, it's not gonna work. Or we hear about some kids having [a certain amount] of therapy a week. They're kids. They actually need to spend on being kids. [A31]
	Parents	But I think what's also really important is at the end of the day, naturalistic learning is so important for autistic people, you know, we want them to have that really specialized care, but we also want them to develop a lot of learning and skills and capacities in very natural way like all of us do. So, I think, you know, really emphasizing that and getting people to understand how critical it is that they get to experience play, for example, when they're younger. And then when they're, you know, getting a bit older like, you know, getting them to be involved in things that other kids are doing. [P45]
	Brief survey	Doing craft, karate, and caring for horses with [my practitioner]. They said I can play games with friends when school goes back as well as robots too! Playing music with [my practitioner]. Exercising with [my practitioner], they have lots of games. [24]
	Reflection	[He] prefers gross motor interactions and child led activities. He responds by actively exploring and participating in these situations. [He] prefers to interact in large spaces with lots of daylight, preferably a play gym or outside. [10]

Evidence to decision judgements

Recommendation 5

Strength of Recommendation: Strong

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

Criteria	Question	Evidence	Additional Considerations	Judgement
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	High
Benefits and Harms	Are there likely to be benefits for autistic children and their families of implementing this Recommendation?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel identified multiple potential benefits for children and families, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
	Are there likely to be risks for autistic children and their families of implementing this Recommendation?	Direct evidence relating to potential and/or actual risks was not available.	The panel did not identify any prominent risks, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	No

	Are the benefits for autistic children and their families likely to outweigh any risks?	Evidence for benefits. Lack of evidence for risks.	The panel considered the identified benefits and lack of identified risks, as well as the consistency of the Recommendation with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Values and Preferences	Is the Recommendation consistent with the values and preferences of autistic children and their families?	Multiple converging sources of evidence from children and families in support of this Recommendation implies consistency with values and preferences.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Resources	Is the Recommendation likely to require additional resources from children and families?	Direct evidence regarding resource implications was not available.	The panel did not identify any clearly evidenced and/or prominent additional resource requirements.	No
	Is the Recommendation likely to require additional resources from practitioners?	Direct evidence regarding resource implications was not available.	The panel did not identify any clearly evidenced and/or prominent additional resource requirements.	No
Equity	What would be the impact on health equity?	Direct evidence regarding the impact on equity was not available.	The panel noted that there was no evidence that any particular group would benefit more than another and judged that it is uncertain that implementation of this Recommendation would impact health equity.	Uncertain
Acceptability	Is the Recommendation likely to be acceptable to children and families?	Multiple converging sources of evidence from children and families supporting this Recommendation implies acceptability.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes

	Is the Recommendation likely to be acceptable to practitioners?	Multiple converging sources of evidence from practitioners and/or organisations supporting this Recommendation implies acceptability.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Direct evidence for feasibility was not available.	The panel considered that feasibility is implied based on evidence from practitioners and/or organisations in support of this Recommendation, but noted the lack of direct evidence.	Probably yes

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.

Evidence for Recommendation

	Evidence Source	Evidence
Systematic Reviews	Child and family experiences	Some parents expressed that their child had used a strategy (e.g., sensory approach or communication system) that they no longer required since they had outgrown the need. (Wilson et al., 2021)
	Umbrella Review	This review was not designed to collect evidence for this aspect of support provision.
Community Consultation	**Delphi**	
	Agreement	Please indicate the extent to which you agree each of the following are principles that are important to all aspects of providing therapies and supports to children on the autism spectrum. ***Statement:*** Lifespan perspective: Clinical decision-making regarding the provision of therapies and supports should account for the current stage of life of the individual, as well as appropriate planning for both the short and longer term. ***Outcome:*** 99% agreement (Mdn: 5, IQR: 0)
	Qualitative	Sometimes by having a very short term goal, allows us to work on the steps towards meeting longer term goals. [d12-R1]

Community Consultation	**Survey – Quantitative**	
		The following statements describe principles that have been identified by research as having importance for all aspects of providing therapies and supports for children and their families on the autism spectrum. While some principles refer to both children and their families in the same item to acknowledge the family unit, we do so noting that the individual preferences, needs, and rights of each person are always to be considered and maintained. **Statement:** Lifespan perspective: When providing therapies and supports, decision making should account for the current stage of life of the child, as well as appropriate planning for both the short and longer term.
	Autistic people	***Outcome***: 88% agreement (n=58, Mdn: 5, IQR: 1)
	Parents	***Outcome***: 96% agreement (n=133, Mdn: 5, IQR: 1)
	Family	***Outcome***: 100% agreement (n=11, Mdn: 5, IQR: 1)
	Service Providers	***Outcome***: 99% agreement (n=67, Mdn: 5, IQR: 0)
	Organisations	***Outcome***: 99% agreement (n=70, Mdn: 5, IQR: 0)
	Other	***Outcome***: 95% agreement (n=21, Mdn: 5, IQR: 1)
	Survey - Qualitative	
	Autistic people	-
	Parents	The ongoing need to plan ahead to ensure life is as easy as possible for my daughter [259:97]
	Family	To understand the family context as well as the child's specific developmental trajectory and the interventions and results of community provisions to date. [271:1113]
	Service Providers	-
	Organisations	What does the child's future look like? What skills do they need to be successful in the future? [331:239]
	Other	Multi-disciplinary assessment of the child and their current needs, strengths and interests now and into the future, especially as transition points approach. [625:1006]

Community Consultation	**Focus Groups**	
	Autistic adults	Consideration of the long term. What does this young person need to support their development into adulthood? Protective behaviours - learning to self-advocate in order to improve their safety. How to make choices, problem-solving. [A31]
	Parents	And needs change over time. I think it's really important to keep things moving and thinking about, ok, we've achieved this goal, what is our next goal? Always sort of having a sort of directive sort of pathways, so not just was saying, oh wow, you know, they're really good at language now. They may well become really good at language, but they're social cognition, the understanding of how to function in a social setting is, you know, very complicated for a lot of people in the spectrum.... Awareness of the complex needs that occur and there should be integration across health care, education, and social sectors and across the whole lifespan. You know, autism is clearly not a childhood condition. It's really important to recognize the needs of teenagers and adults as well. [P45]
	Brief survey	Ability to use something that my daughter is passionate about to help her gain skills for life and development. [63]
	Reflection	Developmental goals - I do think therapies would benefit from a lead being funded who could align the goals based on where [child] is at and what he needs to develop to support his progression to school and ability to navigate the world. [23]

Evidence to decision judgements

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.

Criteria	Question	Evidence	Additional Considerations	Judgement
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	High
Benefits and Harms	Are there likely to be benefits for autistic children and their families of implementing this Recommendation?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel identified multiple potential benefits for children and families, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
	Are there likely to be risks for autistic children and their families of implementing this Recommendation?	Direct evidence relating to potential and/or actual risks was not available.	The panel did not identify any prominent risks, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	No

	Are the benefits for autistic children and their families likely to outweigh any risks?	Evidence for benefits. Lack of evidence for risks.	The panel considered the identified benefits and lack of identified risks, as well as the consistency of the Recommendation with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Values and Preferences	Is the Recommendation consistent with the values and preferences of autistic children and their families?	Multiple converging sources of evidence from children and families in support of this Recommendation implies consistency with values and preferences.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Resources	Is the Recommendation likely to require additional resources from children and families?	Direct evidence regarding resource implications was not available.	The panel did not identify any clearly evidenced and/or prominent additional resource requirements.	No
	Is the Recommendation likely to require additional resources from practitioners?	Direct evidence regarding resource implications was not available.	The panel did not identify any clearly evidenced and/or prominent additional resource requirements.	No
Equity	What would be the impact on health equity?	Direct evidence regarding the impact on equity was not available.	The panel noted that there was no evidence that any particular group would benefit more than another and judged that it is uncertain that implementation of this Recommendation would impact health equity.	Uncertain
Acceptability	Is the Recommendation likely to be acceptable to children and families?	Multiple converging sources of evidence from children and families supporting this Recommendation implies acceptability.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes

	Is the Recommendation likely to be acceptable to practitioners?	Multiple converging sources of evidence from practitioners and/or organisations supporting this Recommendation implies acceptability.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Direct evidence for feasibility was not available.	The panel considered that feasibility is implied based on evidence from practitioners and/or organisations in support of this Recommendation, but noted the lack of direct evidence.	Probably yes

Recommendation 7

Consensus-Based Recommendation

Strength of Recommendation: Strong

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

Evidence for Recommendation

	Evidence Source	Evidence
Systematic Reviews	Child and family experiences	-
	Umbrella Review	The umbrella review revealed that monitoring for adverse effects, which is a critical aspect of ethical practice, was rarely conducted and/or reported in the systematic reviews of intervention studies.
Community Consultation	**Delphi**	
	Agreement	Please indicate the extent to which you agree each of the following are principles that are important to all aspects of providing therapies and supports to children on the autism spectrum. ***Statement:*** Ethical practice: The provision of therapies and supports should be underpinned by an ethical framework that follows the principles of beneficence (i.e., to act for the benefit of others), non-maleficence (i.e., do no harm), autonomy and fairness. ***Outcome:*** 100% agreement (Mdn: 5, IQR: 0)
	Qualitative	It is vital that we listen to the voices and experiences of autistic people when determining appropriate goals and therapy approaches for autistic children. Regardless of whether an approach is considered 'gold standard' or 'evidenced based' in literature, if autistic people are telling us that the approach is harmful, traumatizing or inappropriate we must listen and change our approach. [d35-R1]

Community Consultation	**Survey – Quantitative**	
		The following statements describe principles that have been identified by research as having importance for all aspects of providing therapies and supports for children and their families on the autism spectrum. While some principles refer to both children and their families in the same item to acknowledge the family unit, we do so noting that the individual preferences, needs, and rights of each person are always to be considered and maintained. ***Statement:*** Ethical practice: The provision of therapies and supports should be underpinned by an ethical framework that follows the principles of beneficence, non-maleficence, autonomy and fairness.
	Autistic people	***Outcome***: 90% agreement (n=58, Mdn: 5, IQR: 0)
	Parents	***Outcome***: 95% agreement (n=131, Mdn: 5, IQR: 1)
	Family	***Outcome***: 91% agreement (n=11, Mdn: 5, IQR: 0)
	Service Providers	***Outcome***: 98% agreement (n=65, Mdn: 5, IQR: 0)
	Organisations	***Outcome***: 100% agreement (n=69, Mdn: 5, IQR: 0)
	Other	***Outcome***: 90% agreement (n=21, Mdn: 5, IQR: 0)
	Survey - Qualitative	
	Autistic people	Far too many businesses want to make money and take advantage of parents of autistic children who don't know better, who want the best for their children but are being taken advantage of by unscrupulous people or by people who think they know better than actual autistic people [573:435]
	Parents	There needs to be an ethical framework that sits around this. Practitioners need to be better qualified and have greater empathy. [258:963]
	Family	Untrained therapists performing therapy and wasting valuable time [288:1001]
	Service Providers	Coercion or restrictive practices that maybe well intended but don't respect the child's rights. Too much emphasis on "more is better" when in fact daily life may provide equally important outcomes for children [520:801]
	Organisations	1. Ensure the practitioner has a history of ethical practice. 2. Professional bodies need to take complaints from families seriously and unethical practitioners should no longer be allowed to practice. 3. If a practitioner knows they do not have the necessary skills to support a child they should refer on. [334:27]
	Other	Practitioners selling fad, ineffective, or potentially harmful therapies based primarily on testimonials. [645:58]

Community Consultation	**Focus Groups**	
	Autistic adults	I think that the first thing that needs to go in front of all of this is first do no more harm. You know, there needs to be a really strong awareness that actually there is a lot of space for doing harm. And that you know that they need to be very, very conscious of that, and that when people say, you know, that didn't work for me, or, you know, I found that upsetting or triggering, or, you know, whatever it was that they actually know how to listen and respond. [A32]
	Parents	That's, you know, as a counsellor, if my strategies aren't helping your client progress, then ethically I'm supposed to refer them on. [P36]
	Brief survey	It is not ok to keep taking children away from their normal lives and forcing them to do things that they don't like and hurt for hours every week. [*named practice*]. It made me cry. I did not like the games, they weren't fun. They were hard and she made me do it. [24]
	Reflection	Forced them to make eye contact with the therapist or they would be ignored or humiliated. This was very damaging and made my child psychologically unwell. All it took was one appointment. [13]

Evidence to decision judgements

Recommendation 7

Strength of Recommendation: Strong

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

Criteria	Question	Evidence	Additional Considerations	Judgement
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	High
Benefits and Harms	Are there likely to be benefits for autistic children and their families of implementing this Recommendation?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel identified multiple potential benefits for children and families, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
	Are there likely to be risks for autistic children and their families of implementing this Recommendation?	Direct evidence relating to potential and/or actual risks was not available.	The panel did not identify any prominent risks, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	No

	Are the benefits for autistic children and their families likely to outweigh any risks?	Evidence for benefits. Lack of evidence for risks.	The panel considered the identified benefits and lack of identified risks, as well as the consistency of the Recommendation with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Values and Preferences	Is the Recommendation consistent with the values and preferences of autistic children and their families?	Multiple converging sources of evidence from children and families in support of this Recommendation implies consistency with values and preferences.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Resources	Is the Recommendation likely to require additional resources from children and families?	Direct evidence regarding resource implications was not available.	The panel did not identify any clearly evidenced and/or prominent additional resource requirements.	No
	Is the Recommendation likely to require additional resources from practitioners?	Direct evidence regarding resource implications was not available.	The panel did not identify any clearly evidenced and/or prominent additional resource requirements.	No
Equity	What would be the impact on health equity?	Direct evidence regarding the impact on equity was not available.	The panel noted that there was no evidence that any particular group would benefit more than another and judged that it is uncertain that implementation of this Recommendation would impact health equity.	Uncertain
Acceptability	Is the Recommendation likely to be acceptable to children and families?	Multiple converging sources of evidence from children and families supporting this Recommendation implies acceptability.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes

	Is the Recommendation likely to be acceptable to practitioners?	Multiple converging sources of evidence from practitioners and/or organisations supporting this Recommendation implies acceptability.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Direct evidence for feasibility was not available.	The panel considered that feasibility is implied based on evidence from practitioners and/or organisations in support of this Recommendation, but noted the lack of direct evidence.	Probably yes

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.

Evidence for Recommendation

	Evidence Source	Evidence
Systematic Reviews	Child and family experiences	-
	Umbrella Review	The majority of research evidence for the effects of therapies and supports comes from studies conducted in western countries. This may impact the relevance of findings to people with diverse cultural and linguistic backgrounds.
Community Consultation	**Delphi**	
	Agreement	Please indicate the extent to which you agree each of the following are principles that are important to all aspects of providing therapies and supports to children on the autism spectrum. ***Statement:*** Culturally aware and responsive: The values, knowledge, preferences and cultural perspectives of the child and family should be sought, respected, and evident in the provision of therapies and supports. ***Outcome:*** 100% agreement (Mdn: 5, IQR: 0)
	Qualitative	The modes for sharing of information will be dependent on the cultural preferences, languages spoken etc. The principals of communicating respectfulness, and providing a safe, comfortable space for discussion of sensitive and confidential information is essential. [d47-R1]

Community Consultation	**Survey – Quantitative**	
		The following statements describe principles that have been identified by research as having importance for all aspects of providing therapies and supports for children and their families on the autism spectrum. While some principles refer to both children and their families in the same item to acknowledge the family unit, we do so noting that the individual preferences, needs, and rights of each person are always to be considered and maintained. ***Statement:*** Culturally aware and responsive: The values, knowledge, preferences and cultural perspectives of the child and family should be sought, respected, and evident in the provision of therapies and supports.
	Autistic people	***Outcome***: 95% agreement (n=58, Mdn: 5, IQR: 1)
	Parents	***Outcome***: 94% agreement (n=134, Mdn: 5, IQR: 1)
	Family	***Outcome***: 91% agreement (n=11, Mdn: 5, IQR: 1)
	Service Providers	***Outcome***: 97% agreement (n=66, Mdn: 5, IQR: 0)
	Organisations	***Outcome***: 100% agreement (n=70, Mdn: 5, IQR: 0)
	Other	***Outcome***: 95% agreement (n=20, Mdn: 5, IQR: 0)
	Survey - Qualitative	
	Autistic people	Consider the family and cultural context, the current therapeutic load the child is attending with other practitioners, and how "do-able" the goals will be for the family to work on [603:759]
	Parents	All professionals need to be completely retrained in neurodiversity and strengths based, culturally responsive approaches. [228:787]
	Family	Ensuring equitable access to therapies and supports (considering implementing culturally/LGBT/indigenous/trauma/etc.) informed practices where applicable. [275:284]
	Service Providers	Provide a safe, secure and culturally sensitive working space [463:234]
	Organisations	Professionals may lack of understanding and/or sensitivity to cultural contexts for children and their families and how this may impact on the approach required to ensure appropriate therapies and supports. [625:1006]
	Other	Listen with an open mind- don't go in with a pre-determined framework to fit the child into. For some families, especially Aboriginal families, don't just go with a checklist. Spend time and really listen. Be aware of the actual or perceived power imbalance between practitioners and families- this may impact them saying what they really think. [627:1034]

Community Consultation	Focus Groups	
	Autistic adults	-
	Parents	You know, what about some of the family's preferences or cultural needs?... I think it's really important to monitor interventions and how that is going to be addressed and make sure that what we're providing is effective and for who it's effective for and when and what stages in their life and how we adjust that, adapted also to be culturally sensitive. [P45]
	Brief survey	-
	Reflection	-

Evidence to decision judgements

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.

Criteria	Question	Evidence	Additional Considerations	Judgement
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	High
Benefits and Harms	Are there likely to be benefits for autistic children and their families of implementing this Recommendation?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel identified multiple potential benefits for children and families, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
	Are there likely to be risks for autistic children and their families of implementing this Recommendation?	Direct evidence relating to potential and/or actual risks was not available.	The panel did not identify any prominent risks, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	No

	Are the benefits for autistic children and their families likely to outweigh any risks?	Evidence for benefits. Lack of evidence for risks.	The panel considered the identified benefits and lack of identified risks, as well as the consistency of the Recommendation with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Values and Preferences	Is the Recommendation consistent with the values and preferences of autistic children and their families?	Multiple converging sources of evidence from children and families in support of this Recommendation implies consistency with values and preferences.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Resources	Is the Recommendation likely to require additional resources from children and families?	Direct evidence regarding resource implications was not available.	The panel did not identify any clearly evidenced and/or prominent additional resource requirements.	No
	Is the Recommendation likely to require additional resources from practitioners?	Direct evidence regarding resource implications was not available.	The panel noted that implementing this Recommendation may have different resource implications for different practitioners, depending on their individual circumstances (e.g., nature and scope of practice, existing resources).	Uncertain

Equity	What would be the impact on health equity?	At least one source of evidence that implementation of this Recommendation would lead to a reduction in disadvantage for a particular group (i.e., reduced barriers to receiving high quality supports, increasing equity).	The panel noted that this Recommendation has the potential to increase health equity by enhancing the accessibility of supports, particularly amongst people from diverse cultural backgrounds, based on consideration of the available evidence and the broader research evidence, professional standards, national regulations, and/or international conventions.	Probably increased
Acceptability	Is the Recommendation likely to be acceptable to children and families?	Multiple converging sources of evidence from children and families supporting this Recommendation implies acceptability.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
	Is the Recommendation likely to be acceptable to practitioners?	Multiple converging sources of evidence from practitioners and/or organisations supporting this Recommendation implies acceptability.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Direct evidence for feasibility was not available.	The panel noted that the feasibility of implementing this Recommendation will differ for different practitioners, depending on their individual circumstances (e.g., nature and scope of existing practice, existing resources).	Uncertain

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.

Evidence for Recommendation

This Recommendation was informed by the knowledge and experiences of those who have contributed to the Guideline development, along with the participation in a yarning circle with First Nations peoples in Darwin (June 2022). These activities have strengthened existing relationships and initiated new networks to support *proper way* collaboration and consultation that will inform future versions of the Guideline. To acknowledge the role that all practitioners can play in supporting the learning, participation and wellbeing of autistic First Nations peoples and their families, the Guideline includes this Recommendation along with a separate statement acknowledging and respecting Aboriginal and Torres Strait Islander Peoples.

Evidence to decision judgements

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.

Given this Recommendation was arrived at directly, as outlined in the evidence summary, the Guideline Development Group unanimously endorsed this as a strong Recommendation.

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.

Evidence for Recommendation

	Evidence Source	Evidence
Systematic Reviews	Child and family experiences	Pragmatically, parents described a journey from the point of diagnosis that involved seeking information on ASD interventions from a number of sources, and a 'trial and error' approach to choosing and evaluating these interventions. (Grant et al., 2015)
	Umbrella Review	The review identified variability between studies in the outcomes of supports, highlighting the need to apply research evidence within the tripartite model of evidence-based practice (evidence from research, evidence from clinical practice, the unique context of each child and family).
Community Consultation	**Delphi**	
	Agreement	Please indicate the extent to which you agree each of the following are principles that are important to all aspects of providing therapies and supports to children on the autism spectrum: ***Statement:*** Empirically supported: Therapies and supports should be underpinned by the best available published, peer-reviewed scientific evidence demonstrating their effectiveness and safety. ***Outcome:*** 90% agreement (Mdn: 5, IQR: 1) ***Statement:*** Evidence-based practice approach: Clinical decision-making regarding the provision of therapies and supports should draw on, and integrate, research and clinical evidence alongside the preferences and values of the child and their family. ***Outcome:*** 98% agreement (Mdn: 5, IQR: 0)
	Qualitative	Amount of therapy needs to be personalised (e.g. consider child and family characteristics, goals, time/access to therapy services etc.) and informed by best evidence-based practice. [d15-R1]

Community Consultation	**Survey – Quantitative**	
		The following statements describe principles that have been identified by research as having importance for all aspects of providing therapies and supports for children and their families on the autism spectrum. While some principles refer to both children and their families in the same item to acknowledge the family unit, we do so noting that the individual preferences, needs, and rights of each person are always to be considered and maintained. ***Statement:*** Empirically-supported: Therapies and supports should be underpinned by published, peer-reviewed scientific evidence demonstrating their effectiveness and safety. ***Statement:*** Evidence-based practice approach: Decision-making should draw on and combine research and clinical evidence alongside the preferences and values of the child and their family.
	Autistic people	***Outcome (empirically-supported)***: 67% agreement (n=57, Mdn: 4, IQR: 2) ***Outcome (evidence-based practice)***: 78% agreement (n=58, Mdn: 4, IQR: 1)
	Parents	***Outcome (empirically-supported)***: 73% agreement (n=133, Mdn: 4, IQR: 2) ***Outcome (evidence-based practice)***: 89% agreement (n=133, Mdn: 5, IQR: 1)
	Family	***Outcome (empirically-supported)***: 82% agreement (n=11, Mdn: 5, IQR: 1) ***Outcome (evidence-based practice)***: 100% agreement (n=10, Mdn: 5, IQR: 0)
	Service Providers	***Outcome (empirically-supported)***: 77% agreement (n=66, Mdn: 4, IQR: 1) ***Outcome (evidence-based practice)***: 94% agreement (n=66, Mdn: 5, IQR: 0)
	Organisations	***Outcome (empirically-supported)***: 91% agreement (n=69, Mdn: 5, IQR: 1) ***Outcome (evidence-based practice)***: 99% agreement (n=69, Mdn: 5, IQR: 0)
	Other	***Outcome (empirically-supported)***: 75% agreement (n=20, Mdn: 4, IQR: 2) ***Outcome (evidence-based practice)***: 90% agreement (n=21, Mdn: 5, IQR: 1)
	Survey - Qualitative	
	Autistic people	Practitioners need to be practicing ALL three tenants of evidence based practice. Especially "clients' values and preferences". E.g.; if a large proportion of the autistic community report that a therapy approach is unethical or harmful, they should not use that approach. [598:702]
	Parents	Be up to date with the research; have training in interpreting research articles and how to conduct their own evidence-based practices; be part of networks and communities of practice that share information. [150:508]

Community Consultation	Family	Training and professional development in evidence-based therapies. [287:806]
	Service Providers	Ensure therapies and supports are evidence-based. [331:239]
	Organisations	Parents/carers are informed about options. They realise that evidence is tripartite (research/clinical experience/family preference). [520:801]
	Other	Practitioners must be able to engage in the process of evidence-based practice - they should be able to collect and analyse client data on a regular basis to make decisions about what is working well, and what needs to be changed [645:58]
	Focus Groups	
	Autistic adults	But I think when talking about that planning and this is kind of related it, so maybe this is just my clinician head, but when selecting a therapy and it's, like, evidence based practice, which in evidence based practices, yeah, it's best available research, clinical expertise, and the lived experiences and the values and priorities of the clients, so. So, I guess it's, you know, I think practitioners need to, they need to be accountable in the fact that you have to be using something, that there's good evidence that it's going to work, whether that evidence is from research or whether that evidence is actually from the autistic community telling it yes, this works. Or if the autistic community is telling you no, this does damage and it's not good. [A24]
	Parents	I absolutely get up [it] from a tertiary background evidence-based implementation of interventions, but I think we also need to be very careful about evidence-based for who and for what cohort of children? Because of the wide range of presentations of autism, I think we need to be careful as to generalizing too much to some neurodivergent children and adults where these evidence-based supposedly are seen as yep, this will fix you or support you. I've absolutely been in that space and been on both sides of that, both as a student and as a practitioner and as a parent. And it's a real minefield and challenges you from every level. [P12]
	Brief survey	That she listens to me. That she lets me have a break when I feel too much. [14]
	Reflection	Evidence based interventions actually work but need to be parent/family centred for children with intellectual disability. [4]

Evidence to decision judgements

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.

Criteria	Question	Evidence	Additional Considerations	Judgement
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	High
Benefits and Harms	Are there likely to be benefits for autistic children and their families of implementing this Recommendation?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel identified multiple potential benefits for children and families, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
	Are there likely to be risks for autistic children and their families of implementing this Recommendation?	Direct evidence relating to potential and/or actual risks was not available.	The panel did not identify any prominent risks, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	No

	Are the benefits for autistic children and their families likely to outweigh any risks?	Evidence for benefits. Lack of evidence for risks.	The panel considered the identified benefits and lack of identified risks, as well as the consistency of the Recommendation with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Values and Preferences	Is the Recommendation consistent with the values and preferences of autistic children and their families?	Multiple converging sources of evidence from children and families in support of this Recommendation implies consistency with values and preferences.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Resources	Is the Recommendation likely to require additional resources from children and families?	Direct evidence regarding resource implications was not available.	The panel did not identify any clearly evidenced and/or prominent additional resource requirements.	No
	Is the Recommendation likely to require additional resources from practitioners?	Direct evidence regarding resource implications was not available.	The panel noted that implementing this Recommendation may have different resource implications for different practitioners, depending on their individual circumstances (e.g., nature and scope of practice, existing resources).	Uncertain
Equity	What would be the impact on health equity?	Direct evidence regarding the impact on equity was not available.	The panel noted that there was no evidence that any particular group would benefit more than another and judged that it is uncertain that implementation of this Recommendation would impact health equity.	Uncertain

Acceptability	Is the Recommendation likely to be acceptable to children and families?	Multiple converging sources of evidence from children and families supporting this Recommendation implies acceptability.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
	Is the Recommendation likely to be acceptable to practitioners?	Multiple converging sources of evidence from practitioners and/or organisations supporting this Recommendation implies acceptability.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Direct evidence for feasibility was not available.	The panel considered that feasibility is implied based on evidence from practitioners and/or organisations in support of this Recommendation, but noted the lack of direct evidence.	Probably yes

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.

Evidence for Recommendation

	Evidence Source	Evidence
Systematic Reviews	Child and family experiences	-
	Umbrella Review	This review was not designed to collect evidence for this aspect of support provision.
Community Consultation	**Delphi**	
	Agreement	Please indicate the extent to which you agree each of the following are principles that are important to all aspects of providing therapies and supports to children on the autism spectrum. ***Statement:*** Assent (children): Children's assent (expression of approval) should be obtained, wherever possible, for the provision of therapies and supports. ***Outcome:*** 89% agreement (Mdn: 5, IQR: 1)
	Qualitative	Sharing of information needs to be guided by parental consent and the child if old enough. [d18-R1]

Community Consultation	**Survey – Quantitative**	
		The following statements describe principles that have been identified by research as having importance for all aspects of providing therapies and supports for children and their families on the autism spectrum. While some principles refer to both children and their families in the same item to acknowledge the family unit, we do so noting that the individual preferences, needs, and rights of each person are always to be considered and maintained. ***Statement:*** Assent (children): Children's assent (expression of approval) should be obtained, wherever possible, for therapies and supports provided.
	Autistic people	***Outcome***: 93% agreement (n=58, Mdn: 5, IQR: 0)
	Parents	***Outcome***: 83% agreement (n=132, Mdn: 4, IQR: 1)
	Family	***Outcome***: 100% agreement (n=11, Mdn: 5, IQR: 1)
	Service Providers	***Outcome***: 95% agreement (n=65, Mdn: 5, IQR: 0)
	Organisations	***Outcome***: 93% agreement (n=70, Mdn: 5, IQR: 1)
	Other	***Outcome***: 95% agreement (n=21, Mdn: 5, IQR: 1)
	Survey - Qualitative	
	Autistic people	Children's assent should be gained free of coercion. LISTEN (not just words) to your client. eg; autistic children's communicate their pain or distress in ways that some practitioners fail to recognise. It is very easy to traumatize an autistic child and not realize it. [598:702]
	Parents	Ongoing consent throughout the service delivery no matter who the individual and their means of communication [246:883]
	Family	-
	Service Providers	-
	Organisations	By seeking assent of the client at ALL stages of therapy. By clearly explaining any processes and procedures that will be undertaken to the caregivers, and to any extent possible, to the client. [361:447]
	Other	Gather informed consent before delivering the therapy. Gather informed consent for changes to the therapy methods/goals/strategies. Develop methods for gathering assent from the child and responding to assent withdrawal [645:58]

Community Consultation	Focus Groups	
	Autistic adults	And I think that comes back to the importance of consent. And I think, um, that practitioners should always aim to teach whichever child they're engaged with what consent looks like and that they're allowed to say no if they don't want to participate in a particular aspect of therapy. And to have that voice listen to, you know. If they say no, then the practitioner really needs to take that on board and do as the child has said. [A25]
	Parents	I think not just asking us, the family, asking the child. You now, all their behaviour is communication.... They're communicating something so we need to listen to that. So, I think the child from as early as possible there needs to be the discussion of how things are progressing. [P41]
	Brief survey	I like iPad for speaking. I can tell jokes and stories. I can talk about my day. I can say what I want to do. I can tell people my feelings and they listen. [39]
	Reflection	They liked the individual support, and encouragement. They showed me through excited and happy to attend. [1]

Evidence to decision judgements

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.

Criteria	Question	Evidence	Additional Considerations	Judgement
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	High
Benefits and Harms	Are there likely to be benefits for autistic children and their families of implementing this Recommendation?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel identified multiple potential benefits for children and families, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
	Are there likely to be risks for autistic children and their families of implementing this Recommendation?	Direct evidence relating to potential and/or actual risks was not available.	The panel noted a lack of direct evidence for likely risks, but considered the possibility that children may miss out on opportunities for learning and participation if the child does not assent to a support.	Uncertain

	Are the benefits for autistic children and their families likely to outweigh any risks?	Evidence for benefits. Uncertainty for risks.	The panel noted the multiple converging sources of evidence for benefits and uncertainty for risks, meaning benefits probably outweight risks.	Probably yes
Values and Preferences	Is the Recommendation consistent with the values and preferences of autistic children and their families?	Multiple converging sources of evidence from children and families in support of this Recommendation implies consistency with values and preferences.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Resources	Is the Recommendation likely to require additional resources from children and families?	Direct evidence regarding resource implications was not available.	The panel did not identify any clearly evidenced and/or prominent additional resource requirements.	No
	Is the Recommendation likely to require additional resources from practitioners?	Direct evidence regarding resource implications was not available.	The panel did not identify any clearly evidenced and/or prominent additional resource requirements.	No
Equity	What would be the impact on health equity?	Direct evidence regarding the impact on equity was not available.	The panel noted that there was no evidence that any particular group would benefit more than another and judged that it is uncertain that implementation of this Recommendation would impact health equity.	Uncertain
Acceptability	Is the Recommendation likely to be acceptable to children and families?	Multiple converging sources of evidence from children and families supporting this Recommendation implies acceptability.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes

	Is the Recommendation likely to be acceptable to practitioners?	Multiple converging sources of evidence from practitioners and/or organisations supporting this Recommendation implies acceptability.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Direct evidence for feasibility was not available.	The panel noted that ascertaining assent can be difficult for children with limited comprehension and/or expressive communication skills, due to age and/or communication difficulties.	Probably yes

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.

Evidence for Recommendation

	Evidence Source	Evidence
Systematic Reviews	Child and family experiences	The extent to which the participants had been given clear information regarding their children's therapy programs (e.g., through integrated education plans) and the rationale for treatment decisions (e.g., by being given references and written information) appeared to have direct bearing on their ability to make informed decisions as partners in the therapy process. (Auert et al., 2012)
	Umbrella Review	This review was not designed to collect evidence for this aspect of support provision.
Community Consultation	**Delphi**	
	Agreement	Please indicate the extent to which you agree each of the following are principles that are important to all aspects of providing therapies and supports to children on the autism spectrum. ***Statement*:** Informed consent (parents): Informed parental consent should be obtained for the provision of therapies and supports. ***Outcome:*** 96% agreement (Mdn: 5, IQR: 0)
	Qualitative	With informed consent and therapy designed to be goal focused, families should have the right to choose the appropriate supports for their child [d55-R1]

Community Consultation	**Survey – Quantitative**	
		The following statements describe principles that have been identified by research as having importance for all aspects of providing therapies and supports for children and their families on the autism spectrum. While some principles refer to both children and their families in the same item to acknowledge the family unit, we do so noting that the individual preferences, needs, and rights of each person are always to be considered and maintained. ***Statement:*** Informed consent (parents): Informed parental consent should be obtained for therapies and supports provided.
	Autistic people	***Outcome***: 88% agreement (n=58, Mdn: 5, IQR: 1)
	Parents	***Outcome***: 97% agreement (n=133, Mdn: 5, IQR: 0)
	Family	***Outcome***: 100% agreement (n=11, Mdn: 5, IQR: 1)
	Service Providers	***Outcome***: 98% agreement (n=66, Mdn: 5, IQR: 0)
	Organisations	***Outcome***: 97% agreement (n=69, Mdn: 5, IQR: 0)
	Other	***Outcome***: 90% agreement (n=21, Mdn: 5, IQR: 0)
	Survey - Qualitative	
	Autistic people	Ensure informed consent from parents and assent from the child. [584:593]
	Parents	Always require informed consent from children and families. [125:385]
	Family	-
	Service Providers	-
	Organisations	Always ask for consent. Talk about confidentiality and rights. [326:206]
	Other	Informed consent assumes that clients have all the information: Service providers need to ensure that they do indeed have access to unbiased information. [628:1049]

Community Consultation	Focus Groups	
	Autistic adults	They don't know that they can choose somebody else. At the actual intake meeting it should be made very clear to them that they have the right that if they, you know, there might be a conflict of, a personality clash or whatever. The therapy is not working for their child. They have the right to choose another option somewhere else. [A31]
	Parents	-
	Brief survey	-
	Reflection	-

Evidence to decision judgements

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.

Criteria	Question	Evidence	Additional Considerations	Judgement
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	High
Benefits and Harms	Are there likely to be benefits for autistic children and their families of implementing this Recommendation?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel identified multiple potential benefits for children and families, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
	Are there likely to be risks for autistic children and their families of implementing this Recommendation?	Direct evidence relating to potential and/or actual risks was not available.	The panel did not identify any prominent risks, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	No

	Are the benefits for autistic children and their families likely to outweigh any risks?	Evidence for benefits. Lack of evidence for risks.	The panel considered the identified benefits and lack of identified risks, as well as the consistency of the Recommendation with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Values and Preferences	Is the Recommendation consistent with the values and preferences of autistic children and their families?	Multiple converging sources of evidence from children and families in support of this Recommendation implies consistency with values and preferences.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Resources	Is the Recommendation likely to require additional resources from children and families?	Direct evidence regarding resource implications was not available.	The panel did not identify any clearly evidenced and/or prominent additional resource requirements.	No
	Is the Recommendation likely to require additional resources from practitioners?	Direct evidence regarding resource implications was not available.	The panel did not identify any clearly evidenced and/or prominent additional resource requirements.	No
Equity	What would be the impact on health equity?	Direct evidence regarding the impact on equity was not available.	The panel noted that there was no evidence that any particular group would benefit more than another and judged that it is uncertain that implementation of this Recommendation would impact health equity.	Uncertain
Acceptability	Is the Recommendation likely to be acceptable to children and families?	Multiple converging sources of evidence from children and families supporting this Recommendation implies acceptability.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes

	Is the Recommendation likely to be acceptable to practitioners?	Multiple converging sources of evidence from practitioners and/or organisations supporting this Recommendation implies acceptability.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Direct evidence for feasibility was not available.	The panel considered that feasibility is implied based on evidence from practitioners and/or organisations in support of this Recommendation, but noted the lack of direct evidence.	Probably yes

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.

Evidence for Recommendation

	Evidence Source	Evidence
Systematic Reviews	Child and family experiences	The importance of finding clinicians who were a good fit with regard to experience, expertise and rapport, was raised by most parents. (Wilson et al., 2021)
	Umbrella Review	This review was not designed to collect evidence for this aspect of support provision.
Community Consultation	**Delphi**	
	Agreement	Please indicate the extent to which you agree each of the following are principles that are important to all aspects of providing therapies and supports to children on the autism spectrum. ***Statement:*** Qualified practitioners: People involved in the provision of therapies and supports should have relevant qualifications and professional regulation, and only engage in goal setting and the delivery of therapies and supports that are within their scope of practice. ***Outcome:*** 99% agreement (Mdn: 5, IQR: 0)
	Qualitative	Should belong to a registered body to advocate for, monitor and ensure accountability with clinical practices [d19-R2]

Community Consultation	**Survey – Quantitative**	
		The following statements describe principles that have been identified by research as having importance for all aspects of providing therapies and supports for children and their families on the autism spectrum. While some principles refer to both children and their families in the same item to acknowledge the family unit, we do so noting that the individual preferences, needs, and rights of each person are always to be considered and maintained. ***Statement:*** Qualified practitioners: People involved in the provision of therapies and supports should have relevant qualifications and professional regulation, and only engage in goal setting and the delivery of therapies and supports that are within their scope of practice.
	Autistic people	***Outcome***: 95% agreement (n=58, Mdn: 5, IQR: 0)
	Parents	***Outcome***: 95% agreement (n=131, Mdn: 5, IQR: 1)
	Family	***Outcome***: 82% agreement (n=11, Mdn: 5, IQR: 1)
	Service Providers	***Outcome***: 98% agreement (n=66, Mdn: 5, IQR: 0)
	Organisations	***Outcome***: 97% agreement (n=69, Mdn: 5, IQR: 0)
	Other	***Outcome***: 76% agreement (n=21, Mdn: 5, IQR: 2)
	Survey - Qualitative	
	Autistic people	Be fully trained and qualified and up to date with research in this area. [606:774]
	Parents	Therapy and supports are qualified to deliver said therapy and supports. [215:726]
	Family	
	Service Providers	Be qualified. Refer when out of scope of practice Check other practitioners are qualified. Ethics of practitioners [493:498]
	Organisations	Significant risks are posed to the child and his/her family when the practitioner is not appropriately educated, trained, qualified and professionally-certified to work with some diagnosed with ASD. Unfortunately, the majority of professionals in Australia working with such people are NOT appropriately qualified/certified. [386:64]
	Other	By ensuring only appropriately trained, qualified and regulated professionals deliver therapy to children with autism. [656:771]

Community Consultation	**Focus Groups**	
	Autistic adults	And if we're looking at monitoring of the progress is again you need someone with specific knowledge around autism to be able to look at that, um, progress and see if the person feels like they're progressing and feels like, that they are. So, I think if you've got somebody who has some autistic knowledge, then I think it makes it much easier to monitor outcomes. [A13]
	Parents	So, I think that there is a real imperative in the service system to ensure that the people who are providing services are absolutely appropriately knowledgeable, experienced, informed and as I said earlier, we're all still learning about [autism] and we're all on this journey together. There's so much more to know and learn, particularly in the area of girls and women with autism. [P11]
	Brief survey	-
	Reflection	-

Evidence to decision judgements

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.

Criteria	Question	Evidence	Additional Considerations	Judgement
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	High
Benefits and Harms	Are there likely to be benefits for autistic children and their families of implementing this Recommendation?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel identified multiple potential benefits for children and families, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
	Are there likely to be risks for autistic children and their families of implementing this Recommendation?	Direct evidence relating to potential and/or actual risks was not available.	The panel did not identify any prominent risks, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	No

	Are the benefits for autistic children and their families likely to outweigh any risks?	Evidence for benefits. Lack of evidence for risks.	The panel considered the identified benefits and lack of identified risks, as well as the consistency of the Recommendation with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Values and Preferences	Is the Recommendation consistent with the values and preferences of autistic children and their families?	Multiple converging sources of evidence from children and families in support of this Recommendation implies consistency with values and preferences.	The panel noted evidence from parents and families that indicated that other practitioner characteristics (e.g., ability to build rapport, experience) were in some cases considered more important than qualifications.	Probably yes
Resources	Is the Recommendation likely to require additional resources from children and families?	Direct evidence regarding resource implications was not available.	The panel noted that requiring relevant qualifications may, in some cases, reduce the number of people in a given geographical location who are able to provide supports, which could place additional resource demands on children and families in accessing services (e.g., increased costs, less convenience, increased travel).	Uncertain
	Is the Recommendation likely to require additional resources from practitioners?	Direct evidence regarding resource implications was not available.	The panel noted that implementing this Recommendation may have different resource implications for different practitioners, depending on their individual circumstances (e.g., nature and scope of practice, existing resources).	Uncertain

Equity	What would be the impact on health equity?	Direct evidence regarding the impact on equity was not available.	The panel noted this Recommendation would probably reduce health equity by reducing access to supports amongst particular groups who may be accessing services from people without relevant qualifications. The panel noted that this Recommendation may impose additional barriers for those whom access to services may already be limited (e.g., based on geographical location).	Probably reduced
Acceptability	Is the Recommendation likely to be acceptable to children and families?	Multiple converging sources of evidence from children and families supporting this Recommendation implies acceptability.	The panel acknowledged the multiple convering sources of evidence that imply acceptability. However, the panel also noted evidence from some autistic people and families that indicated that other practitioner characteristics (e.g., ability to build rapport, experience) were in some cases considered more important.	Probably yes
	Is the Recommendation likely to be acceptable to practitioners?	Multiple converging sources of evidence from practitioners and/or organisations supporting this Recommendation implies acceptability.	The panel acknowledged the multiple converging sources of evidence. However, the panel also noted evidence that some practitioners and organisations indicated that other practitioner characteristics (e.g., ability to build rapport, experience) were in some cases considered more important.	Probably yes

Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Direct evidence for feasibility was not available.	The panel noted that the feasibility of implementing this Recommendation will differ for different practitioners, depending on their individual circumstances (e.g., nature and scope of existing practice, existing resources).	Uncertain

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.

Evidence for Recommendation

	Evidence Source	Evidence
Systematic Reviews	Child and family experiences	As time progressed post-diagnosis, the parents in this study reported feeling that they had a better understanding of ASD as a neuro-developmental disorder. With increased understanding, some of parents in this study started to accept the lifelong nature of ASD. Where parents were previously aiming for a cure, parents then focused on achieving more functional goals. (Edwards et al., 2018)
	Umbrella Review	This review was not designed to collect evidence for this aspect of support provision.
Community Consultation	**Delphi**	
	Agreement	Any decision to intervene, together with the subsequent design and provision of therapies and related support services need to reflect respect for neurodiverse culture and address issues of ableism [d33-R1]
	Qualitative	
	Survey	
	Autistic people	Therapies frequently focus on teaching children to meet normative ideals and expectations by encouraging (or forcing) them to mask their autistic identity and culture. This teaches them that they are inherently flawed and not good enough as they are - the only way to be accepted/liked/successful is to hide who they really are. This poses a significant risk to mental health, with internalised stigma and shame, and low self-esteem and poor self-concept leading to anxiety and depression.... All professionals need to be completely retrained in neurodiversity and strengths based, culturally responsive approaches. [228:787]

Community Consultation	Parents	The goal of therapies should not be to remove autistic traits. The goal of therapies is to help autistic people navigate a neurotypical environment in whatever works best for them, while maintaining their autistic identity. [239:848]
	Family	Parents are led by the beliefs and training of their practitioner and may not have access to alternative and positive framing of disability. [276:366]
	Service Providers	Autistic acceptance and consideration of the neurodiversity movement - this may be the most important principle. [451:157]
	Organisations	-
	Other	That while we are engaged in a paradigm shift to affirming practice that there is not sufficient evidence available and that practice standards should be guided by the autistic community and how they want to be engaged in assessment, therapy and support. [638:400]
	Focus Groups	
	Autistic adults	Affirming the autistic neurotype, so rather than as was said before, trying to change at us, but actually look at the strengths that come along with being autistic…. That if I'm focusing on how autistic people communicate and teaching them that that's how they communicate and that it's awesome that they communicate like that and that we have all these really great strengths and how to use them. [A12]
	Parents	Part of the guidelines is supporting those practitioners to understand that those kinds of words are not ok. Our children are not there to be fixed. They don't need to be treated. They need to be supported and empowered and the word treatment means that there's something wrong with my kid. [P34]
	Brief survey	24 months of Neurodiversity affirming speech has made our quality of life better. [39]
	Reflection	We should stop expecting a round child to fit in a square hole. [14]

Evidence to decision judgements

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.

Criteria	Question	Evidence	Additional Considerations	Judgement
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	High
Benefits and Harms	Are there likely to be benefits for autistic children and their families of implementing this Recommendation?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel identified multiple potential benefits for children and families, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
	Are there likely to be risks for autistic children and their families of implementing this Recommendation?	Direct evidence relating to potential and/or actual risks was not available.	The panel did not identify any prominent risks, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	No

	Are the benefits for autistic children and their families likely to outweigh any risks?	Evidence for benefits. Lack of evidence for risks.	The panel considered the identified benefits and lack of identified risks, as well as the consistency of the Recommendation with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Values and Preferences	Is the Recommendation consistent with the values and preferences of autistic children and their families?	Multiple converging sources of evidence from children and families in support of this Recommendation implies consistency with values and preferences.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Resources	Is the Recommendation likely to require additional resources from children and families?	Direct evidence regarding resource implications was not available.	The panel did not identify any clearly evidenced and/or prominent additional resource requirements.	No
	Is the Recommendation likely to require additional resources from practitioners?	Direct evidence regarding resource implications was not available.	The panel noted that implementing this Recommendation may have different resource implications for different practitioners, depending on their individual circumstances (e.g., nature and scope of practice, existing resources).	Uncertain
Equity	What would be the impact on health equity?	Direct evidence regarding the impact on equity was not available.	The panel noted that there was no evidence that any particular group would benefit more than another and judged that it is uncertain that implementation of this Recommendation would impact health equity.	Uncertain

Acceptability	Is the Recommendation likely to be acceptable to children and families?	Multiple converging sources of evidence from children and families supporting this Recommendation implies acceptability.	The panel noted the multiple converging sources of evidence, and consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
	Is the Recommendation likely to be acceptable to practitioners?	Multiple converging sources of evidence from practitioners and/or organisations supporting this Recommendation implies acceptability.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Direct evidence for feasibility was not available.	The panel considered that feasibility is implied based on evidence from practitioners and/or organisations in support of this Recommendation, but noted the lack of direct evidence.	Probably yes

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.

Evidence for Recommendation

	Evidence Source	Evidence
Systematic Reviews	Child and family experiences	-
	Umbrella Review	This review was not designed to collect evidence for this aspect of support provision.
Community Consultation	**Delphi**	
	Agreement	-
	Qualitative	Consideration of the extent to which the goal/therapy/support works to enhance the autonomy and self-determination of the child and their family. [d5-R1]
	Survey	
	Autistic people	-
	Parents	Ask parents if child is happy with therapy. Ask child. Be willing to change goals if progress isn't made. Respect autonomy of child. Listen to parents. [45:1031]
	Family	-
	Service Providers	The child's goals and expectations of themselves. The family's goals and expectation of their child. What activities the family does that they would like the child to be able to complete. [484:419]

Community Consultation	Organisations	Ensure families are involved and consulted throughout process, that their contributions are valued and honoured. [410:88]
	Other	Risks might be that siblings are overlooked and not included in the therapies/supports - this can also lead to less benefits for the child with autism both in childhood and into adulthood. [639:409]
	Focus Groups	
	Autistic adults	And shaming the parents for being bad parents, um, and making very large assumptions on, um, what they have haven't tried, what they are doing with their best interests for their children, is not doing anyone any good. [A16]
	Parents	I would really, strongly say that supporting and hearing the autistic person story and their family members, particularly parents, in this space. They are the ones with the knowledge. They need to have this story heard and believed at face value and to be able to advocate strongly in that space as the parents or as the autistic person themselves and be valid in that. [...] those personal experiences of families and people with autism is so important. [P12] I think constantly wanting, you know, specialist reports and things like that is great, but the, you know, and those views are very valid, but those personal experiences of families and people with autism is so important. And I can't emphasize enough how much that should be valued and taken as a, you know, a really strong indication of where the person is out and what their needs are. [P12]
	Brief survey	Families also need A LOT of help to maintain their informal support. When this is not obtained carers can't work anymore and suffer significant carer burnout. Siblings then need to become young carers and the cycle continues. Help with everyday activities means everything for keeping the family afloat and helping children reach therapeutic goals. [24]
	Reflection	It is really hard having to drive a child to endless therapies. This is really hard not only for the child, but their siblings and parent too. It resulted in my children missing out on a lot of everyday childhood experiences. I wish therapies slotted into everyday life better, and helped children integrate into society instead of pulling them out of it all the time. [13]

Evidence to decision judgements

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.

Criteria	Question	Evidence	Additional Considerations	Judgement
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	High
Benefits and Harms	Are there likely to be benefits for autistic children and their families of implementing this Recommendation?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel identified multiple potential benefits for children and families, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
	Are there likely to be risks for autistic children and their families of implementing this Recommendation?	Direct evidence relating to potential and/or actual risks was not available.	The panel did not identify any prominent risks, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	No

	Are the benefits for autistic children and their families likely to outweigh any risks?	Evidence for benefits. Lack of evidence for risks.	The panel considered the identified benefits and lack of identified risks, as well as the consistency of the Recommendation with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Values and Preferences	Is the Recommendation consistent with the values and preferences of autistic children and their families?	Multiple converging sources of evidence from children and families in support of this Recommendation implies consistency with values and preferences.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Resources	Is the Recommendation likely to require additional resources from children and families?	Direct evidence regarding resource implications was not available.	The panel did not identify any clearly evidenced and/or prominent additional resource requirements.	No
	Is the Recommendation likely to require additional resources from practitioners?	Direct evidence regarding resource implications was not available.	The panel noted that implementing this Recommendation may have different resource implications for different practitioners, depending on their individual circumstances (e.g., nature and scope of practice, existing resources).	Uncertain
Equity	What would be the impact on health equity?	Direct evidence regarding the impact on equity was not available.	The panel noted that there was no evidence that any particular group would benefit more than another and judged that it is uncertain that implementation of this Recommendation would impact health equity.	Uncertain

Acceptability	Is the Recommendation likely to be acceptable to children and families?	Multiple converging sources of evidence from children and families supporting this Recommendation implies acceptability.	The panel noted the multiple converging sources of evidence, and consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
	Is the Recommendation likely to be acceptable to practitioners?	Multiple converging sources of evidence from practitioners and/or organisations supporting this Recommendation implies acceptability.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Direct evidence for feasibility was not available.	The panel considered that feasibility is implied based on evidence from practitioners and/or organisations in support of this Recommendation, but noted the lack of direct evidence.	Probably yes

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.

Evidence for Recommendation

	Evidence Source	Evidence
Systematic Reviews	Child and family experiences	The logistics of accessing therapies (e.g., costs, funding, wait lists, availability and location) was raised by all participants. (Wilson et al., 2021*)*
	Umbrella Review	This review was not designed to collect evidence for this aspect of support provision.
Community Consultation	**Delphi**	
	Agreement	***Statement:*** Therapies/supports should be made available as soon as a support need is identified. ***Outcome:*** 92% agreement (Mdn: 5, IQR: 1) Please indicate the extent to which you agree each of the following are principles that are important to all aspects of providing therapies and supports to children on the autism spectrum: ***Statement:*** Equity: All children and families, regardless of age, gender, cultural background, socioeconomic status or geographical location should be able to access timely, safe, desirable and effective therapies and supports. ***Outcome:*** 100% agreement (Mdn: 5, IQR: 0) ***Statement:*** Accessible: The process of planning, delivering, and monitoring therapies and support, including interactions and documentation, should be accessible. ***Outcome:*** 100% agreement (Mdn: 5, IQR: 0)
	Qualitative	This is a challenge because even when a need is identified often services are inaccessible which leads to significant parental concern [d62-R1]

Community Consultation	**Survey – Quantitative**	
		The following statements describe principles that have been identified by research as having importance for all aspects of providing therapies and supports for children and their families on the autism spectrum. While some principles refer to both children and their families in the same item to acknowledge the family unit, we do so noting that the individual preferences, needs, and rights of each person are always to be considered and maintained. ***Statement:*** Equity: All children and families, regardless of age, gender, cultural background, socioeconomic status or geographical location should be able to access timely, safe, desirable and effective therapies and supports. ***Statement:*** Accessible: The process of planning, delivering, and monitoring therapies and support, including interactions and documentation, should be accessible.
	Autistic people	***Outcome (equity)***: 95% agreement (n=57, Mdn: 5, IQR: 0) ***Outcome (accessible)***: 96% agreement (n=57, Mdn: 5, IQR: 0)
	Parents	***Outcome (equity)***: 100% agreement (n=133, Mdn: 5, IQR: 0) ***Outcome (accessible)***: 97% agreement (n=131, Mdn: 5, IQR: 1)
	Family	***Outcome (equity)***: 100% agreement (n=11, Mdn: 5, IQR: 0) ***Outcome (accessible)***: 91% agreement (n=11, Mdn: 5, IQR: 1)
	Service Providers	***Outcome (equity)***: 98% agreement (n=66, Mdn: 5, IQR: 0) ***Outcome (accessible)***: 92% agreement (n=66, Mdn: 5, IQR: 1)
	Organisations	***Outcome (equity)***: 100% agreement (n=70, Mdn: 5, IQR: 0) ***Outcome (accessible)***: 100% agreement (n=70, Mdn: 5, IQR: 0)
	Other	***Outcome (equity)***: 95% agreement (n=20, Mdn: 5, IQR: 0) ***Outcome (accessible)***: 90% agreement (n=21, Mdn: 5, IQR: 1)
	Survey - Qualitative	
	Autistic people	Therapies should be taken to the client where it is necessary to ensure continuity and access. It is often that case that location and finance limit therapies almost as much as availability of therapists. [588:631]
	Parents	Having to find new providers since moving regionally, with 12-18 month waiting lists, still haven't been able to get [*named practice*]…. Waitlists causing further regressions in behaviour. [94:251]

Community Consultation	Family	Therapies and supports should be delivered in a timely manner (i.e. reduce where possible extreme waitlists). Therapies and supports should also be financially accessible [275:284]
	Service Providers	Parents and children are also at risk of not being able to access services when they need them, due to being denied funding, or clinic wait lists. [472:32]
	Organisations	Lack of access for children and Families to timely and effective supports. Feedback from parents highlights lack of accessible and quality information as one of the key barriers to accessing services for the right service/s for child. Challenge of navigating complex systems. [292:1010]
	Other	-
	Focus Groups	
	Autistic adults	I've had to help families at school, who might have English as their second language or have a range of other challenges. They don't know what goals to put that are gonna get the good funding for their children. So then, I mean there's, I have my children and their children are the same age. There's literally tens of thousands of dollars gap in funding. And so, it's a massive, massive inequity then in terms of services that those children can access. [A15]
	Parents	And I just, yeah, the country that we live in this supposed to be a first world country and it's incredible how badly off some families are and how hard it is to get support for themselves and for their children and yeah, I can't emphasize that enough. The mental health needs of families and just the practical support that doesn't seem to be available or just hoax. Such an immense amount of effort and time to access, even at a really basic level. [P12]
	Brief survey	We wish we had have had the opportunity to access it when he was 3. We didn't know it existed. No one told us. [65]
	Reflection	We have had to do Telehealth interstate to access appropriately trained [*named profession*]. [12]

Evidence to decision judgements

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.

Criteria	Question	Evidence	Additional Considerations	Judgement
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	High
Benefits and Harms	Are there likely to be benefits for autistic children and their families of implementing this Recommendation?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel identified multiple potential benefits for children and families, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
	Are there likely to be risks for autistic children and their families of implementing this Recommendation?	Direct evidence relating to potential and/or actual risks was not available.	The panel did not identify any prominent risks, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	No

	Are the benefits for autistic children and their families likely to outweigh any risks?	Evidence for benefits. Lack of evidence for risks.	The panel considered the identified benefits and lack of identified risks, as well as the consistency of the Recommendation with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Values and Preferences	Is the Recommendation consistent with the values and preferences of autistic children and their families?	Multiple converging sources of evidence from children and families in support of this Recommendation implies consistency with values and preferences.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Resources	Is the Recommendation likely to require additional resources from children and families?	Direct evidence regarding resource implications was not available.	The panel did not identify any clearly evidenced and/or prominent additional resource requirements.	No
	Is the Recommendation likely to require additional resources from practitioners?	Direct evidence regarding resource implications was not available.	The panel identified that implementing this Recommendation requires an individualised and timely approach for each child and family, which likely increases resource requirements for practitioners, particularly if practitioners have long waiting lists.	Probably yes
Equity	What would be the impact on health equity?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel noted the ensuring timely and accessible services are available to all children and families would increase health equity.	Increased

Acceptability	Is the Recommendation likely to be acceptable to children and families?	Multiple converging sources of evidence from children and families supporting this Recommendation implies acceptability.	The panel noted the multiple converging sources of evidence, and consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
	Is the Recommendation likely to be acceptable to practitioners?	Multiple converging sources of evidence from practitioners and/or organisations supporting this Recommendation implies acceptability.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Direct evidence for feasibility was not available.	The panel noted that the feasibility of implementing this Recommendation will differ for different practitioners, depending on their individual circumstances (e.g., nature and scope of existing practice, existing resources).	Uncertain

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.

Evidence for Recommendation

	Evidence Source	Evidence
Systematic Reviews	Child and family experiences	Some parents raised the importance of collaboration between their child's supports (e.g., school and therapists). (Wilson et al., 2021)
	Umbrella Review	This review was not designed to collect evidence for this aspect of support provision.
Community Consultation	**Delphi**	
	Agreement	Please indicate the extent to which you agree each of the following are principles that are important to all aspects of providing therapies and supports to children on the autism spectrum. ***Statement:*** Coordinated: A coordinated approach to the provision of therapies and supports for the child and family across practitioners, organisations, and agencies should be taken. ***Outcome:*** 97% agreement (Mdn: 5, IQR: 0)
	Qualitative	Therapists and service providers are best to work together. We can all generate an impressive list of goals backed up with evidence and recommendation on how to get there. However, there is a lot of redundancy given that many therapists and interventions share scope and skill set. In my view, there needs to be a lead clinician (agreed upon by the care team members, and family) who oversees the prioritisation of goal hierarchy. Too many times I see tick box therapy and goal measures. And it is wasted time and energy. It needs to be more individualised and monitored more closely. [d24-R1]

Community Consultation	**Survey – Quantitative**	
		The following statements describe principles that have been identified by research as having importance for all aspects of providing therapies and supports for children and their families on the autism spectrum. While some principles refer to both children and their families in the same item to acknowledge the family unit, we do so noting that the individual preferences, needs, and rights of each person are always to be considered and maintained. ***Statement:*** Coordinated: A coordinated approach across practitioners, organisations, and agencies should be taken.
	Autistic people	***Outcome***: 86% agreement (n=58, Mdn: 5, IQR: 0)
	Parents	***Outcome***: 89% agreement (n=130, Mdn: 5, IQR: 0)
	Family	***Outcome***: 100% agreement (n=11, Mdn: 5, IQR: 0)
	Service Providers	***Outcome***: 95% agreement (n=66, Mdn: 5, IQR: 0)
	Organisations	***Outcome***: 96% agreement (n=70, Mdn: 5, IQR: 0)
	Other	***Outcome***: 90% agreement (n=21, Mdn: 5, IQR: 1)
	Survey - Qualitative	
	Autistic people	Interviewing and liaising with other key stakeholders…. Working as a team…. Coordination of who is doing what which requires stakeholder meeting…. Talking to schools and other stakeholders wherever possible. [549:1087]
	Parents	All the therapists involved need to come together and work together so they have a clear picture of the child, the family, progress which should then enable the therapists to change therapy (be flexible) I cannot stress enough that all therapists and people helping the child must know what is going on and what changes are happening to the child and to the family. Only when therapist are working together can they be flexible to change according to the changes and growth that is happening to the child and the family. This is why a case manager needs to be assigned to each child. [210:720]
	Family	-
	Service Providers	Communication among practitioners with parental consent to ensure complimentary therapies and support is occurring. [460:216]
	Organisations	Services can be fragmented and concerns get missed - there needs to be tighter collaboration. [382:607]
	Other	A coordinated and individualised program - Competent practitioners - Support families to make informed decisions. [655:704]

Community Consultation		
	Focus Groups	
	Autistic adults	So, if you're seeing, you know, five different practitioners and they're not working together as a team, which is usually the case, I'll often find there's different practitioners touching on little bits and pieces of different things where there's a lot of overlap and duplication. Or maybe they're taking it in a different direction and then another one's doing it slightly different.... We say right, that we are all the people that are supporting this child and this family and we're gonna do try to do this, you know, maybe not day-to-day as a team, but you know certainly have check-ins or however they sort of plan to do that, so that we feel like we're actually getting that tailored service, that we're not getting all these bits and pieces. [A23]
	Parents	I think that parents currently play the role of coordination of care across therapies and practitioners - this is really hard work. A shift to making coordinated goal setting the responsibility of the practitioners along side the parents. [P11]
	Brief survey	
	Reflection	They would have liked other people to understand their communication styles and social skills. They would have liked to know how to teach other people about this and ask for things they needed, rather than ignore their own needs. [13]

Evidence to decision judgements

Recommendation 17

Strength of Recommendation: Conditional

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

Criteria	Question	Evidence	Additional Considerations	Judgement
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	High
Benefits and Harms	Are there likely to be benefits for autistic children and their families of implementing this Recommendation?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel identified multiple potential benefits for children and families, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
	Are there likely to be risks for autistic children and their families of implementing this Recommendation?	Direct evidence relating to potential and/or actual risks was not available.	The panel did not identify any prominent risks, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	No

	Are the benefits for autistic children and their families likely to outweigh any risks?	Evidence for benefits. Lack of evidence for risks.	The panel considered the identified benefits and lack of identified risks, as well as the consistency of the Recommendation with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Values and Preferences	Is the Recommendation consistent with the values and preferences of autistic children and their families?	Multiple converging sources of evidence from children and families in support of this Recommendation implies consistency with values and preferences.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Resources	Is the Recommendation likely to require additional resources from children and families?	Direct evidence regarding resource implications was not available.	The panel did not identify any clearly evidenced and/or prominent additional resource requirements.	No
	Is the Recommendation likely to require additional resources from practitioners?	Direct evidence regarding resource implications was not available.	The panel identified that implementing this Recommendation requires an individualised approach for each child and family, which likely increases resource requirements for practitioners.	Probably yes
Equity	What would be the impact on health equity?	Direct evidence regarding the impact on equity was not available.	The panel noted that there was no evidence that any particular group would benefit more than another and judged that it is uncertain that implementation of this Recommendation would impact health equity.	Uncertain

Acceptability	Is the Recommendation likely to be acceptable to children and families?	Multiple converging sources of evidence from children and families supporting this Recommendation implies acceptability.	The panel noted the multiple converging sources of evidence, and consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
	Is the Recommendation likely to be acceptable to practitioners?	Multiple converging sources of evidence from practitioners and/or organisations supporting this Recommendation implies acceptability.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Direct evidence for feasibility was not available.	The panel noted that the feasibility of implementing this Recommendation will differ for different practitioners, depending on their individual circumstances (e.g., nature and scope of existing practice, existing resources).	Uncertain

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.

Evidence for Recommendation

	Evidence Source	Evidence
Systematic Reviews	Child and family experiences	This review was not designed to collect evidence for this aspect of support provision.
	Umbrella Review	This review was not designed to collect evidence for this aspect of support provision.
Community Consultation	**Delphi**	
	Agreement	When relevant, goals for children on the autism spectrum and their families should consider focusing on: ***Statement:*** Physical functions (e.g., articulation of speech sounds, fine motor skills). ***Outcome:*** 92% agreement (Mdn: 4, IQR: 1) ***Statement:*** Mental functions (e.g., executive functioning). ***Outcome:*** 95% agreement (Mdn: 5, IQR: 1) ***Statement:*** The acquisition of skills (e.g., social, communication, play, motor). ***Outcome:*** 94% agreement (Mdn: 5, IQR: 1) ***Statement:*** The generalised use of skills in daily activities with others (e.g., social skills used to help form relationships, communication skills used to have a conversation, play skills used to engage in play with peers). ***Outcome:*** 96% agreement (Mdn: 5, IQR: 1)

Community Consultation	Agreement (cont'd.)	***Statement:*** The reduction of behaviours of concern (e.g., self-injurious behaviours). ***Outcome:*** 89% agreement (Mdn: 5, IQR: 1) ***Statement:*** Learning and applying knowledge (e.g., learning to count, learning to read). ***Outcome:*** 78% agreement (Mdn: 4, IQR: 1) ***Statement:*** Carrying out daily routines (relative to age expectations). ***Outcome:*** 96% agreement (Mdn: 5, IQR: 1) ***Statement:*** Supporting interpersonal interactions and relationships). ***Outcome:*** 94% agreement (Mdn: 5, IQR: 1) ***Statement:*** Participation in community, social, and civic life (e.g., recreation, leisure, religion, spirituality). ***Outcome:*** 95% agreement (Mdn: 5, IQR: 1)
	Qualitative	Goals that improve child's functional abilities where needed, not just improving child's physical and/or cognitive skills. For example, not just improving child's language skills but improving child's ability to translate language skills into everyday practice. [d9-R1]
	Survey	
	Autistic people	Ensuring that responsibility is not solely placed on the child... the family and practitioner need to ensure that they are educating themselves in how they can be adapting the environment. [583:579]
	Parents	Goals to support increased learning and participation in family, school, community Goals that will reduce barriers to accessing these.... Prioritise based on what is most significant barrier to access and participation. Consult with child and all supporting child. Goals to increase access and participation across multiple settings should be prioritised [40:1018]
	Family	Communication (whether that be speech, sign language, ACC etc.). Sensory. Inclusion/involvement with the community. Educational/vocational/employment. Mental health and wellbeing. Independent living. Social functioning. [275:284]
	Service Providers	Developing a sense of self and autonomy. feeling like they are special and in control from a child perspective. [513:727]
	Organisations	Increasing the capacity of all people in a child's life is critically important - training and coaching family/staff, supporting development of inclusive environments and the child's participation alongside their peers. Supporting the wellbeing of the family members and the family unit is a critical component in providing effective supports [428:972]

Community Consultation		
	Other	Establish holistic goals that develop a sense of belonging and which address: Developmental functioning of the child with autism e.g., communication skills, daily living skills, psychosocial skills (e.g., social skills, friendships, emotion regulation, self-esteem), motor skills, play skills, and addressing challenging behaviours. Learning needs of the child with autism. Mental health and wellbeing needs of the child with autism. Contexts and settings relevant to the child and family including education settings, home, community, work, leisure etc. Family needs e.g., parenting/bonding, health and wellbeing, safety etc. Strengths and interests. [625:1006]
	Focus Groups	
	Autistic adults	So, something that I think is really important, especially my kids had [*named practice*] and we're still dealing with the consequences of that all these years later, I think that an important consideration needs, it cannot be about compliance. It cannot be about trying to appear neurotypical. It has to be yes, we need to be focused on building skills and independence, but we also need to focus on empowering that young person and for them to learn how to self-advocate. [A31]
	Parents	I am [age] and - although every child no matter the age of their parents will one day have to live alone - but being an older parent this heightened my focus on making sure he is safe and able to survive once we cannot be there any more for him. [P13]
	Brief survey	My child is also now learning how to have a voice and self-advocate for their needs. I wish this had been implemented during early childhood. We would have been so much better off. [24]
	Reflection	They would have liked other people to understand their communication styles and social skills. They would have liked to know how to teach other people about this and ask for things they needed, rather than ignore their own needs. [13]

Evidence to decision judgements

Recommendation 18

Strength of Recommendation: Strong

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

Criteria	Question	Evidence	Additional Considerations	Judgement
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	High
Benefits and Harms	Are there likely to be benefits for autistic children and their families of implementing this Recommendation?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel identified multiple potential benefits for children and families, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
	Are there likely to be risks for autistic children and their families of implementing this Recommendation?	Direct evidence relating to potential and/or actual risks was not available.	The panel did not identify any prominent risks, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	No

	Are the benefits for autistic children and their families likely to outweigh any risks?	Evidence for benefits. Lack of evidence for risks.	The panel considered the identified benefits and lack of identified risks, as well as the consistency of the Recommendation with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Values and Preferences	Is the Recommendation consistent with the values and preferences of autistic children and their families?	Multiple converging sources of evidence from children and families in support of this Recommendation implies consistency with values and preferences.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Resources	Is the Recommendation likely to require additional resources from children and families?	Direct evidence regarding resource implications was not available.	The panel did not identify any clearly evidenced and/or prominent additional resource requirements.	No
	Is the Recommendation likely to require additional resources from practitioners?	Direct evidence regarding resource implications was not available.	The panel did not identify any clearly evidenced and/or prominent additional resource requirements.	No
Equity	What would be the impact on health equity?	Direct evidence regarding the impact on equity was not available.	The panel noted that there was no evidence that any particular group would benefit more than another and judged that it is uncertain that implementation of this Recommendation would impact health equity.	Uncertain
Acceptability	Is the Recommendation likely to be acceptable to children and families?	Multiple converging sources of evidence from children and families supporting this Recommendation implies acceptability.	The panel noted the multiple converging sources of evidence, and consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes

	Is the Recommendation likely to be acceptable to practitioners?	Multiple converging sources of evidence from practitioners and/or organisations supporting this Recommendation implies acceptability.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Direct evidence for feasibility was not available.	The panel considered that feasibility is implied based on evidence from practitioners and/or organisations in support of this Recommendation, but noted the lack of direct evidence.	Probably yes

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.

Evidence for Recommendation

	Evidence Source	Evidence
Systematic Reviews	Child and family experiences	This review was not designed to collect evidence for this aspect of support provision.
	Umbrella Review	This review was not designed to collect evidence for this aspect of support provision.
Community Consultation	**Delphi**	
	Agreement	-
	Qualitative	Self-advocacy goals for the family and for the children themselves [d29-R1]
	Survey	
	Autistic people	Increase autonomy and opportunity across a range of settings, by helping the family, school and therapies make the child feel safe, welcome, competent and curious. [612:808]
	Parents	I find the improving quality of life goals most useful, prioritising relationships, emphasising my son's autonomy (which might not look like traditional independence - in fact at this point in life aged 20 helping my son ask for and accept help is one of our most important "goals." Acceptance. Aiming for community inclusion as they are. [151:512]

Community Consultation	Family	Advocacy training. Navigating funding [276:336]
	Service Providers	Building a parent's capacity to participate in emotional coregulation. Building a parent’s knowledge of autism and ability to advocate. Building parent and teachers ability to respectfully manage 'tricky behaviours' [472:32]
	Organisations	Goals that are meaningful and support independence of the child and family. Goals that increase child and family's well-being. Goals that promote community inclusion and participation. ELYF framework: ‘Being, belonging and becoming.’ Shift away from discrete goals to broader and meaningful goals that lead to better quality of life [426:958]
	Other	Support to interact with my sibling in order to engage in greater peer learning opportunities within the naturalistic setting of my home within my central learning context (of my family). [639:409]
	Focus Groups	
	Autistic adults	-
	Parents	Family therapy is just as critical as therapy and intervention for the child/children and should be part of goal setting and planning. [P11] The voice of parents is essential for kids who cannot speak for themselves. [P13]
	Brief survey	Promote therapies that help children and adults self-advocate and stay true to their neurological culture. [24]
	Reflection	-

Evidence to decision judgements

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.

Criteria	Question	Evidence	Additional Considerations	Judgement
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	High
Benefits and Harms	Are there likely to be benefits for autistic children and their families of implementing this Recommendation?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel identified multiple potential benefits for children and families, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
	Are there likely to be risks for autistic children and their families of implementing this Recommendation?	At least one source of evidence from across the autistic and/or autism communities indicating risks.	The panel noted that empowering parents and families to support and advocate for the child may sometimes inadvertently place a burden on these individuals. The Good Practice Points indicate the need to connect families with support networks, including access to respite care, but the panel judged that this may still be a risk.	Probably yes

	Are the benefits for autistic children and their families likely to outweigh any risks?	Evidence for benefits and risks.	The panel noted evidence for benefits of empowering families and potential risks (inadvertently increasing burden for some families) but judged that the benefits substantially outweigh the risks. The panel noted that the risks are mitigated if the Good Practice Points and other relevant Recommendations are followed.	Probably yes
Values and Preferences	Is the Recommendation consistent with the values and preferences of autistic children and their families?	Multiple converging sources of evidence from children and families in support of this Recommendation implies consistency with values and preferences.	The panel noted that empowering parents to support and advocate for their child may inadvertently place a burden on some families, and may therefore be inconsistent with the preferences of some families. The panel also considered broader research evidence, professional standards, national regulations, and/or international conventions.	Probably yes
Resources	Is the Recommendation likely to require additional resources from children and families?	Direct evidence regarding resource implications was not available.	The panel noted that empowering parents to support and advocate for their child may both add to, and reduce, resource requirments for children and families.	Uncertain
	Is the Recommendation likely to require additional resources from practitioners?	Direct evidence regarding resource implications was not available.	The panel noted that implementing this Recommendation may have different resource implications for different practitioners, depending on their individual circumstances (e.g., nature and scope of practice, existing resources).	Uncertain

Equity	What would be the impact on health equity?	Direct evidence regarding the impact on equity was not available.	The panel noted that this Recommendation has the potential to increase health equity by empowering parents, particularly those who are disadvantaged and/or marginalised, based on consideration of the available evidence and the broader research evidence, professional standards, national regulations, and/or international conventions.	Probably increased
Acceptability	Is the Recommendation likely to be acceptable to children and families?	Multiple converging sources of evidence from children and families supporting this Recommendation implies acceptability.	The panel noted that taking on additional responsibilities in acquiring knowledge and advocacy may not be consistent with the values and preferences of all families.	Probably yes
	Is the Recommendation likely to be acceptable to practitioners?	Multiple converging sources of evidence from practitioners and/or organisations supporting this Recommendation implies acceptability.	The panel noted that taking on additional responsibilities in acquiring knowledge and advocacy may not be consistent with the values and preferences of all families, which may also reduce acceptability for the practitioners who support them.	Probably yes
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Direct evidence for feasibility was not available.	The panel considered that feasibility is implied based on evidence from practitioners and/or organisations in support of this Recommendation, but noted the lack of direct evidence.	Probably yes

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.

Evidence for Recommendation

	Evidence Source	Evidence
Systematic Reviews	Child and family experiences	This review was not designed to collect evidence for this aspect of support provision.
	Umbrella Review	This review was not designed to collect evidence for this aspect of support provision.
Community Consultation	**Delphi**	
	Agreement	When relevant, goals for children on the autism spectrum and their families should consider focusing on: ***Statement:*** Accessibility in the physical environment (e.g., sensory-safe spaces). ***Outcome:*** 96% agreement (Mdn: 4.5, IQR: 1) ***Statement:*** Accessibility in the social environment (e.g., changing attitudes and increasing knowledge and skills of others'). ***Outcome:*** 98% agreement (Mdn: 5, IQR: 1) ***Statement:*** Enhancement of services, systems, and policies (e.g., to improve coordination of services, changing policies that create barriers to participation). ***Outcome:*** 91% agreement (Mdn: 5, IQR: 1)
	Qualitative	The child's goals should help them thrive in all the environments they interact in. [d45-R1]

Community Consultation		
	Survey	
	Autistic people	Sensory considered separate waiting room if required inform and train office staff card attached to file safety fence and gate low lighting fidget toys sensory chairs. overwhelm and behaviour due to normal waiting area child will not want to participate if uncomfortable parents feel stressed and will not continue if there is a behaviour that escalates after. [580:550]
	Parents	Gates, closed doors and locked windows, stairs (if they must have them) with handrails that are low enough for kids to use and not just a handrail at adult height, remove distractions during therapy time in the therapy room/space. [262:978]
	Family	-
	Service Providers	-
	Organisations	Behaviours of concern that may impact the safety of the child or others. Environmental risks inherent in the environment or made more risky due to cognitive deficits, behaviours of concerns or sensory seeking and avoidance behaviours. Risks related to restrictive practices. [370:502]
	Other	Inclusion and participation - Children are supported to participate in everyday learning activities with their peers. [655:704]
	Focus Groups	
	Autistic adults	Not change their needs, not change their communication style, but actually enabling them and empowering them to actually be able to seek the place they fit in successfully and create change. [A22]
	Parents	Many parents have fears each & every day around the risks when a child has unsafe actions such as Absconding & fixation of water & car wheels etc…It's not only physical safety it's also emotional safety from adults (education settings), other neuro-typical children & environments. OVERALL SAFETY & Wellbeing is paramount for ALL. [P47] In younger children drowning and wandering is big! [P46]
	Brief survey	-
	Reflection	Sensory needs were met and [his] feelings and needs were validated in a safe environment other than home. [16]

Evidence to decision judgements

Recommendation 20

Strength of Recommendation: Strong

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

Criteria	Question	Evidence	Additional Considerations	Judgement
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	High
Benefits and Harms	Are there likely to be benefits for autistic children and their families of implementing this Recommendation?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel identified multiple potential benefits for children and families, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
	Are there likely to be risks for autistic children and their families of implementing this Recommendation?	Direct evidence relating to potential and/or actual risks was not available.	The panel did not identify any prominent risks, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	No

	Are the benefits for autistic children and their families likely to outweigh any risks?	Evidence for benefits. Lack of evidence for risks.	The panel considered the identified benefits and lack of identified risks, as well as the consistency of the Recommendation with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Values and Preferences	Is the Recommendation consistent with the values and preferences of autistic children and their families?	Multiple converging sources of evidence from children and families in support of this Recommendation implies consistency with values and preferences.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Resources	Is the Recommendation likely to require additional resources from children and families?	Direct evidence regarding resource implications was not available.	The panel noted that creating safe and accessible environments may both add to, and reduce, resource requirments for children and families.	Uncertain
	Is the Recommendation likely to require additional resources from practitioners?	Direct evidence regarding resource implications was not available.	The panel noted that implementing this Recommendation may have different resource implications for different practitioners, depending on their individual circumstances (e.g., nature and scope of practice, existing resources).	Uncertain
Equity	What would be the impact on health equity?	Direct evidence regarding the impact on equity was not available.	The panel noted that there was no evidence that any particular group would benefit more than another and judged that it is uncertain that implementation of this Recommendation would impact health equity.	Uncertain

Acceptability	Is the Recommendation likely to be acceptable to children and families?	Multiple converging sources of evidence from children and families supporting this Recommendation implies acceptability.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
	Is the Recommendation likely to be acceptable to practitioners?	Multiple converging sources of evidence from practitioners and/or organisations supporting this Recommendation implies acceptability.	The panel noted that taking on additional responsibilities in acquiring knowledge and advocacy may not be consistent with the values and preferences of all families.	Yes
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Direct evidence for feasibility was not available.	The panel considered that feasibility is implied based on evidence from practitioners and/or organisations in support of this Recommendation, but noted the lack of direct evidence.	Probably yes

Recommendation 21

Consensus-Based Recommendation

Strength of Recommendation: Strong

Goals should be neurodiversity-affirming.

Evidence for Recommendation

	Evidence Source	Evidence
Systematic Reviews	Child and family experiences	This review was not designed to collect evidence for this aspect of support provision.
	Umbrella Review	This review was not designed to collect evidence for this aspect of support provision.
Community Consultation	**Delphi**	
	Agreement	-
	Qualitative	If the therapies use the neurodiversity model then goals will be appropriate for the child's wellbeing. [d28-R1]
	Survey	
	Autistic people	The problem with setting goals is that the goals are aims toward normalcy, forcing autistic children to act in a neurotypical way, regardless of whether doing so is harmful to them (masking). [551:1090]
	Parents	Goals that support autistic identity development and cultural expression. Goals that support functioning and well-being BUT not by suppressing or eliminating autistic characteristics. [228:787]
	Family	Aiming towards involvement within a caring community - respecting the individual's needs, interests, talents and skills. [271:1113]

Community Consultation	Service Providers	Psychoeducation for the families. Understanding the autistic experience. Providing adaptions and accommodations, review neurodiversity affirming practices, and make goals in line with that. [501:522]
	Organisations	Goals that are neurodiversity affirming for the young person, goals that minimise harm and are functionally relevant.... Ensure the goal is not to ensure the young person appears neurotypical. Ensure the goal is not for the young person to comply. [353:393]
	Other	Social skills goals - but also recognising the double empathy issue with social skills. Sensory regulation and coping- but not just the cessation of stimming. Learning skills that are meaningful to the child in a structured autism friendly way. [627:1034]
	Focus Groups	
	Autistic adults	That there should never be a goal which has at its core changing our kids' neurology or trying to make them less autistic at its heart.... And so, we support our kids and our goal should be about supporting our kids, never to change them, but to support them to be the best autistic, authentic person. [A42]
	Parents	I think, I have one of the older young people in this group and the mental health fallout on our young person for masking and doing therapies that encourage masking, even though they're well-intentioned but the net result was encouraged masking, have been devastating and we are still unpacking. My young person's 16 and still has flashbacks. So, considering the mental wellbeing of our young people. [P14]
	Brief survey	I didn't like playing with them. They told me to stare at them and it hurt. That is why we didn't go back. [24]
	Reflection	Anything related to learning neurotypical social skills. This broke them. It did not make any sense and they saw what other people thought of them and what came natural to them. They were shamed for doing things such as taking time out to self-regulate, because their 'body wasn't in the group' and they weren't putting the 'needs of the group' above their own so they could be part of a 'group plan'. It also communicated that it was ok for other people to shame them for doing what kept them safe (removing themself, engage in activities that promoted self-regulation, and then return). [13]

Evidence to decision judgements

Recommendation 21

Strength of Recommendation: Strong

Goals should be neurodiversity-affirming.

Criteria	Question	Evidence	Additional Considerations	Judgement
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	High
Benefits and Harms	Are there likely to be benefits for autistic children and their families of implementing this Recommendation?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel identified multiple potential benefits for children and families, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
	Are there likely to be risks for autistic children and their families of implementing this Recommendation?	Direct evidence relating to potential and/or actual risks was not available.	The panel did not identify any prominent risks, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	No

	Are the benefits for autistic children and their families likely to outweigh any risks?	Evidence for benefits. Lack of evidence for risks.	The panel considered the identified benefits and lack of identified risks, as well as the consistency of the Recommendation with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Values and Preferences	Is the Recommendation consistent with the values and preferences of autistic children and their families?	Multiple converging sources of evidence from children and families in support of this Recommendation implies consistency with values and preferences.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Resources	Is the Recommendation likely to require additional resources from children and families?	Direct evidence regarding resource implications was not available.	The panel did not identify any clearly evidenced and/or prominent additional resource requirements.	No
	Is the Recommendation likely to require additional resources from practitioners?	Direct evidence regarding resource implications was not available.	The panel noted that implementing this Recommendation may have different resource implications for different practitioners, depending on their individual circumstances (e.g., nature and scope of practice, existing resources).	Uncertain
Equity	What would be the impact on health equity?	Direct evidence regarding the impact on equity was not available.	The panel noted that there was no evidence that any particular group would benefit more than another and judged that it is uncertain that implementation of this Recommendation would impact health equity.	Uncertain

Acceptability	Is the Recommendation likely to be acceptable to children and families?	Multiple converging sources of evidence from children and families supporting this Recommendation implies acceptability.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
	Is the Recommendation likely to be acceptable to practitioners?	Multiple converging sources of evidence from practitioners and/or organisations supporting this Recommendation implies acceptability.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Direct evidence for feasibility was not available.	The panel considered that feasibility is implied based on evidence from practitioners and/or organisations in support of this Recommendation, but noted the lack of direct evidence.	Probably yes

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.

Evidence for Recommendation

Evidence Source		Evidence
Systematic Reviews	Child and family experiences	This review was not designed to collect evidence for this aspect of support provision.
	Umbrella Review	This review was not designed to collect evidence for this aspect of support provision.
Community Consultation	**Delphi**	
	Agreement	We are interested to know who you think should be involved in the provision of therapies and supports for children on the autism spectrum. Below, we have indicated a range of people who might be involved. Please tell us the extent to which you agree with these statements. Setting goals: ***Statement:*** The child, family, and family-like people (i.e., family friends, peers) should be involved in setting goals. ***Outcome:*** 100% agreement (Mdn: 5, IQR: 0) ***Statement:*** People who provide formal support for the child's health and development (e.g., educators, medical and allied health practitioners) should be involved in setting goals. ***Outcome:*** 99% agreement (Mdn: 5, IQR: 1)

Community Consultation	Agreement (cont'd)	***Statement:*** Where relevant and desired by the child and family, people who can contribute to supporting 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) may be involved in one or more aspects of: • Working to understand the child, family, and context • Setting goals • Selecting therapies and supports • Delivering therapies and supports • Monitoring outcomes ***Outcome:*** 86% agreement (Mdn: 4, IQR: 1) ***Statement:*** Where relevant and desired by the child and family, staff in agencies that support the provision and/or access to services (e.g., NDIS planners, child safety officers) may be involved in one or more aspects of: • Working to understand the child, family, and context • Setting goals • Selecting therapies and supports • Delivering therapies and supports • Monitoring outcomes ***Outcome:*** 73% agreement (Mdn: 4, IQR: 1)
	Qualitative	Goals should be set in consultation with appropriate qualified and registered professionals, families, children and other caregivers as relevant. [d30-R1]
	Survey – Quantitative	
		The following statements describe principles that have been identified by research as having importance for all aspects of providing therapies and supports for children and their families on the autism spectrum. While some principles refer to both children and their families in the same item to acknowledge the family unit, we do so noting that the individual preferences, needs, and rights of each person are always to be considered and maintained. ***Statement:*** Supported: The child and their family should be supported to include people they feel are relevant in the therapy process, including for advocacy and support.
	Autistic people	***Outcome***: 95% agreement (n=58, Mdn: 5, IQR: 1)

Community Consultation	Parents	***Outcome***: 99% agreement (n=132, Mdn: 5, IQR: 1)
	Family	***Outcome***: 100% agreement (n=11, Mdn: 5, IQR: 1)
	Service Providers	***Outcome***: 97% agreement (n=67, Mdn: 5, IQR: 0)
	Organisations	***Outcome***: 99% agreement (n=70, Mdn: 5, IQR: 0)
	Other	***Outcome***: 95% agreement (n=21, Mdn: 5, IQR: 0)
	Survey - Qualitative	
	Autistic people	Very important to involve the child as much as possible. Being open and honest and respecting their input will help them feel valued and accepted. Parents, practitioners and caregivers should be involved in goal setting. [606:774]
	Parents	Seek feedback from parents/child if they are happy with services/supports or if there is something missing…. Checking with parents/family involve the child/parent/carer in goal setting and listen to any concerns they have. [131:417]
	Family	(1) Knowing the areas of strength as well as the areas of weakness, using strengths while developing, or providing alternative skills to overcome/bypass areas of delayed or different development. (2) Consult with child (by appropriate communication methods eg: or observing non-verbal and emotional response, using non-verbal augmentative and alternative communication strategies, etc) [regarding] preference for goals. (3) Involve all significant members with the goal-setting and training in the skills [271:1113]
	Service Providers	The child, parents, family and support network, schools, communities. All and everyone involved in the child's life. Need everyone on the same page. [525:830]
	Organisations	Provide adequate time and resources to support goal exploration (tools such as the Family Goal Setting Tool can support this process). Engage parents/ carers/ siblings/ others in education/ coaching to support knowledge of child's strengths/ needs/ developmental trajectory where appropriate. Write goals from the perspective of the child (or family) that are easily accessed by families/ carers, e.g. in the language used, formatting, documentation provided. [292:1010]
	Other	People who naturally are involved in the child's life on a regular basis but particularly the child, parents and family, friends and peers, teachers and school staff, community staff or service providers, therapists as needed . [657:788]

Community Consultation	Focus Groups	
	Autistic adults	But also, making sure that we're focusing on the child's wellbeing as well, so we don't often ask children how they do it, doing and what they want and what their goals are. And we find that often what our kids say is dismissed and our preferences are put over the top, which when you think about the child themselves, that creates this sense that what they say is not important and it is equally relevant. [A12]
	Parents	We're at different stages. So, you need to understand where the family's at and understand their goals. So, the family's goals, not societies goals. So, I've been to [*named profession*] and that sort of stuff where they, they all take your NDIS goals and they go oh yes, great. And then they proceed to try and teach your child to sit still on a map or to not make funny noises. Or those sorts of things. And they're not my goals for my son, you know, I don't mind that he makes noises. I know it's irritating for everybody, but we've got bigger fish to fry. He needs to be toilet trained. So, you know, maybe once that's done, we can focus on limiting the noises. But that's not my priority. So, society's, they need to understand that society's, goals and expectations may not necessarily be the family's. [P43]
	Brief survey	I'm still amazed as a parent that there's a lack of awareness, empathy and desire to truly listen to the child… [55]
	Reflection	…someone who is able to lead the care team in discussions about what goals should be the focus and make sure that the individual disciplines are focusing on what's best for [the child]. Disciplines can get focussed on their particular area and don't necessarily see the whole picture. I organise regular care team meetings, but do not feel equipped to be across what goals we should be setting. [23]

Evidence to decision judgements

Recommendation 22

Strength of Recommendation: Strong

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

Criteria	Question	Evidence	Additional Considerations	Judgement
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	High
Benefits and Harms	Are there likely to be benefits for autistic children and their families of implementing this Recommendation?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel identified multiple potential benefits for children and families, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
	Are there likely to be risks for autistic children and their families of implementing this Recommendation?	Direct evidence relating to potential and/or actual risks was not available.	The panel did not identify any prominent risks, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	No

	Are the benefits for autistic children and their families likely to outweigh any risks?	Evidence for benefits. Lack of evidence for risks.	The panel considered the identified benefits and lack of identified risks, as well as the consistency of the Recommendation with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Values and Preferences	Is the Recommendation consistent with the values and preferences of autistic children and their families?	Multiple converging sources of evidence from children and families in support of this Recommendation implies consistency with values and preferences.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Resources	Is the Recommendation likely to require additional resources from children and families?	Direct evidence regarding resource implications was not available.	The panel did not identify any clearly evidenced and/or prominent additional resource requirements, but acknowledged that implementing this Recommendation would require the active involvement of children and families.	Probably no
	Is the Recommendation likely to require additional resources from practitioners?	Direct evidence regarding resource implications was not available.	The panel noted that implementing this Recommendation may have different resource implications for different practitioners, depending on their individual circumstances (e.g., nature and scope of practice, existing resources).	Uncertain

Equity	What would be the impact on health equity?	Direct evidence regarding the impact on equity was not available.	The panel noted that there was no evidence that any particular group would benefit more than another and judged that it is uncertain that implementation of this Recommendation would impact health equity.	Uncertain
Acceptability	Is the Recommendation likely to be acceptable to children and families?	Multiple converging sources of evidence from children and families supporting this Recommendation implies acceptability.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
	Is the Recommendation likely to be acceptable to practitioners?	Multiple converging sources of evidence from practitioners and/or organisations supporting this Recommendation implies acceptability.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Direct evidence for feasibility was not available.	The panel considered that feasibility is implied based on evidence from practitioners and/or organisations in support of this Recommendation, but noted the lack of direct evidence.	Probably yes

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.

Evidence for Recommendation

	Evidence Source	Evidence
Systematic Reviews	Child and family experiences	This review was not designed to collect evidence for this aspect of support provision.
	Umbrella Review	This review was not designed to collect evidence for this aspect of support provision.
Community Consultation	**Delphi**	
	Agreement	Please indicate the extent to which you agree that the planning of therapies and supports should be informed by assessment of the following aspects of children's health, development, and wellbeing: ***Statement:*** The child's health (i.e., physical health, mental health, and health history). ***Outcome:*** 100% agreement (Mdn: 5, IQR: 1) ***Statement:*** The child's developmental skills (i.e., gross and fine motor, social, emotional, cognitive, communication, and academic skills). ***Outcome:*** 97% agreement (Mdn: 5, IQR: 0) ***Statement:*** The child's diagnostic characteristics (i.e., social communication skills, repetitive behaviours, focused/intense interests, and sensory behaviours). ***Outcome:*** 92% agreement (Mdn: 5, IQR: 1) ***Statement:*** The child's activities and participation in home, educational, and community settings (this includes enablers and barriers to participation). ***Outcome:*** 100% agreement (Mdn: 5, IQR: 1) ***Statement:*** The child's activity-related strengths and preferences (i.e., activities that bring the child joy and/or that they have expertise in). ***Outcome:*** 97% agreement (Mdn: 5, IQR: 1)

Community Consultation	Agreement (cont'd.)	***Statement:*** The child's behaviour(s) of concern (including, (i) behaviours arising from the interaction of the person and their environment that risk the physical safety of the individual and/or others and (ii) behaviours that limit or deny participation in life activities). ***Outcome:*** 98% agreement (Mdn: 5, IQR: 1) ***Statement:*** The child's perception of their quality of life (to the extent this is possible to obtain). ***Outcome:*** 90% agreement (Mdn: 5, IQR: 1) ***Statement:*** The child's preferences for therapies/supports (to the extent this is possible to obtain). ***Outcome:*** 95% agreement (Mdn: 4, IQR: 1) ***Statement:*** The child's expectations for the outcomes of therapy/support (to the extent this is possible to obtain). ***Outcome:*** 86% agreement (Mdn: 4, IQR: 1) Please indicate the extent to which you agree that the planning of therapies and supports should be informed by assessment of the following aspects of a family's previous engagement with other services: ***Statement:*** The nature of any services previously accessed, including goals and types of services (e.g., allied health, mainstream supports). ***Outcome:*** 73% agreement (Mdn: 4, IQR: 1) ***Statement:*** The child and family's experience of previously accessed services, including their satisfaction with the service(s). ***Outcome:*** 86% agreement (Mdn: 4, IQR: 1) ***Statement:*** The child and family's outcomes of accessing previous services, including the progress made towards goals. ***Outcome:*** 83% agreement (Mdn: 4, IQR: 1) Please indicate the extent to which you agree that the planning of therapies and supports should be informed by assessment of the following aspects of a family's current engagement with other clinical services and mainstream supports: ***Statement:*** The nature of any services and funding/support (e.g., NDIS plan, education department) currently accessed, including goals and types of services (e.g., allied health, mainstream supports). ***Outcome***: 93% agreement (Mdn: 4, IQR: 1) ***Statement:*** The child and family's experience of currently accessed services, including their satisfaction with the service(s). ***Outcome:*** 96% agreement (Mdn: 4, IQR: 1) ***Statement:*** The child and family's outcomes of accessing current services, including the progress made towards goals. ***Outcome:*** 94% agreement (Mdn: 4, IQR: 1
	Qualitative	Ideally each child should have a comprehensive assessment and this should lead to goals and hence to therapy [d16-R1]
	Survey	
	Autistic people	Ask the person. What skills to they need to get to where they want to go? What skills do they need to live the life they want? [555:13]
	Parents	Listen to parents' concerns. Read reports from other support providers [87:222]

Community Consultation	Family	Deep understanding of the child and strengths, preferences, etc [292:1010]
	Service Providers	Find out about daily routines, level of activity, sleep, social and communication skills and coach them through the process of goal setting. [473:323]
	Organisations	(1) The referral information (often the goals have been clearly outlined there), (2) their interview, history, assessment process. [419:932]
	Other	Consult with child and families; consider natural environments first.... Consideration of barriers that child and parents feel are preventing them from engaging successfully in activities and settings.... Consult individual and family regarding their goals, values and preferences. [657:788]
	Focus Groups	
	Autistic adults	it's instead of working from the top down approach, using the bottom build up that relationship and establish that foundation, that foundation of understanding the child or the individual in the context of the family unit. [A14]
	Parents	So, I think the goals they, it's good to take into account the family context. [P17]
	Brief survey	That they didn't fully understand my gender identity. [47]
	Reflection	They liked therapists that incorporated their interests and strengths. [13]

Evidence to decision judgements

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.

Criteria	Question	Evidence	Additional Considerations	Judgement
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	High
Benefits and Harms	Are there likely to be benefits for autistic children and their families of implementing this Recommendation?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel identified multiple potential benefits for children and families, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
	Are there likely to be risks for autistic children and their families of implementing this Recommendation?	Direct evidence relating to potential and/or actual risks was not available.	The panel did not identify any prominent risks, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	No

	Are the benefits for autistic children and their families likely to outweigh any risks?	Evidence for benefits. Lack of evidence for risks.	The panel considered the identified benefits and lack of identified risks, as well as the consistency of the Recommendation with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Values and Preferences	Is the Recommendation consistent with the values and preferences of autistic children and their families?	Multiple converging sources of evidence from children and families in support of this Recommendation implies consistency with values and preferences.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Resources	Is the Recommendation likely to require additional resources from children and families?	Direct evidence regarding resource implications was not available.	The panel did not identify any clearly evidenced and/or prominent additional resource requirements, but acknowledged that implementing this Recommendation would require the active involvement of children and families.	Probably no
	Is the Recommendation likely to require additional resources from practitioners?	Direct evidence regarding resource implications was not available.	The panel noted that implementing this Recommendation may have different resource implications for different practitioners, depending on their individual circumstances (e.g., nature and scope of practice, existing resources).	Uncertain

Equity	What would be the impact on health equity?	Direct evidence regarding the impact on equity was not available.	The panel noted that there was no evidence that any particular group would benefit more than another and judged that it is uncertain that implementation of this Recommendation would impact health equity.	Uncertain
Acceptability	Is the Recommendation likely to be acceptable to children and families?	Multiple converging sources of evidence from children and families supporting this Recommendation implies acceptability.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
	Is the Recommendation likely to be acceptable to practitioners?	Multiple converging sources of evidence from practitioners and/or organisations supporting this Recommendation implies acceptability.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Direct evidence for feasibility was not available.	The panel considered that feasibility is implied based on evidence from practitioners and/or organisations in support of this Recommendation, but noted the lack of direct evidence.	Probably yes

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.

Evidence for Recommendation

Evidence Source		Evidence
Systematic Reviews	Child and family experiences	This review was not designed to collect evidence for this aspect of support provision.
	Umbrella Review	This review was not designed to collect evidence for this aspect of support provision.
Community Consultation	**Delphi**	
	Agreement	Please indicate the extent to which you agree that the planning of therapies and supports should be informed by assessment of the following aspects of the family: ***Statement:*** The family's physical and mental health (i.e., the presence of any conditions that may impact upon their capacity to participate, or need to be considered, in the provision of therapies/supports for their child*).* ***Outcome:*** 98% agreement (Mdn: 5, IQR: 1) ***Statement:*** The family's social-emotional resources and supports (i.e., resilience factors and the capacity to deal with stressful situations in life, along with social support via family, friends, and support groups*).* ***Outcome:*** 99% agreement (Mdn: 5, IQR: 1)

Community Consultation		
	Agreement (cont'd.)	***Statement:*** The family's financial resources and supports (i.e., funding to pay for therapies and supports, capacity to purchase unfunded therapies and supports, and capacity to take time away from paid work to access therapies and supports*). **Outcome:*** 89% agreement (Mdn: 5, IQR: 1) ***Statement:*** The family's activities (i.e., work, social, cultural, sport and recreational, and educational activities*). **Outcome:*** 90% agreement (Mdn: 4, IQR: 1) ***Statement:*** The family's views, perspectives and preferences (i.e., views about their child's learning, participation and quality of life now and in the future, views on disability, the relevance of therapies/supports for their child, cultural perspectives on therapies/supports, preferences for therapies/supports, and expectations for outcomes*). **Outcome:*** 92% agreement (Mdn: 5, IQR: 1) ***Statement:*** The family's dynamics (i.e., the nature and strength of relationships between family members, the nature and distribution of roles and responsibilities, the positive and challenging impacts associated with the child's disability*). **Outcome:*** 96% agreement (Mdn: 4.5, IQR: 1)
	Qualitative	I feel it is very important to understand a family's perception of autism, disability, their expectations of therapy etc., particularly as many families hold (whether they are conscious of it or not) very ableist views that need to be broken down and worked through (often with a neurodiversity affirming [*named profession*]) in order for intervention for their child to be most effective and most beneficial for their child's overall wellbeing. [d35-R1]
	Survey	
	Autistic people	Consider the family and cultural context, the current therapeutic load the child is attending with other practitioners, and how "do-able" the goals will be for the family to work on. [603:759]
	Parents	Talk to family. Contact other health providers and carers working with the child. Be aware of time/financial/geographical/cultural & social constraints when accessing therapy. [106:294]
	Family	Family dynamic, culture, day-to-day lifestyle/functioning, family goals (both as a whole family but also for the autistic child/individual), work, interests.... Family (parents/sibling) perspective of strengths, weaknesses, goals, drivers for autistic individual etc.... Level of practical & emotional support needed for the family and how to integrate that in the planning of therapies/care/support (e.g. mental health, respite, etc.).... Take the time to get to know the family and not jump straight into 'solution-focused interventions' but see how the family works. Meet the family & autistic individual/s where they are at. [275:284]
	Service Providers	Appropriate goals being set in the first place, open and honest discussions with families.... Truly understand needs of client unit, holistic understanding of needs.... Truly understanding parental experience in day-to-day life (e.g. routines based assessments) and meaningful areas of support. [537:998]
	Organisations	Goals must be practical and able to be worked on in the home environment as well as other settings. Need to ensure family has capacity to work towards goal. [359:439]

Community Consultation	Other	Consider the important relationships in a child's life and what they need to become stronger. Consider the support each family needs to ensure goals for the child autism are achieved alongside the things that will enhance family wellbeing Consider what a sibling needs to feel seen and heard and to be more able to develop their own life while contributing to a good life for their brother or sister on the autism spectrum. [662:973]
	Focus Groups	
	Autistic adults	I guess a couple of things that has stand out for me is when we have providers, they tend to forget that, like, treating these kids and they forget that this child might actually be surrounded with autistic people. So, I know there's a side point. It's not based on the children themselves. But in order for me to get the kids to appointments from appointments, pay for appointments, organise things for appointments, all that kind of stuff. It's kind of like, oh, we're treating your autistic child, but we don't care that you're autistic. And so, then, you know, me being able to keep on top of things as well for two kids, myself and various appointments each week, if there's almost a barrier before you even start, and then you finally get there and you get on top of all the, like, practical kind of administration thing. And then you actually have to do the therapies. And do the homework. And understand it so that you can then teach your child to do the same thing. And then you have to work out yourself how does that fit into our life? [A41]
	Parents	So, the main thing with therapy for me and goal setting is, is it holistic? Is it something that is organically part of the children's day, not forced? Definitely has to be individualized, but obviously there will be lots of crossover. And for a therapist coming in to set the goals, really be embedded as part of our family function, as opposed to them coming in and adding more into already a very challenging sort of like daily routine with intervention therapies. And they have to be realistic as well 'cause the management of their goals. We set these things and it does, it has to be something that is adaptable and skill building, not only for my children but also for adults.... it definitely does have to be, like, realistic and timely as well. So, if it's not going to make their life easier and my life easier, it's not gonna get done and that's not realistic then. So, therefore it does have to be something, you know, meaningful and how I can measure it? And transferable I might add as well, transferable from the home environment into the school environment. And also, into the community as well. [P35]
	Brief survey	Child tolerates [*named practice 1*] and enjoys [*named practice*]... but the therapy model is for both therapies...(otherwise we wouldn't be doing [*named practice 1*]) [26]
	Reflection	-

Evidence to decision judgements

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.

Criteria	Question	Evidence	Additional Considerations	Judgement
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	High
Benefits and Harms	Are there likely to be benefits for autistic children and their families of implementing this Recommendation?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel identified multiple potential benefits for children and families, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
	Are there likely to be risks for autistic children and their families of implementing this Recommendation?	Direct evidence relating to potential and/or actual risks was not available.	The panel did not identify any prominent risks, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	No

	Are the benefits for autistic children and their families likely to outweigh any risks?	Evidence for benefits. Lack of evidence for risks.	The panel considered the identified benefits and lack of identified risks, as well as the consistency of the Recommendation with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Values and Preferences	Is the Recommendation consistent with the values and preferences of autistic children and their families?	Multiple converging sources of evidence from children and families in support of this Recommendation implies consistency with values and preferences.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Resources	Is the Recommendation likely to require additional resources from children and families?	Direct evidence regarding resource implications was not available.	The panel did not identify any clearly evidenced and/or prominent additional resource requirements, but acknowledged that implementing this Recommendation would require the active involvement of children and families.	Probably no
	Is the Recommendation likely to require additional resources from practitioners?	Direct evidence regarding resource implications was not available.	The panel noted that implementing this Recommendation may have different resource implications for different practitioners, depending on their individual circumstances (e.g., nature and scope of practice, existing resources).	Uncertain

Equity	What would be the impact on health equity?	Direct evidence regarding the impact on equity was not available.	The panel noted that this Recommendation has the potential to increase health equity by considering the unique aspects of the family and context, particularly those who are disadvantaged and/or marginalised, based on consideration of the available evidence and the broader research evidence, professional standards, national regulations, and/or international conventions.	Probably increased
Acceptability	Is the Recommendation likely to be acceptable to children and families?	Multiple converging sources of evidence from children and families supporting this Recommendation implies acceptability.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
	Is the Recommendation likely to be acceptable to practitioners?	Multiple converging sources of evidence from practitioners and/or organisations supporting this Recommendation implies acceptability.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Direct evidence for feasibility was not available.	The panel considered that feasibility is implied based on evidence from practitioners and/or organisations in support of this Recommendation, but noted the lack of direct evidence.	Probably yes

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.

Evidence for Recommendation

Evidence Source		Evidence
Systematic Reviews	Child and family experiences	This review was not designed to collect evidence for this aspect of support provision.
	Umbrella Review	The umbrella review revealed that monitoring for adverse effects, which is a critical aspect of ethical practice, was rarely conducted and/or reported in the systematic reviews of intervention studies.
Community Consultation	**Delphi**	
	Agreement	In working with children and families to set goals, practitioners should: ***Statement:*** Ensure goals are specific. ***Outcome:*** 93% agreement (Mdn: 5, IQR: 1) ***Statement:*** Ensure goals are measurable. ***Outcome:*** 95% agreement (Mdn: 5, IQR: 1) ***Statement:*** Ensure goals are achievable. ***Outcome:*** 96% agreement (Mdn: 5, IQR: 1) ***Statement:*** Ensure goals are relevant to the child, family and their context. ***Outcome:*** 100% agreement (Mdn: 5, IQR: 0) ***Statement:*** Ensure goals are understood by the family and relevant stakeholders. ***Outcome:*** 100% agreement (Mdn: 5, IQR: 0) ***Statement:*** Ensure goals are documented. ***Outcome:*** 97% agreement (Mdn: 5, IQR: 1) ***Statement:*** Ensure goals have a clear timeframe. ***Outcome:*** 81% agreement (Mdn: 4, IQR: 1)

Community Consultation	Agreement (cont'd.)	We are interested to know what factors are important for practitioners to consider when making recommendations for goals and the selection and delivery of therapies and supports when working with children on the autism spectrum and their families. Please indicate the extent to which you believe the following factors are important: ***Statement:*** A theoretical rationale for why the goal/therapy/support is likely to lead to an increase in the child's learning and participation. ***Outcome:*** 86% agreement (Mdn: 4, IQR: 1) ***Statement:*** Research evidence (from published, peer-reviewed research) that the goal/therapy/support is likely to lead to an increase in the child's learning and participation. ***Outcome:*** 85% agreement (Mdn: 4, IQR: 1) ***Statement:*** Clinical evidence gathered through practice that the goal/therapy/support is likely to lead to an increase in the child's learning and participation, including evidence drawn from the experiences/outcomes of other children and families the practitioner has supported. ***Outcome:*** 94% agreement (Mdn: 5, IQR: 1) ***Statement:*** Information about the child, family, and their context that is relevant to this goal/therapy/support. ***Outcome:*** 100% agreement (Mdn: 5, IQR: 0) ***Statement:*** Perspectives expressed by autistic people regarding the goal/therapy/support. ***Outcome:*** 90% agreement (Mdn: 5, IQR: 1) ***Statement:*** Consideration of how this goal/therapy/support may enhance progress towards other goals. ***Outcome:*** 96% agreement (Mdn: 5, IQR: 1) ***Statement:*** Consideration of how this goal/therapy/support may impede progress towards other goals. ***Outcome:*** 90% agreement (Mdn: 5, IQR: 1) ***Statement:*** Short-term i.e., for goal attainment over 12 months – 2 years. ***Outcome:*** 90% agreement (Mdn: 5, IQR: 1) ***Statement:*** Medium term i.e., for goal attainment over 2 – 3 years. ***Outcome:*** 77% agreement (Mdn: 4, IQR: 0) ***Statement:*** Long-term i.e., for goal attainment over 3+ years. ***Outcome:*** 71% agreement (Mdn: 4, IQRl 1)
	Qualitative	Consideration on whether this goal will improve the child's quality of life and the quality of life for the family. [d70-R1]
	Survey	
	Autistic people	Make sure that what you are measuring is really doing what you want. To say I taught the child to say 100 words, yet the child cannot understand any of them, yet I teach another child to say 5 words but they use them in the correct context with multiple people to get needs met, which is more worthwhile. Consider the famous quote: What counts is not always counted and what is counted does not always count. [620:96]
	Parents	Provide short and long term goals that are created in collaboration with family. Progress against goals is considered against a variety of settings - therapy, home, school. [127:401]
	Family	Measurable, practical, achievable, realistic, life skills, relevant to their state in life and what they want to achieve or be able to do independently. [148:493]

Community Consultation	Service Providers	Focus on therapies which aim to build new skills. Ensure that therapies contain explanations regarding how skills are learned not just what should be learnt. [374:510]
	Organisations	Observations and assessments. Listening to parents/carers…. Working with other therapists and providers to provide a team around the child…. Understand the social and environmental context in which the family and child live. [422:944]
	Other	Be aware that a child who has been conditioned to "comply" with demands may be at increased risk from predatory abusers when they get older. [627:1034]
	Focus Groups	
	Autistic adults	Maybe just something that's, um, worth noting when starting a new practitioner relationship is just to be aware of how, um, often when a child’s first diagnosed, um, a parent can sort of have a bit of a sense of urgency about wanting to um, you know, get on the right track to helping their child. And I think that's why so many families do end up falling for quackery is because it is kind of like a vulnerable time, um, because this huge amount of information, it's just sort of been dumped on the family. Um and so it it's important for practitioners to just be aware of that, um, state that the parents might be in and not to try and offer too much too soon because they're gonna be in, um, kind of a yes man sort of position and probably agreeing with whatever the practitioner lays out on the table because they see them as the expert. So, just like important to sort of be transparent about, um, the controversies that there are about whether you know certain programs of evidence based or not. And yeah, not to sort of puff up their expertise too much because it is a vulnerable time where parents may form things that aren’t as true as they appear to be. [A25]
	Parents	And I have to understand the ability of the family to deliver. So, it's great to have worksheets and all those sorts of things, but it is stressful having ASD kids and it is full on and parents are burnt out as well. Parents feel judged a lot of the time. We have the guilt weighing up with we should be doing everything we can. Riding the I'm tired, I'm exhausted. It seems to be a merry go round of not achieving, so if they have an understanding that parents can't always deliver or outside of the therapy session, just being able to gauge where they're at and what they’re capable. Asking the questions, is this possible? If I give you this worksheet to do four times a day with your son, do you think that's possible or do you want me to ratchet that back? You know? Is this something we can do and tailoring solutions to what is possible? Otherwise, it's just another layer of guilt. [P43]
	Brief survey	She makes me tell my emotions which I don't want to do because people could laugh at me. [37]
	Reflection	-

Evidence to decision judgements

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.

Criteria	Question	Evidence	Additional Considerations	Judgement
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	High
Benefits and Harms	Are there likely to be benefits for autistic children and their families of implementing this Recommendation?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel identified multiple potential benefits for children and families, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
	Are there likely to be risks for autistic children and their families of implementing this Recommendation?	Direct evidence relating to potential and/or actual risks was not available.	The panel did not identify any prominent risks, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	No

	Are the benefits for autistic children and their families likely to outweigh any risks?	Evidence for benefits. Lack of evidence for risks.	The panel considered the identified benefits and lack of identified risks, as well as the consistency of the Recommendation with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Values and Preferences	Is the Recommendation consistent with the values and preferences of autistic children and their families?	Multiple converging sources of evidence from children and families in support of this Recommendation implies consistency with values and preferences.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Resources	Is the Recommendation likely to require additional resources from children and families?	Direct evidence regarding resource implications was not available.	The panel did not identify any clearly evidenced and/or prominent additional resource requirements.	No
	Is the Recommendation likely to require additional resources from practitioners?	Direct evidence regarding resource implications was not available.	The panel did not identify any clearly evidenced and/or prominent additional resource requirements.	No
Equity	What would be the impact on health equity?	Direct evidence regarding the impact on equity was not available.	The panel noted that there was no evidence that any particular group would benefit more than another and judged that it is uncertain that implementation of this Recommendation would impact health equity.	Uncertain
Acceptability	Is the Recommendation likely to be acceptable to children and families?	Multiple converging sources of evidence from children and families supporting this Recommendation implies acceptability.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes

	Is the Recommendation likely to be acceptable to practitioners?	Multiple converging sources of evidence from practitioners and/or organisations supporting this Recommendation implies acceptability.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Direct evidence for feasibility was not available.	The panel considered that feasibility is implied based on evidence from practitioners and/or organisations in support of this Recommendation, but noted the lack of direct evidence.	Probably yes

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.

Evidence for Recommendation

	Evidence Source	Evidence
Systematic Reviews	Child and family experiences	This review was not designed to collect evidence for this aspect of support provision.
	Umbrella Review	This review was not designed to collect evidence for this aspect of support provision.
Community Consultation	**Delphi**	
	Agreement	In working with children and families to set goals, practitioners should: ***Statement:*** Ensure goals are understood by the family and relevant stakeholders. ***Outcome:*** 100% agreement (Mdn: 5, IQR: 0) ***Statement:*** Ensure goals are documented. ***Outcome:*** 97% agreement (Mdn: 5, IQR: 1)
	Qualitative	Information should be shared in whatever way makes most sense for child, family and relevant stakeholders. [d65-R1]
	Survey	
	Autistic people	-
	Parents	-
	Family	-

Community Consultation	Service Providers	Utilising mode of communication that facilitates the involvement of the family and child rather than excluding them (e.g. using visuals supports vs high level medical jargon) [516:745]
	Organisations	Provide adequate time and resources to support goal exploration (tools such as the Family Goal Setting Tool can support this process)….. Write goals from the perspective of the child (or family) that are easily accessed by families/ carers, e.g. in the language used, formatting, documentation provided [292:1010]
	Other	Collaborate with the child, their family, community, and professional supports to ensure all fully understand the assessment results, implications and recommendations ahead of working with the child and family to identify current and future priorities/goals…. Firstly, ask the child and the significant family members if they would like to engage with goals. Secondly, what are their priorities both immediately and longer term. Thirdly what time frame (daily, week, month, year) do the child and family want to look towards. [636:347]
	Focus Groups	
	Autistic adults	So, a thing that my therapists have done for me is actually taking notes and emailing me those notes later. Actually, writing things down and, you know, sending me resources because I don't, I can't take on information, process it, and translate it at the same time. And so, me having, you know, rushing me off at the end of the child's appointment so they can get onto the next person just isn't helpful. I get there to the next session with my child and they say, oh, how did it go in the last two weeks like? Well, actually, I walked out, I forgot everything that you told me, so we haven't done anything. Sorry yeah. [A41]
	Parents	And this comes down to communication between practitioners. I don't need 1000 different goals from different practitioners. I need them to be, as I said, realistic and relevant. And we all need to be on the same page. So, these goals have to be consistent amongst [*named profession 1*], [*named profession 2*], [*named profession 3*]. And talking about practitioners, like we said, the [*named profession 4*], the [*named profession 5]*, the [*named profession 6]*, the [*named profession 7]* etcetera. So, communication needs to happen. It needs to be in the same language. [P16]
	Brief survey	-
	Reflection	-

Evidence to decision judgements

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.

Criteria	Question	Evidence	Additional Considerations	Judgement
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	High
Benefits and Harms	Are there likely to be benefits for autistic children and their families of implementing this Recommendation?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel identified multiple potential benefits for children and families, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
	Are there likely to be risks for autistic children and their families of implementing this Recommendation?	Direct evidence relating to potential and/or actual risks was not available.	The panel did not identify any prominent risks, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	No

	Are the benefits for autistic children and their families likely to outweigh any risks?	Evidence for benefits. Lack of evidence for risks.	The panel considered the identified benefits and lack of identified risks, as well as the consistency of the Recommendation with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Values and Preferences	Is the Recommendation consistent with the values and preferences of autistic children and their families?	Multiple converging sources of evidence from children and families in support of this Recommendation implies consistency with values and preferences.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Resources	Is the Recommendation likely to require additional resources from children and families?	Direct evidence regarding resource implications was not available.	The panel did not identify any clearly evidenced and/or prominent additional resource requirements.	No
	Is the Recommendation likely to require additional resources from practitioners?	Direct evidence regarding resource implications was not available.	The panel acknowledged that individualising the sharing of information will likely require additional resources for practitioners, with nature and amount of resources depending on their individual circumstances.	Probably yes

Equity	What would be the impact on health equity?	Direct evidence regarding the impact on equity was not available.	The panel noted that this Recommendation has the potential to increase health equity by censuring information is shared in ways that individualised for each child and family, particularly those who are disadvantaged and/or marginalised such as those who speak non-dominant language, based on consideration of the available evidence and the broader research evidence, professional standards, national regulations, and/or international conventions.	Probably increased
Acceptability	Is the Recommendation likely to be acceptable to children and families?	Multiple converging sources of evidence from children and families supporting this Recommendation implies acceptability.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
	Is the Recommendation likely to be acceptable to practitioners?	Multiple converging sources of evidence from practitioners and/or organisations supporting this Recommendation implies acceptability.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Direct evidence for feasibility was not available.	The panel considered that feasibility is implied based on evidence from practitioners and/or organisations in support of this Recommendation, but noted the lack of direct evidence.	Probably yes

Section 3: Selecting and planning supports

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.

Evidence for Recommendation

	Evidence Source	Evidence
Systematic Reviews	Child and family experiences	This review was not designed to collect evidence in relation to this Recommendation.
	Umbrella Review	This review identified eligible studies that examined the effect of supports on communication. The evidence is summarised in Appendix C of the Guideline document.
Community Consultation	**Delphi**	
	Agreement	-
	Qualitative	Self-advocacy - Increasing an individual's ability to understand their own preferences and needs, and communicate this to others in a way that increases their overall well-being and quality of life [d38-R1]
	Survey	
	Autistic people	Communication skills (this could be verbal or non-verbal, how to communicate in different environments, with different people, what is expected of them and what to expect of others). [555:13]

Community Consultation	Parents	Not ask for reviews of reports when (like my 16 non verbal) HES NOT GOING TO TALK! Nonetheless I advocated for signing which at first they didn't want to fund because he's not deaf?! Fortunately, my support worker had a program suitable which got funded. [263:981]
	Family	Communication (whether that be speech, sign language, ACC etc.). [275:284]
	Service Providers	-
	Organisations	Evidence-informed therapies and supports that target the full gamut of goals that children may be working towards (e.g. Development of social connections, communication skills, activities of daily living skills (e.g., sleeping, toileting, dressing, household chores), school-related skills (e.g. literacy, numeracy, writing), play and leisure, community participation, emotional self-regulation. There also needs to be a focus on enabling children to be successfully included in mainstream services such as mainstream child-care/ kindergarten services, schools and community services (e.g., scouts, sporting clubs). [381:606]
	Other	-
	Focus Groups	
	Autistic adults	If they are non-speaking, making sure that they have access to AAC [alternative augmentative communication], and not just for basic needs. Access to AAC to express thoughts, feelings, wants, crack jokes, join in conversations etc. Supporting non-speaking autistics to have access to the same variety of communication that the speaking population have access to. [A31]
	Parents	I'm all about my child's voice, and so I think one big thing for me is involving my child. He will tell you if he doesn't, if he's not comfortable and you need to respect that. If he, you know, there, yes there's gonna be sometimes where he might have to do things that he doesn't like. That's life, we all have to learn those things. But I think being respectful when it comes to if he's really not comfortable then you need to listen to him. He will tell you if he, you know, he does have that capacity to do that, and I know not all children do so I think that's where it comes down to understanding that child's needs....So, I think it's important and that then also will help their wellbeing and their self-advocacy and their self-determination skills that all play into their wellbeing and their, you know, how they see themselves. [P34]
	Brief survey	[*named practice*] has been a waste of time and I regret subjecting him to it. Speaking is not his natural form of communication and forcing him to do so is detrimental....Therapy suggestions should be made based on the individual child. [56]
	Reflection	[*named profession*] - use of [*named Alternative Augmentative Communication System*] to begin to learn how to communicate and express needs. [3]

Evidence to decision judgements

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.

Criteria	Question	Evidence	Additional Considerations	Judgement
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel noted the broader research evidence for the relevance of children's communication development to their learning, participation, and wellbeing, and consistency with professional standards, national regulations, and/or international conventions.	High
Benefits and Harms	Are there likely to be benefits for autistic children and their families of implementing this Recommendation?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel identified multiple potential benefits for children and families, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	Yes

	Are there likely to be risks for autistic children and their families of implementing this Recommendation?	At least one source of evidence from across the autistic and/or autism communities indicating risks.	The panel noted evidence from the autistic and autism community that supports should not target a reduction in autism, but rather seek to support functional and personally meaningful outcomes. The panel judged that there is some risk that practitioners aiming to support children's communication, may intentionally or unintentionally seek to reduce autism characteristics and/or teach neurotypical behaviours that are not functional and/or personally meaningful to the child.	Probably yes
	Are the benefits for autistic children and their families likely to outweigh any risks?	Evidence for benefits and risks.	The panel noted evidence for benefits of supporting children's communication and the potential risks (people seeking to reduce autism characteristics) but judged that the benefits outweigh the risks. The panel noted that the risks are mitigated if the Good Practice Points and other relevant Recommendations are followed.	Probably yes

Values and Preferences	Is the Recommendation consistent with the values and preferences of autistic children and their families?	Multiple converging sources of evidence from children and families in support of this Recommendation implies consistency with values and preferences.	The panel noted that some autistic children and families may not view supports focused on this aspect of children's development as valued and preferred. The panel also considered broader research evidence, professional standards, national regulations, and/or international conventions.	Probably yes
Resources	Is the Recommendation likely to require additional resources from children and families?	Direct evidence regarding resource implications was not available.	The panel noted that supporting children's communication may both add to, and reduce, resource requirments for children and families.	Uncertain
	Is the Recommendation likely to require additional resources from practitioners?	Direct evidence regarding resource implications was not available.	The panel noted that implementing this Recommendation may have different resource implications for different practitioners, depending on their individual circumstances (e.g., nature and scope of practice, existing resources).	Uncertain
Equity	What would be the impact on health equity?	Direct evidence regarding the impact on equity was not available.	The panel noted that there was no evidence that any particular group would benefit more than another and judged that it is uncertain that implementation of this Recommendation would impact health equity.	Uncertain
Acceptability	Is the Recommendation likely to be acceptable to children and families?	Multiple converging sources of evidence from children and families supporting this Recommendation implies acceptability.	The panel noted that the acceptability of supports in this area will depend on the individual preferences of children and families.	Probably yes

	Is the Recommendation likely to be acceptable to practitioners?	Multiple converging sources of evidence from practitioners and/or organisations supporting this Recommendation implies acceptability.	The panel noted that the acceptability of supports in this area will also depend on the individual preferences of children and families, which may in turn be reflected in acceptability for practitioners.	Probably yes
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Direct evidence for feasibility was not available.	The panel noted that the feasibility of implementing this Recommendation will differ for different practitioners, depending on their individual circumstances (e.g., nature and scope of existing practice, existing resources).	Uncertain

Recommendation 28

Consensus-Based Recommendation

Strength of Recommendation: Strong

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

Evidence for Recommendation

	Evidence Source	Evidence
Systematic Reviews	Child and family experiences	This review was not designed to collect evidence for this aspect of support provision.
	Umbrella Review	This review did not identify studies that examined the effect of supports on sensory needs.
Community Consultation	**Delphi**	
	Agreement	-
	Qualitative	First regulate sensory systems, help the child feel safe before any interventions to 'teach' [d28-R1]
	Survey	
	Autistic people	Improving social, environmental, emotional, and sensory wellbeing [594:667]
	Parents	Helping the child identify and manage their physical, emotional, mental, sensory and social needs -Supplying support for physical, emotional, mental, sensory and social needs where requested -Supporting their autistic communication and socialisation styles -Addressing mental health issues which can arise from living in a world built counter to some of our needs -Accessing alternative access devices, tools and coping mechanisms (AAC, noise cancelling headphones, polarised glasses, supporting non-harmful stimming, accessing fidget toys, finding activities which support social, mental etc stimulation) [125:385]

Community Consultation	Family	Sensory [275:284]
	Service Providers	Sensory regulation and coping- but not just the cessation of stimming [627:1034]
	Organisations	Advocacy, Belonging, Friendships, Communicating their perspectives and needs to others, increasing participation in things they enjoy and are good at, increasing independence in self care, understanding and sharing about their preferred learning and communication styles, using strengths and preferences to manage sensory experiences that impact on things they want to be able to do. [290:1009]
	Other	-
	Focus Groups	
	Autistic adults	I would say I think the most important consideration is to remember about the existence of sensory overload in all applicable patients. And also, how that itself differs from each case. [A36]
	Parents	And I think, you know, being open to the need to have adjustments to the environment, if that's something that does need to occur like lights dimming if there's a child who has sensory needs, you know. Not necessarily having music being played in the background if that's something that normally occurs in the environment. Whatever it is that the child doesn't like, I think being open to making those changes. [P34]
	Brief survey	I like to play different instruments that give me sensory input through my hands, arms, legs and body. [65]
	Reflection	[*named practice*] - started to become aware of sensory needs and how they play a role in regulation of emotions. [3]

Evidence to decision judgements

Recommendation 28

Strength of Recommendation: Strong

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

Criteria	Question	Evidence	Additional Considerations	Judgement
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel noted the broader research evidence for the relevance of children's sensory experiences to their learning, participation, and wellbeing, and consistency with professional standards, national regulations, and/or international conventions.	High
Benefits and Harms	Are there likely to be benefits for autistic children and their families of implementing this Recommendation?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel identified multiple potential benefits for children and families, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	Yes

	Are there likely to be risks for autistic children and their families of implementing this Recommendation?	Direct evidence relating to potential and/or actual risks was not available.	The panel noted broader evidence from the autistic and autism community that supports should not target a reduction in autism, but rather seek to support functional and personally meaningful outcomes. The panel judged that there is some risk that practitioners aiming to support children's sensory needs and preferences, may intentionally or unintentionally seek to reduce autism characteristics and/or teach neurotypical behaviours that are not functional and/or personally meaningful to the child.	Probably yes
	Are the benefits for autistic children and their families likely to outweigh any risks?	Evidence for benefits and risks.	The panel noted evidence for benefits of supporting children's sensory needs and preferences and the potential risks (people seeking to reduce autism characteristics) but judged that the benefits outweigh the risks. The panel noted that the risks are mitigated if the Good Practice Points and other relevant Recommendations are followed.	Probably yes

Values and Preferences	Is the Recommendation consistent with the values and preferences of autistic children and their families?	Multiple converging sources of evidence from children and families in support of this Recommendation implies consistency with values and preferences.	The panel noted that some autistic children and families may not view supports focused on this aspect of children's development as valued and preferred. The panel also considered broader research evidence, professional standards, national regulations, and/or international conventions.	Probably yes
Resources	Is the Recommendation likely to require additional resources from children and families?	Direct evidence regarding resource implications was not available.	The panel noted that supporting children's sensory experiences may both add to, and reduce, resource requirements for children and families.	Uncertain
	Is the Recommendation likely to require additional resources from practitioners?	Direct evidence regarding resource implications was not available.	The panel noted that implementing this Recommendation may have different resource implications for different practitioners, depending on their individual circumstances (e.g., nature and scope of practice, existing resources).	Uncertain
Equity	What would be the impact on health equity?	Direct evidence regarding the impact on equity was not available.	The panel noted that there was no evidence that any particular group would benefit more than another and judged that it is uncertain that implementation of this Recommendation would impact health equity.	Uncertain
Acceptability	Is the Recommendation likely to be acceptable to children and families?	Multiple converging sources of evidence from children and families supporting this Recommendation implies acceptability.	The panel noted that the acceptability of supports in this area will depend on the individual preferences of children and families.	Probably yes

	Is the Recommendation likely to be acceptable to practitioners?	Multiple converging sources of evidence from practitioners and/or organisations supporting this Recommendation implies acceptability.	The panel noted that the acceptability of supports in this area will also depend on the individual preferences of children and families, which may in turn be reflected in acceptability for practitioners.	Probably yes
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Direct evidence for feasibility was not available.	The panel noted that the feasibility of implementing this Recommendation will differ for different practitioners, depending on their individual circumstances (e.g., nature and scope of existing practice, existing resources).	Uncertain

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.

Evidence for Recommendation

	Evidence Source	Evidence
Systematic Reviews	Child and family experiences	This review was not designed to collect evidence for this aspect of support provision.
	Umbrella Review	This review identified eligible studies that examined the effect of supports on cognitive development. The evidence is summarised in Appendix C of the Guideline document.
Community Consultation	**Delphi**	
	Agreement	-
	Qualitative	-
	Survey	
	Autistic people	-
	Parents	Strengthen their executive function. How to improve interoception so they can understand signs that they are becoming dysregulated so they can put in place proactive strategies before they become too heightened. [79:194]
	Family	Focus, attention skills. [279:376]
	Service Providers	Building a child's executive functioning skills [472:32]

Community Consultation	Organisations	Social communication skills Cognitive skills Language skills Motor skills Mental health and wellbeing [307:1106]
	Other	-
	Focus Groups	
	Autistic adults	And yes, selecting therapies that are, as we were saying in that previous question, that are affirming. That are about building confidence. That are about durable skills that are lifelong. That are, you know, empowering. That give the child or the person that you're working with the confidence to take that on and to apply that to other aspects of their lives. And so, like, when we look at executive functioning in autistic individuals, that impacts us across the board. So, that's our planning, prioritizing, our working memory, our generalisation of skills and things. A lot of that comes down to executive functioning, so, let's not teach how to organise and plan to make a sandwich. Let's teach executive functioning. How it works. [A43]
	Parents	-
	Brief survey	-
	Reflection	-

Evidence to decision judgements

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.

Criteria	Question	Evidence	Additional Considerations	Judgement
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	At least one source of evidence from across the autistic and/or autism communities in support of the Recommendation.	The panel noted the broader research evidence for the relevance of children's cognitive development to their learning, participation, and wellbeing, and consistency with professional standards, national regulations, and/or international conventions.	High
Benefits and Harms	Are there likely to be benefits for autistic children and their families of implementing this Recommendation?	At least one source of evidence from across the autistic and/or autism communities indicating benefits.	The panel identified multiple potential benefits for children and families, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	Yes

	Are there likely to be risks for autistic children and their families of implementing this Recommendation?	Direct evidence relating to potential and/or actual risks was not available.	The panel noted broader evidence from the autistic and autism community that supports should not target a reduction in autism, but rather seek to support functional and personally meaningful outcomes. The panel judged that there is some risk that practitioners aiming to support children's cognitive development, may intentionally or unintentionally seek to reduce autism characteristics and/or teach neurotypical behaviours that are not functional and/or personally meaningful to the child.	Probably yes
	Are the benefits for autistic children and their families likely to outweigh any risks?	Evidence for benefits and risks.	The panel noted evidence for benefits of supporting children's cognitive development and the potential risks (people seeking to reduce autism characteristics) but judged that the benefits outweigh the risks. The panel noted that the risks are mitigated if the Good Practice Points and other relevant Recommendations are followed.	Probably yes

Values and Preferences	Is the Recommendation consistent with the values and preferences of autistic children and their families?	Multiple converging sources of evidence from children and families in support of this Recommendation implies consistency with values and preferences.	The panel noted that some autistic children and families may not view supports focused on this aspect of children's development as valued and preferred. The panel also considered broader research evidence, professional standards, national regulations, and/or international conventions.	Probably yes
Resources	Is the Recommendation likely to require additional resources from children and families?	Direct evidence regarding resource implications was not available.	The panel noted that supporting children's cognitive development may both add to, and reduce, resource requirments for children and families.	Uncertain
	Is the Recommendation likely to require additional resources from practitioners?	Direct evidence regarding resource implications was not available.	The panel noted that implementing this Recommendation may have different resource implications for different practitioners, depending on their individual circumstances (e.g., nature and scope of practice, existing resources).	Uncertain
Equity	What would be the impact on health equity?	Direct evidence regarding the impact on equity was not available.	The panel noted that there was no evidence that any particular group would benefit more than another and judged that it is uncertain that implementation of this Recommendation would impact health equity.	Uncertain
Acceptability	Is the Recommendation likely to be acceptable to children and families?	Multiple converging sources of evidence from children and families in support of the Recommendation implies acceptability.	The panel noted that the acceptability of supports in this area will depend on the individual preferences of children and families.	Probably yes

	Is the Recommendation likely to be acceptable to practitioners?	Direct evidence for acceptability to practitioners was not available.	The panel noted broader research and clinical evidence for the acceptability of supports in this area. The panel also that the acceptability of supports in this area will also depend on the individual preferences of children and families, which may in turn be reflected in acceptability for practitioners.	Probably yes
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Direct evidence for feasibility was not available.	The panel noted that the feasibility of implementing this Recommendation will differ for different practitioners, depending on their individual circumstances (e.g., nature and scope of existing practice, existing resources).	Uncertain

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.

Evidence for Recommendation

	Evidence Source	Evidence
Systematic Reviews	Child and family experiences	This review was not designed to collect evidence for this aspect of support provision.
	Umbrella Review	This review identified eligible studies that examined the effect of supports on social-emotional development. The evidence is summarised in Appendix C of the Guideline document.
Community Consultation	**Delphi**	
	Agreement	-
	Qualitative	Emotional regulation as it relates to learning [d47-R1]
	Survey	
	Autistic people	Social group therapies are very important to help the child thrive in social situations such as school. One on one therapies are beneficial for the child so that they have someone to talk to about their feelings and someone to help understand their emotions and regulate their emotions and able to control their emotions. [608:780]
	Parents	Therapies that enable the child to self-regulate when the learning environment over stimulates them. To teach parents to recognise the signs for each of the stages in their child's mood/self-regulation. [190:666]
	Family	Review the application and terminology of 'restrictive practice' to acknowledge the safety concerns (both personal and for the child) of relevant parties. [286:696]

Community Consultation	Service Providers	-
	Organisations	Communication, social, self-care, and if higher functioning self-management. [294:103]
	Other	-
	Focus Groups	
	Autistic adults	And then, when we're looking at our PBS framework to understand that it is not necessarily the immediate thing before the trigger for the behavior. It could be a whole backpack of stuff that's come all day long and training around understanding that sensory needs and impacts on day-to-day function and communication difficulties should be part of our understanding of how we're going to put behavior supports in place. Because it's very rarely the thing immediately before that triggers the behavior. And so, when we're looking at implementing therapies, we're looking at how can we reduce all that stuff that's coming beforehand so we don't get that trigger at the end anyway. [A12]
	Parents	Couple of things on the safety side of things, I think it's really important, and I know that everyone's in different situations, but it's really important that there is good safety planning. If you've been either in a hospital or even at a, you know, we've had times at the [*named profession*] when [*child*] is become dysregulated. And so, it's important that we have some safety planning around, ok, what do we actually do? And that has to be really practical. [P26] Also getting specialists to listen about needing medication review because some meds can make our kids aggressive and violent. [P32]
	Brief survey	That we play games to practice how I can talk to people. [14]
	Reflection	-

Evidence to decision judgements

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.

Criteria	Question	Evidence	Additional Considerations	Judgement
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel noted the broader research evidence for the relevance of children's social-emotional development to their learning, participation, and wellbeing, and consistency with professional standards, national regulations, and/or international conventions.	High
Benefits and Harms	Are there likely to be benefits for autistic children and their families of implementing this Recommendation?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel identified multiple potential benefits for children and families, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	Yes

	Are there likely to be risks for autistic children and their families of implementing this Recommendation?	Direct evidence relating to potential and/or actual risks was not available.	The panel noted broader evidence from the autistic and autism community that supports should not target a reduction in autism, but rather seek to support functional and personally meaningful outcomes. The panel judged that there is some risk that practitioners aiming to support children's social-emotional development, may intentionally or unintentionally seek to reduce autism characteristics and/or teach neurotypical behaviours that are not functional and/or personally meaningful to the child.	Probably yes
	Are the benefits for autistic children and their families likely to outweigh any risks?	Evidence for benefits and risks.	The panel noted evidence for benefits of supporting children's social-emotional development and the potential risks (people seeking to reduce autism characteristics) but judged that the benefits outweigh the risks. The panel noted that the risks are mitigated if the Good Practice Points and other relevant Recommendations are followed.	Probably yes

Values and Preferences	Is the Recommendation consistent with the values and preferences of autistic children and their families?	Multiple converging sources of evidence from children and families in support of this Recommendation implies consistency with values and preferences.	The panel noted that some autistic children and families may not view supports focused on this aspect of children's development as valued and preferred. The panel also considered broader research evidence, professional standards, national regulations, and/or international conventions.	Probably yes
Resources	Is the Recommendation likely to require additional resources from children and families?	Direct evidence regarding resource implications was not available.	The panel noted that supporting children's social-emotional development may both add to, and reduce, resource requirments for children and families.	Uncertain
	Is the Recommendation likely to require additional resources from practitioners?	Direct evidence regarding resource implications was not available.	The panel noted that implementing this Recommendation may have different resource implications for different practitioners, depending on their individual circumstances (e.g., nature and scope of practice, existing resources).	Uncertain
Equity	What would be the impact on health equity?	Direct evidence regarding the impact on equity was not available.	The panel noted that there was no evidence that any particular group would benefit more than another and judged that it is uncertain that implementation of this Recommendation would impact health equity.	Uncertain
Acceptability	Is the Recommendation likely to be acceptable to children and families?	Multiple converging sources of evidence from children and families supporting this Recommendation implies acceptability.	The panel noted that the acceptability of supports in this area will depend on the individual preferences of children and families.	Probably yes

	Is the Recommendation likely to be acceptable to practitioners?	Multiple converging sources of evidence from practitioners and/or organisations supporting this Recommendation implies acceptability.	The panel noted that the acceptability of supports in this area will also depend on the individual preferences of children and families, which may in turn be reflected in acceptability for practitioners.	Probably yes
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Direct evidence for feasibility was not available.	The panel noted that the feasibility of implementing this Recommendation will differ for different practitioners, depending on their individual circumstances (e.g., nature and scope of existing practice, existing resources).	Uncertain

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.

Evidence for Recommendation

	Evidence Source	Evidence
Systematic Reviews	Child and family experiences	This review was not designed to collect evidence for this aspect of support provision.
	Umbrella Review	This review identified eligible studies that examined the effect of supports on motor development. The evidence is summarised in Appendix C of the Guideline document.
Community Consultation	**Delphi**	
	Agreement	-
	Qualitative	The motor skills to engage in play with others are just as important as knowing when to take your turn, how to ask someone to play with you, etc. Many children with ASD focus on those skills, but by the time they get to the schoolyard (for example) they then don't have the motor skills to e.g. join in handball, skipping, bike riding or soccer. This means that their ability to practice and generalise their skills is deeply hampered by their poor motor skills, which means their play and social skills can regress - it's a vicious cycle that could be minimised by focusing on "social-motor" skills at a younger age. [d68-R1]
	Survey	
	Autistic people	Physical (Fine and gross motor skills based) [576:47]
	Parents	Gross / fine motor skills - able to ride a bike/ able to do painting or arts and crafts [59:1108]
	Family	Fine motor skills/physical movement. [275:284]

Community Consultation	Service Providers	Fine motor gross motor [521:809]
	Organisations	Development (fine and gross motor). [350:381]
	Other	Motor skills [625:1006]
	Focus Groups	
	Autistic adults	-
	Parents	-
	Brief survey	-
	Reflection	-

Evidence to decision judgements

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.

Criteria	Question	Evidence	Additional Considerations	Judgement
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	At least one source of evidence from across the autistic and/or autism communities in support of the Recommendation.	The panel noted the broader research evidence for the relevance of children's motor development to their learning, participation and wellbeing, and consistency with professional standards, national regulations, and/or international conventions.	High
Benefits and Harms	Are there likely to be benefits for autistic children and their families of implementing this Recommendation?	At least one source of evidence from across the autistic and/or autism communities indicating benefits.	The panel identified multiple potential benefits for children and families, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	Yes

	Are there likely to be risks for autistic children and their families of implementing this Recommendation?	Direct evidence relating to potential and/or actual risks was not available.	The panel noted broader evidence from the autistic and autism community that supports should not target a reduction in autism, but rather seek to support functional and personally meaningful outcomes. The panel judged that there is some risk that practitioners aiming to support children's social-emotional development, may intentionally or unintentionally seek to reduce autism characteristics and/or teach neurotypical behaviours that are not functional and/or personally meaningful to the child.	Probably yes
	Are the benefits for autistic children and their families likely to outweigh any risks?	Evidence for benefits and risks.	The panel noted evidence for benefits of supporting children's social-emotional development and the potential risks (people seeking to reduce autism characteristics) but judged that the benefits outweigh the risks. The panel noted that the risks are mitigated if the Good Practice Points and other relevant Recommendations are followed.	Yes

Values and Preferences	Is the Recommendation consistent with the values and preferences of autistic children and their families?	Multiple converging sources of evidence from children and families in support of this Recommendation implies consistency with values and preferences.	The panel noted that some autistic children and families may not view supports focused on this aspect of children's development as valued and preferred. The panel also considered broader research evidence, professional standards, national regulations, and/or international conventions.	Probably yes
Resources	Is the Recommendation likely to require additional resources from children and families?	Direct evidence regarding resource implications was not available.	The panel noted that supporting children's motor skills development may both add to, and reduce, resource requirments for children and families.	Uncertain
	Is the Recommendation likely to require additional resources from practitioners?	Direct evidence regarding resource implications was not available.	The panel noted that implementing this Recommendation may have different resource implications for different practitioners, depending on their individual circumstances (e.g., nature and scope of practice, existing resources).	Uncertain
Equity	What would be the impact on health equity?	Direct evidence regarding the impact on equity was not available.	The panel noted that there was no evidence that any particular group would benefit more than another and judged that it is uncertain that implementation of this Recommendation would impact health equity.	Uncertain

Acceptability	Is the Recommendation likely to be acceptable to children and families?	Multiple converging sources of evidence from children and families in support of this Recommendation implies consistency with values and preferences.	The panel noted that the acceptability of supports in this area will depend on the individual preferences of children and families.	Probably yes
	Is the Recommendation likely to be acceptable to practitioners?	Multiple converging sources of evidence from practitioners and/or organisations supporting this Recommendation implies acceptability.	The panel noted that the acceptability of supports in this area will also depend on the individual preferences of children and families, which may in turn be reflected in acceptability for practitioners.	Probably yes
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Direct evidence for feasibility was not available.	The panel noted that the feasibility of implementing this Recommendation will differ for different practitioners, depending on their individual circumstances (e.g., nature and scope of existing practice, existing resources).	Uncertain

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.

Evidence for Recommendation

	Evidence Source	Evidence
Systematic Reviews	Child and family experiences	This review was not designed to collect evidence for this aspect of support provision.
	Umbrella Review	This review did not identify any eligible studies that examined the effect of supports on academic skills.
Community Consultation	**Delphi**	
	Agreement	-
	Qualitative	Learning and engagement with the curriculum. [d43-R1]
	Survey	
	Autistic people	Finishing school, making friends. Finding hobbies, including intellectually and physically stimulating hobbies. [623:993]
	Parents	Goals to support increased learning and participation in family, school, community [40:1018]
	Family	Happily and co-operatively learn at school. [268:1050]
	Service Providers	-

Community Consultation	Organisations	Evidence-informed therapies and supports that target the full gamut of goals that children may be working towards (e.g. Development of social connections, communication skills, activities of daily living skills (e.g., sleeping, toileting, dressing, household chores), school-related skills (e.g. literacy, numeracy, writing), play and leisure, community participation, emotional self-regulation. There also needs to be a focus on enabling children to be successfully included in mainstream services such as mainstream child-care/ kindergarten services, schools and community services (e.g., scouts, sporting clubs). [381:606]
	Other	Communication, social emotional, adaptive skills, skills for full participation in school and other settings, cognitive and metacognitive skills, personal care skills [657:788]
	Focus Groups	
	Autistic adults	-
	Parents	-
	Brief survey	
	Reflection	Developmental goals - I do think therapies would benefit from a lead being funded who could align the goals based on where [child] is at and what he needs to develop to support his progression to school and ability to navigate the world. [23]

Evidence to decision judgements

Recommendation 32

> **Strength of Recommendation:** Strong
>
> Supports should help the child to acquire academic skills that maximise their learning and participation in educational settings.

Criteria	Question	Evidence	Additional Considerations	Judgement
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	At least one source of evidence from across the autistic and/or autism communities in support of the Recommendation.	The panel noted the broader research evidence for the relevance of children's development of academic skills to their support their learning and participation, and consistency with professional standards, national regulations, and/or international conventions.	High
Benefits and Harms	Are there likely to be benefits for autistic children and their families of implementing this Recommendation?	At least one source of evidence from across the autistic and/or autism communities indicating benefits.	The panel identified multiple potential benefits for children and families, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	Yes

	Are there likely to be risks for autistic children and their families of implementing this Recommendation?	Direct evidence relating to potential and/or actual risks was not available.	The panel noted broader evidence from the autistic and autism community that supports should not target a reduction in autism, but rather seek to support functional and personally meaningful outcomes. The panel judged that there is some risk that practitioners aiming to support children's social-emotional development, may intentionally or unintentionally seek to reduce autism characteristics and/or teach neurotypical behaviours that are not functional and/or personally meaningful to the child.	Probably yes
	Are the benefits for autistic children and their families likely to outweigh any risks?	Evidence for benefits and risks.	The panel noted evidence for benefits of supporting children's social-emotional development and the potential risks (people seeking to reduce autism characteristics) but judged that the benefits outweigh the risks. The panel noted that the risks are mitigated if the Good Practice Points and other relevant Recommendations are followed.	Yes

Values and Preferences	Is the Recommendation consistent with the values and preferences of autistic children and their families?	Multiple converging sources of evidence from children and families in support of this Recommendation implies consistency with values and preferences.	The panel noted that some autistic children and families may not view supports focused on this aspect of children's development as valued and preferred. The panel also considered broader research evidence, professional standards, national regulations, and/or international conventions.	Probably yes
Resources	Is the Recommendation likely to require additional resources from children and families?	Direct evidence regarding resource implications was not available.	The panel noted that supporting children's academic skills development may both add to, and reduce, resource requirments for children and families.	Uncertain
	Is the Recommendation likely to require additional resources from practitioners?	Direct evidence regarding resource implications was not available.	The panel noted that implementing this Recommendation may have different resource implications for different practitioners, depending on their individual circumstances (e.g., nature and scope of practice, existing resources).	Uncertain
Equity	What would be the impact on health equity?	Direct evidence regarding the impact on equity was not available.	The panel noted that there was no evidence that any particular group would benefit more than another and judged that it is uncertain that implementation of this Recommendation would impact health equity.	Uncertain
Acceptability	Is the Recommendation likely to be acceptable to children and families?	Multiple converging sources of evidence from children and families in support of the Recommendation implies acceptability	The panel noted that the acceptability of supports in this area will depend on the individual preferences of children and families.	Probably yes

	Is the Recommendation likely to be acceptable to practitioners?	Multiple converging sources of evidence from practitioners and/or organisations supporting this Recommendation implies acceptability.	The panel noted that the acceptability of supports in this area will also depend on the individual preferences of children and families, which may in turn be reflected in acceptability for practitioners.	Probably yes
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Direct evidence for feasibility was not available.	The panel noted that the feasibility of implementing this Recommendation will differ for different practitioners, depending on their individual circumstances (e.g., nature and scope of existing practice, existing resources).	Uncertain

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.

Evidence for Recommendation

	Evidence Source	Evidence
Systematic Reviews	Child and family experiences	This review was not designed to collect evidence for this aspect of support provision.
	Umbrella Review	This review identified eligible studies that examined the effect of supports on daily activities and participation. The evidence is summarised in Appendix C of the Guideline document.
Community Consultation	**Delphi**	
	Agreement	-
	Qualitative	Consideration of relevance of this goal/therapy/support to achieving functional outcomes for the child that are based on routines/ activities they do/need to do - not assessment or discipline based goals [d51-R1]
	Survey	
	Autistic people	Those that actually improve building skills that contribute to independence and agency. [598:702]
	Parents	Functional therapies that help with personal health and hygiene. [228:787]
	Family	Routines - morning and evening especially. Life skills - managing communication with utility companies, real estate agents etc. Happily and co-operatively learn at school Shared conversation goals Self care - hygiene, stable eating nutritional food, perhaps meditation, music, exercise etc. [268:1050]

Community Consultation	Service Providers	Community support - supports to participate in community sports, creative activities, hobbies, interests, etc. Support for schools and educators to accommodate child's needs in education settings. [441:1102]
	Organisations	Evidence-informed therapies and supports that target the full gamut of goals that children may be working towards (e.g. Development of social connections, communication skills, activities of daily living skills (e.g., sleeping, toileting, dressing, household chores), school-related skills (e.g. literacy, numeracy, writing), play and leisure, community participation, emotional self-regulation. There also needs to be a focus on enabling children to be successfully included in mainstream services such as mainstream child-care/ kindergarten services, schools and community services (e.g., scouts, sporting clubs). [381:606]
	Other	-
	Focus Groups	
	Autistic adults	So, for therapists, I'd like to say, you know, actually talking to the family and seeing what's important to them because it may not be important to a therapist, but it's life changing for a family, you know, like toilet training or sleeping or something like that. Far more, you know, sort of benefit than being social or sort of being able to name emotions potentially, yeah. [A32]
	Parents	Maintain focus on the goals - my daughter's goal was wearing her school uniform (she was refusing to get dressed and was refusing school) but OT was working on handwriting. [P48]
	Brief survey	Learning routines around eating [30]
	Reflection	-

Evidence to decision judgements

Recommendation 33

> **Strength of Recommendation:** Strong
>
> Supports should help children to acquire skills that are relevant to their participation in meaningful daily activities.

Criteria	Question	Evidence	Additional Considerations	Judgement
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel noted the broader research evidence for the relevance of children's engagement in daily activites as the basis for increased participation, and consistency with professional standards, national regulations, and/or international conventions.	High
Benefits and Harms	Are there likely to be benefits for autistic children and their families of implementing this Recommendation?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel identified multiple potential benefits for children and families, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	Yes

	Are there likely to be risks for autistic children and their families of implementing this Recommendation?	Direct evidence relating to potential and/or actual risks was not available.	The panel noted broader evidence from the autistic and autism community that supports should not impose unwanted participation in routines or activities, but rather seek to support functional and personally meaningful outcomes. The panel judged that there is some risk that practitioners aiming to children's participation in daily activities, may intentionally or unintentionally seek to reduce autism characteristics and/or teach neurotypical behaviours that are not functional and/or personally meaningful to the child.	Probably yes
	Are the benefits for autistic children and their families likely to outweigh any risks?	Evidence for benefits and risks.	The panel noted evidence for benefits of supporting children's participation in daily activities and the potential risks (imposing unwanted participation in routines or seeking to teach neurotypical behaviours that are not functional or meaningful) but judged that the benefits outweigh the risks. The panel noted that the risks are mitigated if the Good Practice Points and other relevant Recommendations are followed.	Probably yes

Values and Preferences	Is the Recommendation consistent with the values and preferences of autistic children and their families?	Multiple converging sources of evidence from children and families in support of this Recommendation implies consistency with values and preferences.	The panel noted that some autistic children and families may not view supports focused on this aspect of children's development as valued and preferred. The panel also considered broader research evidence, professional standards, national regulations, and/or international conventions.	Probably yes
Resources	Is the Recommendation likely to require additional resources from children and families?	Direct evidence regarding resource implications was not available.	The panel noted that supporting children's participation in their daily activities may both add to, and reduce, resource requirments for children and families.	Uncertain
	Is the Recommendation likely to require additional resources from practitioners?	Direct evidence regarding resource implications was not available.	The panel noted that implementing this Recommendation may have different resource implications for different practitioners, depending on their individual circumstances (e.g., nature and scope of practice, existing resources).	Uncertain
Equity	What would be the impact on health equity?	Direct evidence regarding the impact on equity was not available.	The panel noted that there was no evidence that any particular group would benefit more than another and judged that it is uncertain that implementation of this Recommendation would impact health equity.	Uncertain
Acceptability	Is the Recommendation likely to be acceptable to children and families?	Multiple converging sources of evidence from children and families supporting this Recommendation implies acceptability.	The panel noted that the acceptability of supports in this area will depend on the individual preferences of children and families.	Probably yes

	Is the Recommendation likely to be acceptable to practitioners?	Multiple converging sources of evidence from practitioners and/or organisations supporting this Recommendation implies acceptability.	The panel noted that the acceptability of supports in this area will also depend on the individual preferences of children and families, which may in turn be reflected in acceptability for practitioners.	Probably yes
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Direct evidence for feasibility was not available.	The panel noted that the feasibility of implementing this Recommendation will differ for different practitioners, depending on their individual circumstances (e.g., nature and scope of existing practice, existing resources).	Uncertain

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.

Evidence for Recommendation

	Evidence Source	Evidence
Systematic Reviews	Child and family experiences	This review was not designed to collect evidence for this aspect of support provision.
	Umbrella Review	This review identified eligible studies that examined the effect of supports on family wellbeing. The evidence is summarised in Appendix C of the Guideline document.
Community Consultation	**Delphi**	
	Agreement	-
	Qualitative	Improving quality of life. [d70-R1]
	Survey	
	Autistic people	Child led, focused on child understanding self and how they function best with parent and support network training and coaching. [583:579]
	Parents	Family support to build confidence in responding t [to] practical and behavioural challenges. Also, to build the families knowledge of autism, provide hope/joy paired with realistic expectations, to get basics in place at home (such as schedules) and slow release from modelling to supported practice to independence for parents in using these strategies. [226:777]

Community Consultation	Family	Therapists - Help us understand what our ASD child is experiencing so we can fully understand and support them. Parents need seriously good, targeted advice. How is my child experiencing this situation/experience/event? How can I help to avoid overwhelm etc. For the child, they need fellows, others with like minds, as isolation is crippling. Activity groups where they might connect with a mentor, or even make a friend. Provide material the family can share with teachers etc. that will assist better understanding of the child's individual needs. [268:1050]
	Service Providers	-
	Organisations	Goals that are meaningful and support independence of the child and family. Goals that increase child and family's well-being. Goals that promote community inclusion and participation. ELYF framework -Being, belonging and becoming - shift away from discrete goals to broader and meaningful goals that lead to better quality of life. [426:958]
	Other	Parents: Support for both parents to manage and cope with the changes in their lives. Information/support to assist parents to feel more confident in supporting siblings alongside the child with autism (parents often worry about siblings). Support with communication to improve family functioning. Siblings: Recognition - being seen and heard rather than overlooked. Provide information on their brother/sister's autism and the impact of that. Involve in therapies such as behaviour support to help them understand and respond appropriately (in some cases to keep themselves safe). Give them support/skills to manage various challenges e.g., feeling isolated; difficult feelings e.g. confusion, grief, guilt, fear; others' reactions; difficulty in pursuing own goals. Connect them to relevant sibling supports e.g., best practice peer support programs. [639:409]
	Focus Groups	
	Autistic adults	And so, I think that heavy emphasis on working with parents is really, really important. Practitioners are very limited in what they can do with parents at the moment, and when it comes down to it, we spend the most time with our kids. We're the most attuned to our kids, and so we're the ones that really need that support. [A43]
	Parents	We need to focus on the family as well. Not just the child and make sure that the family's mental health is ok as well and put in programs where a parent can be, like you know, I've gotta take a step away. You know, and regain their strengths and regain their ability to focus on their child and to focus on their other children if they have them. And to focus on their own personal well. [P22]
	Brief survey	-
	Reflection	-

Evidence to decision judgements

Recommendation 34

Strength of Recommendation: Strong

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

Criteria	Question	Evidence	Additional Considerations	Judgement
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	High
Benefits and Harms	Are there likely to be benefits for autistic children and their families of implementing this Recommendation?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel identified multiple potential benefits for children and families, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	Yes

	Are there likely to be risks for autistic children and their families of implementing this Recommendation?	At least one source of evidence from across the autistic and/or autism communities indicating risks.	The panel noted evidence from parents and family that efforts to empower families may inadadvertently place pressure on them, especially if the intention is for family members to take on a role that would otherwise be filled by a practitioner (e.g., as part of parent-mediated approaches).The panel judged that there is some risk that practitioners aiming to empower families, may intentionally or unintentionally seek to reduce autism characteristics and/or teach neurotypical behaviours that are not functional and/or personally meaningful to the child.	Probably yes
	Are the benefits for autistic children and their families likely to outweigh any risks?	Evidence for benefits and risks.	The panel noted evidence for benefits of empowering families and the potential risks (imposing additional burden) but judged that the benefits outweigh the risks. The panel noted that the risks are mitigated if the Good Practice Points and other relevant Recommendations are followed.	Probably yes

Values and Preferences	Is the Recommendation consistent with the values and preferences of autistic children and their families?	Multiple converging sources of evidence from children and families in support of this Recommendation implies consistency with values and preferences.	The panel noted that empowering parents to support and advocate for their child may inadvertently place a burden on some families, and may therefore be inconsistent with the preferences of some families. The panel also considered broader research evidence, professional standards, national regulations, and/or international conventions.	Probably yes
Resources	Is the Recommendation likely to require additional resources from children and families?	Direct evidence regarding resource implications was not available.	The panel noted that empowering families in raisinng their child may both add to, and reduce, resource requirments for children and families.	Uncertain
	Is the Recommendation likely to require additional resources from practitioners?	Direct evidence regarding resource implications was not available.	The panel noted that implementing this Recommendation may have different resource implications for different practitioners, depending on their individual circumstances (e.g., nature and scope of practice, existing resources).	Uncertain
Equity	What would be the impact on health equity?	Direct evidence regarding the impact on equity was not available.	The panel noted that there was no evidence that any particular group would benefit more than another and judged that it is uncertain that implementation of this Recommendation would impact health equity.	Uncertain

Acceptability	Is the Recommendation likely to be acceptable to children and families?	Multiple converging sources of evidence from children and families supporting this Recommendation implies acceptability.	The panel noted that the acceptability of supports in this area will depend on the individual preferences of children and families.	Probably yes
	Is the Recommendation likely to be acceptable to practitioners?	Multiple converging sources of evidence from practitioners and/or organisations supporting this Recommendation implies acceptability.	The panel noted that the acceptability of supports in this area will also depend on the individual preferences of children and families, which may in turn be reflected in acceptability for practitioners.	Probably yes
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Direct evidence for feasibility was not available.	The panel noted that the feasibility of implementing this Recommendation will differ for different practitioners, depending on their individual circumstances (e.g., nature and scope of existing practice, existing resources).	Uncertain

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.

Evidence for Recommendation

	Evidence Source	Evidence
Systematic Reviews	Child and family experiences	This review was not designed to collect evidence for this aspect of support provision.
	Umbrella Review	This review was not designed to collect evidence for this aspect of support provision.
Community Consultation	**Delphi**	
	Agreement	-
	Qualitative	Ensuring the environment is changed over the child/person when appropriate. [d23-R1]
	Survey	
	Autistic people	Family/ [*named practice*] therapy for parents, especially just after diagnosis to help them come to terms with the diagnosis and manage any frustrations or fears. [*named practice 2*]. [*named practice 3*] for children to help them learn coping skills and manage any frustration and loneliness. [*named practice 4*]. [*named practice 5*]. Respite and day trips. Classroom teachers in both special ed and mainstream schools should be given accurate information about autism and that child's specific needs. [623:993]

Community Consultation	Parents	Parent education and support - on executive function, PDA, anxiety, polyvagal, actually autistic viewpoints, interoception, proprioception. Enable better support in the classroom, and at school for autistic children who also have learning difficulties such as dyslexia, dysgraphia and dyscalculia. Support the wider community to understand autism and autistic individuals that represents the actually autistic community. Provide supports to school communities so they can teach all students about neurodiversity, compassion and acceptance. [79:194]
	Family	I think an important aspect of this would not only be therapies and supports for the child and their family (see the previous section) but also increasing community understanding and awareness. As well as providing accessibility in the community/society to ensure that autistic young people and their families have the equitable opportunity to learn and participate in the world around them. [275:284]
	Service Providers	-
	Organisations	Increasing families' knowledge and understanding of autism and related topics. Capacity building and social inclusion are highly relevant for families to be able to participate in the community. Environmental adaptations that increase the child's access to inclusive environments. Parent training and support to help parents help their child. Family support to provide parents with the material and emotional resources to meet their child's needs. [359:439]
	Other	
	Focus Groups	
	Autistic adults	And I think for therapists, a big role needs to be actually, rather than expecting a 6 year old, an autistic 6 year old to recognize, with proprioception challenges, to recognize their body and ask a teacher when they need help because they, A12, laughing 'cause she knows how ridiculous it is, they need to be educating the teachers about what they, the system, they can inherently have in place so that these kids are supported. [A15]
	Parents	And also understanding that, you know, interactions are bidirectional, you know, educating those around them. It's not just about the autistic person, the family doing all the work, you know, others need to sort of meet you halfway. So, you know the teachers or the, you know, people that they're interacting with really need to have that some psychoeducation as well and be very aware of the goals that you're wanting to achieve and the values that you hold, you know, as a kind of aspiration for your child. [P45]
	Brief survey	-
	Reflection	Accessing & participation in the broader community & mainstream routines. [4]

Evidence to decision judgements

Recommendation 35

Strength of Recommendation: Strong

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

Criteria	Question	Evidence	Additional Considerations	Judgement
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	High
Benefits and Harms	Are there likely to be benefits for autistic children and their families of implementing this Recommendation?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel identified multiple potential benefits for children and families, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
	Are there likely to be risks for autistic children and their families of implementing this Recommendation?	Direct evidence relating to potential and/or actual risks was not available.	The panel did not identify any prominent risks, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	No

	Are the benefits for autistic children and their families likely to outweigh any risks?	Evidence for benefits. Lack of evidence for risks.	The panel considered the identified benefits and lack of identified risks, as well as the consistency of the Recommendation with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Values and Preferences	Is the Recommendation consistent with the values and preferences of autistic children and their families?	Multiple converging sources of evidence from children and families in support of this Recommendation implies consistency with values and preferences.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Resources	Is the Recommendation likely to require additional resources from children and families?	Direct evidence regarding resource implications was not available.	The panel noted that supprting the creation of accessible environements may both add to, and reduce, resource requirments for children and families.	Uncertain
	Is the Recommendation likely to require additional resources from practitioners?	Direct evidence regarding resource implications was not available.	The panel noted that implementing this Recommendation may have different resource implications for different practitioners, depending on their individual circumstances (e.g., nature and scope of practice, existing resources).	Uncertain
Equity	What would be the impact on health equity?	Direct evidence regarding the impact on equity was not available.	The panel noted that there was no evidence that any particular group would benefit more than another and judged that it is uncertain that implementation of this Recommendation would impact health equity.	Uncertain

Acceptability	Is the Recommendation likely to be acceptable to children and families?	Multiple converging sources of evidence from children and families supporting this Recommendation implies acceptability.	The panel noted that the acceptability of supports in this area will depend on the individual preferences of children and families.	Probably yes
	Is the Recommendation likely to be acceptable to practitioners?	Multiple converging sources of evidence from practitioners and/or organisations supporting this Recommendation implies acceptability.	The panel noted that the acceptability of supports in this area will also depend on the individual preferences of children and families, which may in turn be reflected in acceptability for practitioners.	Probably yes
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Direct evidence for feasibility was not available.	The panel noted that the feasibility of implementing this Recommendation will differ for different practitioners, depending on their individual circumstances (e.g., nature and scope of existing practice, existing resources).	Uncertain

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.

Evidence for Recommendation

	Evidence Source	Evidence
Systematic Reviews	Child and family experiences	This review was not designed to collect evidence for this aspect of support provision.
	Umbrella Review	This review was not designed to collect evidence for this aspect of support provision.
Community Consultation	**Delphi**	
	Agreement	We are interested to know who you think should be involved in the provision of therapies and supports for children on the autism spectrum. Below, we have indicated a range of people who might be involved. Please tell us the extent to which you agree with these statements. Selecting therapies and supports: ***Statement:*** The child, family, and family-like people (i.e., family friends, peers) should be involved in selecting therapies and supports. ***Outcome:*** 91% agreement (Mdn: 5, IQR: 1) ***Statement:*** People who provide formal support for the child's health and development (e.g., educators, medical and allied h should be involved in selecting therapies and supports. ***Outcome:*** 90% agreement (Mdn: 5, IQR: 1)

Community Consultation	Agreement (cont'd)	***Statement:*** Where relevant and desired by the child and family, people who can contribute to supporting 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) may be involved in one or more aspects of: • Working to understand the child, family, and context • Setting goals • Selecting therapies and supports • Delivering therapies and supports • Monitoring outcomes ***Outcome:*** 86% agreement (Mdn: 4, IQR: 1) ***Statement:*** Where relevant and desired by the child and family, staff in agencies that support the provision and/or access to services (e.g., NDIS planners, child safety officers) may be involved in one or more aspects of: • Working to understand the child, family, and context • Setting goals • Selecting therapies and supports • Delivering therapies and supports • Monitoring outcomes ***Outcome:*** 73% agreement (Mdn: 4, IQR: 1)
	Qualitative	Selection of therapies needs to be a collaboration with the child, family and professionals (allied health, medical and educational) around the child who know that child, their strengths and weaknesses and which discipline can support them with these. [d4-R1]
	Survey – Quantitative	
		The following statements describe principles that have been identified by research as having importance for all aspects of providing therapies and supports for children and their families on the autism spectrum. While some principles refer to both children and their families in the same item to acknowledge the family unit, we do so noting that the individual preferences, needs, and rights of each person are always to be considered and maintained. ***Statement:*** Supported: The child and their family should be supported to include people they feel are relevant in the therapy process, including for advocacy and support.

Community Consultation	Autistic people	***Outcome***: 95% agreement (n=58, Mdn: 5, IQR: 1)
	Parents	***Outcome***: 99% agreement (n=132, Mdn: 5, IQR: 1)
	Family	***Outcome***: 100% agreement (n=11, Mdn: 5, IQR: 1)
	Service Providers	***Outcome***: 97% agreement (n=67, Mdn: 5, IQR: 0)
	Organisations	***Outcome***: 99% agreement (n=70, Mdn: 5, IQR: 0)
	Other	***Outcome***: 95% agreement (n=21, Mdn: 5, IQR: 0)
	Survey - Qualitative	
	Autistic people	The child should be at the centre of any decisions about therapies and supports and caregivers should be supported to provide a safe and nurturing home in which the child can relax and develop at their own pace. [578:487]
	Parents	The most important person in planning, selecting and prioritising goals is the child - not just by considering their needs or asking the family but their actual direct input. The family should then be the next priority. [228:787]
	Family	-
	Service Providers	Acknowledge that children and their families are the experts in deciding which therapies are working/not working for them. [441:1102]
	Organisations	-
	Other	A multidisciplinary approach and use of key worker model can be effective for ensuring a single point of contact for families with one qualified therapist as the key contact and others consulting and supporting as needed. [633,19]
	Focus Groups	
	Autistic adults	it's about ensuring that everyone is involved in those goal setting and that the person is being fully considered um as part of the goal process. Cause, I don't believe any of us, whether we're autistic or not, actually do very well achieving goals unless we're invested in them. [A13]
	Parents	-
	Brief survey	Like having this thing where you could like choose three different paths of work [26]
	Reflection	-

Evidence to decision judgements

Recommendation 36

> **Strength of Recommendation:** Strong
>
> The child and parents should be involved in selecting supports, as well as other people, when relevant.

Criteria	Question	Evidence	Additional Considerations	Judgement
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	High
Benefits and Harms	Are there likely to be benefits for autistic children and their families of implementing this Recommendation?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel identified multiple potential benefits for children and families, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
	Are there likely to be risks for autistic children and their families of implementing this Recommendation?	Direct evidence relating to potential and/or actual risks was not available.	The panel did not identify any prominent risks, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	No

	Are the benefits for autistic children and their families likely to outweigh any risks?	Evidence for benefits. Lack of evidence for risks.	The panel considered the identified benefits and lack of identified risks, as well as the consistency of the Recommendation with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Values and Preferences	Is the Recommendation consistent with the values and preferences of autistic children and their families?	Multiple converging sources of evidence from children and families in support of this Recommendation implies consistency with values and preferences.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Resources	Is the Recommendation likely to require additional resources from children and families?	Direct evidence regarding resource implications was not available.	The panel did not identify any clearly evidenced and/or prominent additional resource requirements, but acknowledged that implementing this Recommendation would require the active involvement of children and families.	Probably no
	Is the Recommendation likely to require additional resources from practitioners?	Direct evidence regarding resource implications was not available.	The panel noted that implementing this Recommendation may have different resource implications for different practitioners, depending on their individual circumstances (e.g., nature and scope of practice, existing resources).	Uncertain

Equity	What would be the impact on health equity?	Direct evidence regarding the impact on equity was not available.	The panel noted that there was no evidence that any particular group would benefit more than another and judged that it is uncertain that implementation of this Recommendation would impact health equity.	Uncertain
Acceptability	Is the Recommendation likely to be acceptable to children and families?	Multiple converging sources of evidence from children and families supporting this Recommendation implies acceptability.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
	Is the Recommendation likely to be acceptable to practitioners?	Multiple converging sources of evidence from practitioners and/or organisations supporting this Recommendation implies acceptability.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Direct evidence for feasibility was not available.	The panel considered that feasibility is implied based on evidence from practitioners and/or organisations in support of this Recommendation, but noted the lack of direct evidence.	Probably yes

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.

Evidence for Recommendation

	Evidence Source	Evidence
Systematic Reviews	Child and family experiences	This review was not designed to collect evidence for this aspect of support provision.
	Umbrella Review	This review was not designed to collect evidence for this aspect of support provision.
Community Consultation	**Delphi**	
	Agreement	We are interested to know what factors are important for practitioners to consider when making recommendations for goals and the selection and delivery of therapies and supports when working with children on the autism spectrum and their families. Please indicate the extent to which you believe the following factors are important: ***Statement:*** A theoretical rationale for why the goal/therapy/support is likely to lead to an increase in the child's learning and participation. ***Outcome:*** 86% agreement (Mdn: 4, IQR: 1) ***Statement:*** Research evidence (from published, peer-reviewed research) that the goal/therapy/support is likely to lead to an increase in the child's learning and participation. ***Outcome:*** 85% agreement (Mdn: 4, IQR: 1) ***Statement:*** Clinical evidence gathered through practice that the goal/therapy/support is likely to lead to an increase in the child's learning and participation, including evidence drawn from the experiences/outcomes of other children and families the practitioner has supported. ***Outcome:*** 94% agreement (Mdn: 5, IQR: 1) ***Statement:*** Information about the child, family, and their context that is relevant to this goal/therapy/support. ***Outcome:*** 100% agreement (Mdn: 5, IQR: 0) ***Statement:*** Perspectives expressed by autistic people regarding the goal/therapy/support. ***Outcome:*** 90% agreement (Mdn: 5, IQR: 1)

Community Consultation	Agreement (cont'd.)	***Statement:*** Consideration of whether the child/family have the time required for the goal/therapy/support. ***Outcome:*** 98% agreement (Mdn: 5, IQR: 1) ***Statement:*** Consideration of whether the child/family have the social support required for the goal/therapy/support (e.g., family members willing to assist). ***Outcome:*** 99% agreement (Mdn: 5, IQR: 1) ***Statement:*** Consideration of whether the child/family have the emotional support required for the goal/therapy/support. ***Outcome:*** 100% agreement (Mdn: 5, IQR: 0) ***Statement:*** Consideration of whether the child/family have the financial resources required for the goal/therapy/support. ***Outcome:*** 90% agreement (Mdn: 5, IQR: 1) ***Statement:*** Consideration of whether the goal/therapy/support is consistent with the child/family's cultural background. ***Outcome:*** 97% agreement (Mdn: 5, IQR: 1) ***Statement:*** Consideration of whether the goal/therapy/support is consistent with the parent/s views on child-rearing. ***Outcome:*** 83% agreement (Mdn: 4, IQR: 0) ***Statement:*** Consideration of whether the goal/therapy/support is consistent with the parent/s views on child development. ***Outcome:*** 77% agreement (Mdn: 4, IQR: 0) ***Statement:*** Consideration of whether the goal/therapy/support is consistent with the parent/s views on disability (and the need to focus on the child versus the environment). ***Outcome:*** 76% agreement (Mdn: 4, IQR: 1) ***Statement:*** Consideration of whether the child supports the goal/therapy/support (to the extent possible). ***Outcome:*** 89% agreement (Mdn: 5, IQR: 1) ***Statement:*** Consideration of whether the parent/s support the goal/therapy/support. ***Outcome:*** 98% agreement (Mdn: 5, IQR: 1) ***Statement:*** Consideration of the potential benefits associated with the goal/therapy/support. ***Outcome:*** 100% agreement (Mdn: 5, IQR: 1) ***Statement:*** Consideration of the potential risks associated with the goal/therapy/support. ***Outcome:*** 98% agreement (Mdn: 5, IQR: 1) ***Statement:*** Consideration of the alternative options to this goal/therapy/support. ***Outcome:*** 97% agreement (Mdn: 4, IQR: 1) ***Statement:*** Consideration of how this goal/therapy/support may enhance progress towards other goals. ***Outcome:*** 96% agreement (Mdn: 5, IQR: 1) ***Statement:*** Consideration of how this goal/therapy/support may impede progress towards other goals. ***Outcome:*** 90% agreement (Mdn: 5, IQR: 1) ***Statement:*** Consideration of the relevance of this goal/therapy/support currently for the child and family. ***Outcome:*** 98% agreement (Mdn: 5, IQR: 1) ***Statement:*** Consideration of the relevance of this goal/therapy/support in the future for the child and family. ***Outcome:*** 95% agreement (Mdn: 5, IQR: 1)

Community Consultation	Qualitative	Consideration of whether the family is able to access the recommended therapy/support in their geographical location e.g. if there are long waitlist times for a particular support or if the family has to travel to other areas to access support. [d41-R1]
	Survey	
	Autistic people	Suggestions for therapy should take into account the family's financial position - parents should not be shamed if they cannot pay for expensive specialist supports. They should be given help to find other affordable supports, or to find financial support to help pay for those supports. [623:993]
	Parents	For ethics- the therapist should be able to give evidence of positive achievements for that individual for the therapy to continue. There are a lot of average therapists using massive amounts of resources achieving limited/narrow outcomes. So, value for money and time of families should be important. Benefits should be proportional to costs. I often think kids with autism get much more out of participating in their local soccer team or surf class than therapy. Too much meeting the needs of therapists (sitting, small room) rather than honouring the nature of childhood (doing, making, being active) [228:727]
	Family	-
	Service Providers	Level of funding required for support needs. [441:1102]
	Organisations	Speak with families about their availability to participate- time commitment and also for homework. Previous experience of therapy - what has or has not worked. Their perception of 'problem' and willingness to be involved. [349:348]
	Other	Key reviews should determine therapy programs for children and families. Modifications, including cultural adaptations, may be required, noting that evidence about adapted therapies may be limited. [625:1006]
	Focus Groups	
	Autistic adults	So, asking what things are difficult for this child? What things are difficult for you as a family? What would you like to see happening? So, asking more questions around that and taking notes Regarding having multiple kids, we found that going through this process when our kids were little, our kids have very, very similar diagnosis, but their needs are polar opposites and it's common for a lot of people. And therapists would get really, really confused around whose needs were what. [A31]
	Parents	Goals, they need to be realistic. Do we have access to it physically? Financially cost, can we afford it? And do we have time to do it? We're time poor. We have families, we have our children, we have our lives. I've got a full time job. I run a business. Is it relevant? Is relevant to my child? Is it relevant to the families? Relevant to the parents? Is it relevant to the context? Are these goals relevant? My child is at daycare. My child is at home. My child visits grandmother. These goals have to be relevant, and they have to be consistent. [P16]

	Brief survey	If I didn't have to drive a long way to get there and use the elevator. If she could come to my house. If she should be able to play with my friends with me. [14]
	Reflection	Last year I ran out of NDIS funding so I could not provide them with as much support as I would of like or they needed. [1]

Evidence to decision judgements

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.

Criteria	Question	Evidence	Additional Considerations	Judgement
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	High
Benefits and Harms	Are there likely to be benefits for autistic children and their families of implementing this Recommendation?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel identified multiple potential benefits for children and families, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
	Are there likely to be risks for autistic children and their families of implementing this Recommendation?	Direct evidence relating to potential and/or actual risks was not available.	The panel did not identify any prominent risks, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	No

	Are the benefits for autistic children and their families likely to outweigh any risks?	Evidence for benefits. Lack of evidence for risks.	The panel considered the identified benefits and lack of identified risks, as well as the consistency of the Recommendation with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Values and Preferences	Is the Recommendation consistent with the values and preferences of autistic children and their families?	Multiple converging sources of evidence from children and families in support of this Recommendation implies consistency with values and preferences.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Resources	Is the Recommendation likely to require additional resources from children and families?	Direct evidence regarding resource implications was not available.	The panel did not identify any clearly evidenced and/or prominent additional resource requirements, but acknowledged that implementing this Recommendation would require the active involvement of children and families.	Probably no
	Is the Recommendation likely to require additional resources from practitioners?	Direct evidence regarding resource implications was not available.	The panel noted that implementing this Recommendation may have different resource implications for different practitioners, depending on their individual circumstances (e.g., nature and scope of practice, existing resources).	Uncertain

Equity	What would be the impact on health equity?	Direct evidence regarding the impact on equity was not available.	The panel noted that there was no evidence that any particular group would benefit more than another and judged that it is uncertain that implementation of this Recommendation would impact health equity.	Uncertain
Acceptability	Is the Recommendation likely to be acceptable to children and families?	Multiple converging sources of evidence from children and families supporting this Recommendation implies acceptability.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
	Is the Recommendation likely to be acceptable to practitioners?	Multiple converging sources of evidence from practitioners and/or organisations supporting this Recommendation implies acceptability.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Direct evidence for feasibility was not available.	The panel considered that feasibility is implied based on evidence from practitioners and/or organisations in support of this Recommendation, but noted the lack of direct evidence.	Probably yes

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.

Evidence for Recommendation

Evidence Source		Evidence
Systematic Reviews	Child and family experiences	This review was not designed to collect evidence for this aspect of support provision.
	Umbrella Review	See Appendix C of the Guideline for a summary of the effect of types of supports on child and family outcomes. **Relationship between child characteristics and child outcomes:** **Child characteristic: age** ***Early intensive behavioural intervention (specific behavioural practice)*** -Child age was not related to therapeutic effects on cognitive development or adaptive behaviour (Rodgers et al., 2020). ***Cognitive behavioural therapy*** - Child age inconsistently related to therapeutic effects on social emotional development (Wang et al., 2021b). ***Supports targeting social-communication*** -Child age negatively related to therapeutic effects on social-communication. That is, as child age increased, therapeutic effects decreased (Bejarano-Martìn et al., 2020). -Child age not related to therapeutic effects on social-communication (Parsons, Cordier, Munro et al., 2017). ***Supports targeting expressive language*** -Child age not related to therapeutic effects on expressive language (Hampton & Kaiser, 2016)

Systematic Reviews	Umbrella Review (cont’d)	***Supports delivered by non-specialists (parents, peers, educators)*** -Child age not related to therapeutic effects (Naveed et al., 2019) **Child characteristic: communication before receiving support** ***Supports targeting social-communication*** -Child communication skills before receiving support was not related to therapeutic effects on social-communication (Bejarano-Martín et al., 2020). **Child characteristic: cognitive development before receiving support** ***Early Intensive Behavioural Intervention (specific behavioural practice)*** -Child cognitive development before receiving support was not related to therapeutic effects on cognitive development or adaptive behaviour (Rodgers et al., 2020). ***Supports targeting social-communication*** -Child cognitive development before receiving support not related to therapeutic effects on social-communication (Bejarano-Martín et al., 2020). **Child characteristic: adaptive behaviour before receiving support** ***Early intensive behavioural intervention (specific behavioural practice)*** -Child adaptive behaviour before receiving support was not related to therapeutic effects on cognitive development or adaptive behaviour (Rodgers et al., 2020)
Community Consultation	**Delphi**	
	Agreement	We are interested to know what factors are important for practitioners to consider when making recommendations for goals and the selection and delivery of therapies and supports when working with children on the autism spectrum and their families. Please indicate the extent to which you believe the following factors are important: ***Statement:*** Research evidence (from published, peer-reviewed research) that the goal/therapy/support is likely to lead to an increase in the child’s learning and participation. ***Outcome:*** 85% agreement (Mdn: 4, IQR: 1) It is important that practitioners providing therapies and supports to children on the autism spectrum and their families obtain relevant knowledge, skills, and/or experience in the following areas: ***Statement****:* The current best available research that the therapies and supports they provide delivers the intended therapeutic effect. ***Outcome****:* 98% agreement (Mdn: 5, IQR: 1)

Community Consultation		
	Qualitative	Therapies need to be evidence based and usefulness of therapy needs to be regularly evaluated. [d25-R1] It is vital that we listen to the voices and experiences of autistic people when determining appropriate goals and therapy approaches for autistic children. Regardless of whether an approach is considered 'gold standard' or 'evidenced based' in literature, if autistic people are telling us that the approach is harmful, traumatizing or inappropriate we must listen and change our approach. [d35-R1]
	Survey	
	Autistic people	Be fully trained and qualified and up to date with research in this area. [606:774]
	Parents	When considering evidence based need to ensure that it is not just neurotypical academics trying to make autistic children and adults behave more neurotypically, that it is actually seen as successful by actually autistic community. [79:194]
	Family	-
	Service Providers	Children and parents accessing supports that aren't evidence-based and aren't provided by appropriately trained and educated practitioners. [533:946]
	Organisations	By using evidence-based practice methodology and staying up to-date with the latest research. The potential to waste valuable time and resources on ineffective treatment. The potential for physical or psychological harm to the child. [340:288]
	Other	-
	Focus Groups	
	Autistic adults	But I think when talking about that planning and this is kind of related it, so maybe this is just my clinician head, but when selecting a therapy and it's, like, evidence based practice, which in evidence based practices, yeah, it's best available research, clinical expertise, and the lived experiences and the values and priorities of the clients [A24] Sorry, one more to add on that is recognising that research and the DSM is dynamic too, that the DSM is not a bible, that [the] research base is not a bible, that psychology and research is dynamic and ever evolving and that is essential that practitioners are maintaining a level of current skill and connection with autistic led and lived and learnt experience. The sad thing is it will take a few more decades to get to a point where the research reflects the current knowledge base out there. This stuff takes time. Too many practitioners rely on a research article without exploring the broader context of where that research has evolved to. [A43]

	Parents	And my biggest comment here has to be evidence based. Not just for funding, I don't care about NDIS. I don't care about funding evidence based. It has to work on my child. Don't treat my child like a Guinea pig. Don't treat my child and do your voodoo medicine on them. I have had to change practitioners multiple times. I've wasted resources. I've wasted time. Time is of essence. We know early intervention is proven to work. Evidence based medicine is proven to work and I'm sick of these practitioners being allowed to practice and practice their voodoo on my child. [P16]
	Brief survey	-
	Reflection	-

Evidence to decision judgements

Recommendation 38

Strength of Recommendation: Strong

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

Criteria	Question	Evidence	Additional Considerations	Judgement
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	High
Benefits and Harms	Are there likely to be benefits for autistic children and their families of implementing this Recommendation?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel identified multiple potential benefits for children and families, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	Yes

	Are there likely to be risks for autistic children and their families of implementing this Recommendation?	Multiple converging sources of evidence for risks from both the autistic and autism communities (i.e., all stakeholders)	The panel noted evidence from the autistic and autism community that making decisions based on research evidence alone can be detrimental to children and families when broader considerations, including the potential for adverse effects, are not considered. The panel noted the frequently raised concern related to supports based on behavioural principles, including when delivered intensively, and the lack of research examining adverse effects. The Good Practice Points indicate the need for decisions to be made within an evidence-based practice framework that considers all relevant sources of information and individual preferences and priorities but the panel judged that there are risks based on the weight of evidence from the community.	Probably yes
	Are the benefits for autistic children and their families likely to outweigh any risks?	Evidence for benefits and risks.	The panel noted evidence for benefits of considering the best avaialable research evidence and the potential risks (people relying solely on research evidence and not considering other elements of evidence-based practice), but judged that the benefits outweigh the risks. The panel noted that the risks are mitigated if the Good Practice Points and other relevant Recommendations are followed.	Probably yes

Values and Preferences	Is the Recommendation consistent with the values and preferences of autistic children and their families?	At least one source of evidence from children and families in support of this Recommendation implies consistency with values and preferences.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Probably yes
Resources	Is the Recommendation likely to require additional resources from children and families?	Direct evidence regarding resource implications was not available.	The panel did not identify any clearly evidenced and/or prominent additional resource requirements.	No
	Is the Recommendation likely to require additional resources from practitioners?	Direct evidence regarding resource implications was not available.	The panel noted that implementing this Recommendation may have different resource implications for different practitioners, depending on their individual circumstances (e.g., nature and scope of practice, existing resources).	Uncertain
Equity	What would be the impact on health equity?	Direct evidence regarding the impact on equity was not available.	The panel noted that there was no evidence that any particular group would benefit more than another and judged that it is uncertain that implementation of this Recommendation would impact health equity.	Uncertain
Acceptability	Is the Recommendation likely to be acceptable to children and families?	At least one source of evidence from children and families supporting this Recommendation implies acceptability.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Probably yes

	Is the Recommendation likely to be acceptable to practitioners?	Multiple converging sources of evidence from practitioners and/or organisations supporting this Recommendation implies acceptability.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Direct evidence for feasibility was not available.	The panel considered that feasibility is implied based on evidence from practitioners and/or organisations in support of this Recommendation, but noted the lack of direct evidence.	Probably yes

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.

Evidence for Recommendation

	Evidence Source	Evidence
Systematic Reviews	Child and family experiences	This review was not designed to collect evidence for this aspect of support provision.
	Umbrella Review	The review identified a range of supports that can help a child and family achieve goals, indicating a need for a personalised approach to support recommendation
Community Consultation	**Delphi**	
	Agreement	Where relevant, and assuming that the therapy program is tailored to the individual child and their family, practitioners may: ***Statement:*** Select and deliver a single intervention practice. ***Outcome:*** 73% agreement (Mdn: 4, IQR: 1) ***Statement:*** Select and deliver a range of practices or techniques (i.e., a so called 'eclectic approach'). ***Outcome:*** 98% agreement (Mdn: 4, IQR: 1) ***Statement****:* The selection of therapies and supports should be informed by the goals for therapy. ***Outcome***: 93% agreement (Mdn: 5, IQR: 1)
	Qualitative	Therapies and supports should not be dictated to the family. It is important that first the goal is considered, and then secondly barriers and facilitators to that goal are deeply understood (and an effort has been made to identify barriers and facilitators in all life areas and especially the environment), and THEN therapies and supports are identified that target those goals directly and address the identified barriers. There MUST be a plausible explanation for how the therapy/support works towards the goal, ideally routed through how it overcomes an identified barrier or enhances a facilitator. [d5-R1]

Community Consultation	**Survey**	
	Autistic people	-
	Parents	-
	Family	-
	Service Providers	I don't know many structured, evidence based approaches that are also neurodiversity affirming so I tend to use eclectic approaches - Hanen - particularly More than Words - sensory based supports - therapies that focus on executive functioning. [472:32]
	Organisations	-
	Other	Working with the family/child to understand their individual context and find matches between therapies and supports. [658:81]
	Focus Groups	
	Autistic adults	And I think that's also important because there's just so much quackery and just weird stuff going on in terms of autism treatment, which is just, it doesn't make any sense whatsoever, but it can still become really popular. So, I guess it's, you know, I think practitioners need to, they need to be accountable in the fact that you have to be using something, that there's good evidence that it's going to work, whether that evidence is from research or whether that evidence is actually from the autistic community telling it yes, this works. Or if the autistic community is telling you no, this does damage and it's not good. [A24]
	Parents	Also, they need to be looking at a lot of other things apart from the therapies. You know, what about their adaptive skills, for instance? What about sort of co-occurring issues? You know, what about some of the family's preferences or cultural needs? What are the families resources? You know, what sort of time do they have? What sort of, you know, availability do they have? Do they have, you know, extended sort of family that can help out also? [P45]
	Brief survey	Therapy suggestions should be made based on the individual child. [56]
	Reflection	-

Evidence to decision judgements

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.

Criteria	Question	Evidence	Additional Considerations	Judgement
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	High
Benefits and Harms	Are there likely to be benefits for autistic children and their families of implementing this Recommendation?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel identified multiple potential benefits for children and families, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
	Are there likely to be risks for autistic children and their families of implementing this Recommendation?	Direct evidence relating to potential and/or actual risks was not available.	The panel did not identify any prominent risks, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	No

	Are the benefits for autistic children and their families likely to outweigh any risks?	Evidence for benefits. Lack of evidence for risks.	The panel considered the identified benefits and lack of identified risks, as well as the consistency of the Recommendation with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Values and Preferences	Is the Recommendation consistent with the values and preferences of autistic children and their families?	Multiple sources of evidence from children and families in support of this Recommendation implies consistency with values and preferences.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Resources	Is the Recommendation likely to require additional resources from children and families?	Direct evidence regarding resource implications was not available.	The panel did not identify any clearly evidenced and/or prominent additional resource requirements.	No
	Is the Recommendation likely to require additional resources from practitioners?	Direct evidence regarding resource implications was not available.	The panel did not identify any clearly evidenced and/or prominent additional resource requirements, but acknowledged that implementing this Recommendation would require practitoners to be in a position to offer appropriate options.	Probably no
Equity	What would be the impact on health equity?	Direct evidence regarding the impact on equity was not available.	The panel noted that there was no evidence that any particular group would benefit more than another and judged that it is uncertain that implementation of this Recommendation would impact health equity.	Uncertain

Acceptability	Is the Recommendation likely to be acceptable to children and families?	Multiple converging sources of evidence from children and families supporting this Recommendation implies acceptability.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
	Is the Recommendation likely to be acceptable to practitioners?	Multiple converging sources of evidence from practitioners and/or organisations supporting this Recommendation implies acceptability.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Direct evidence for feasibility was not available.	The panel considered that feasibility is implied based on evidence from practitioners and/or organisations in support of this Recommendation, but noted the lack of direct evidence.	Probably yes

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.

Evidence for Recommendation

	Evidence Source	Evidence
Systematic Reviews	Child and family experiences	This review was not designed to collect evidence for this aspect of support provision.
	Umbrella Review	This review was not designed to collect evidence for this aspect of support provision.
Community Consultation	**Delphi**	
	Agreement	*We are interested to know what factors are important for practitioners to consider when making recommendations for goals and the selection and delivery of therapies and supports when working with children on the autism spectrum and their families.* *Please indicate the extent to which you believe the following factors are important:* ***Statement:*** Consideration of the potential benefits associated with the goal/therapy/support. ***Outcome:*** 100% agreement (Mdn: 5, IQR: 1) ***Statement:*** Consideration of the potential risks associated with the goal/therapy/support. ***Outcome:*** 98% agreement (Mdn: 5, IQR: 1) ***Statement:*** Consideration of the alternative options to this goal/therapy/support. ***Outcome:*** 97% agreement (Mdn: 4, IQR: 1)
	Qualitative	The family should be well informed and supported to make the decision relevant to their family context and identified goals. [d3-R1]

Community Consultation	**Survey**	
	Autistic people	Always have to consider other alternatives, and be able to say, this might not be best for this child, family, etc. [620:96]
	Parents	Give information about available services and unbiased information to enable informed understanding of benefits and risks of various approaches. [1367:443]
	Family	Talk and listen to the family. Ensure all parties, incl the child, are aware of all of the options and approaches available. Avoid excessive therapies at one time that will overwhelm the child and parents. [276:336]
	Service Providers	Ensure a range of options have been presented to all involved and child and family understand their options, what's involved and evidence around them. [393:683]
	Organisations	Be knowledgeable about the different therapies available so they can present the options fairly and parents are informed to ensure their consent to treat is informed. [471:313]
	Other	-
Community Consultation	**Focus Groups**	
	Autistic adults	Just to expand on what A32 was saying earlier, the discussion around the family being able to choose another practitioner, I think that should be part of the intake meeting because families frequently rock up to a therapist and they've got no idea how therapy works. They don't know that they can choose somebody else. At the actual intake meeting it should be made very clear to them that they have the right that if they, you know, there might be a conflict of, a personality clash or whatever. The therapy is not working for their child. They have the right to choose another option somewhere else. [A31]
	Parents	And I said this before, but actually under, you know, if you're recommending a therapy as a [*named profession*] or something, actually knowing. I mean most of the time they're just sort of like well, I've heard that [*named practice*] is evidence-based. Like, can you please tell me in layman's terms what that means, because that also then means that if somebody is going out there and trying to find an [*named practice*] service provider, they can know whether they found somebody who's doing a good job and actually, you know, really working with the child and the family and making their lives better or somebody who's got some weird idea about, you know. [P46]
	Brief survey	We followed the advice of our [*named profession*]. We were not given other options. We thought we were doing the right thing. But it wasn't the right thing for [*our child*] and it made him so anxious and unhappy. [39]
	Reflection	-

Evidence to decision judgements

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.

Criteria	Question	Evidence	Additional Considerations	Judgement
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	High
Benefits and Harms	Are there likely to be benefits for autistic children and their families of implementing this Recommendation?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel identified multiple potential benefits for children and families, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
	Are there likely to be risks for autistic children and their families of implementing this Recommendation?	Direct evidence relating to potential and/or actual risks was not available.	The panel did not identify any prominent risks, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	No

	Are the benefits for autistic children and their families likely to outweigh any risks?	Evidence for benefits. Lack of evidence for risks.	The panel considered the identified benefits and lack of identified risks, as well as the consistency of the Recommendation with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Values and Preferences	Is the Recommendation consistent with the values and preferences of autistic children and their families?	Multiple converging sources of evidence from children and families in support of this Recommendation implies consistency with values and preferences.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Resources	Is the Recommendation likely to require additional resources from children and families?	Direct evidence regarding resource implications was not available.	The panel did not identify any clearly evidenced and/or prominent additional resource requirements.	No
	Is the Recommendation likely to require additional resources from practitioners?	Direct evidence regarding resource implications was not available.	The panel acknowledged that individualising the sharing of information will likely require additional resources for practitioners, with nature and amount of resources depending on their individual circumstances.	Probably yes
Equity	What would be the impact on health equity?	Direct evidence regarding the impact on equity was not available.	The panel noted that there was no evidence that any particular group would benefit more than another and judged that it is uncertain that implementation of this Recommendation would impact health equity.	Uncertain

Acceptability	Is the Recommendation likely to be acceptable to children and families?	Multiple converging sources of evidence from children and families supporting this Recommendation implies acceptability.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
	Is the Recommendation likely to be acceptable to practitioners?	Multiple converging sources of evidence from practitioners and/or organisations supporting this Recommendation implies acceptability.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Direct evidence for feasibility was not available.	The panel considered that feasibility is implied based on evidence from practitioners and/or organisations in support of this Recommendation, but noted the lack of direct evidence.	Probably yes

Recommendation 41

Consensus-Based Recommendation

Strength of Recommendation: Conditional

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

Evidence for Recommendation

	Evidence Source	Evidence
Systematic Reviews	Child and family experiences	This review was not designed to collect evidence for this aspect of support provision.
	Umbrella Review	This review was not designed to collect evidence for this aspect of support provision.
Community Consultation	**Delphi**	
	Agreement	Please indicate the extent to which you agree each of the following are principles that are important to all aspects of providing therapies and supports to children on the autism spectrum. ***Statement***: Qualified practitioners: People involved in the provision of therapies and supports should have relevant qualifications and professional regulation, and only engage in goal setting and the delivery of therapies and supports that are within their scope of practice. ***Outcome***: 99% agreement (Mdn: 5, IQR: 0) It is important that practitioners providing therapies and supports to children on the autism spectrum and their families obtain relevant knowledge, skills, and/or experience in the following areas: ***Statement***: The range of therapies and supports appropriate for children on the autism spectrum and other neurodevelopmental disorders, within their scope of practice. ***Outcome***: 99% agreement (Mdn: 5, IQR: 1)

Community Consultation	Qualitative	Therapists should stick to their expertise in delivering the goal. It should not be generalised. Speech therapist should not be asked to help the goals which need some training in fine motor skills. [d14-R1]
	Survey	
	Autistic people	Supporting communication requirements - whether this be using assistive technology or other types of individualised communication (Speech pathology). Supporting social and emotional learning through psychology which can also help identify anxiety or co-occurring conditions. Sensory support - this includes hyper-sensitivities (usually light / sound) and hypo-sensitivities, which might present as needing vestibular or proprioceptive input etc. Simple supports like movement breaks, wobble chairs in the classroom, and other OT recommended strategies. [606:774]
	Parents	Unqualified/inappropriately experienced practitioners - need to have experience and perhaps additional qualification for working with neurodiverse clients. [192:676]
	Family	Unqualified staff [269:1070]
	Service Providers	Speech Pathology - when specific communication, language, or articulation delays are a barrier for the child Occupational Therapy - when specific fine or gross motor skills are a barrier for the child GP/Paediatrician - to monitor general health and any potential medical/biological challenges presenting a barrier for the child Educational supports - individualised support from the teachers/educators/SSOs in the child's childcare/kindergarten/school skilled in identify when additional support strategies are required or would be beneficial to help the child participate fully in their education setting [358:926]
	Organisations	Therapists have to work within ethical and scope of practice and so should be providing goal driven therapy. [513:727]
	Other	-
	Focus Groups	
	Autistic adults	So, I think that we need to people who are looking at selecting and planning these supports need to have a good understanding of autism. Otherwise, they will put other kind of perceptions and ideas in when we might not be actually be able to achieve those goals in some environments. [A13]
	Parents	So, I think that there is a real imperative in the service system to ensure that the people who are providing services are absolutely appropriately knowledgeable, experienced, informed and as I said earlier, we're all still learning about [autism] and we're all on this journey together. [P11]
	Brief survey	-
	Reflection	-

Evidence to decision judgements

Recommendation 41

Strength of Recommendation: Conditional

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

Criteria	Question	Evidence	Additional Considerations	Judgement
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	High
Benefits and Harms	Are there likely to be benefits for autistic children and their families of implementing this Recommendation?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel identified multiple potential benefits for children and families, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
	Are there likely to be risks for autistic children and their families of implementing this Recommendation?	Direct evidence relating to potential and/or actual risks was not available.	The panel did not identify any prominent risks, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	No

	Are the benefits for autistic children and their families likely to outweigh any risks?	Evidence for benefits. Lack of evidence for risks.	The panel considered the identified benefits and lack of identified risks, as well as the consistency of the Recommendation with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Values and Preferences	Is the Recommendation consistent with the values and preferences of autistic children and their families?	Multiple converging sources of evidence from children and families in support of this Recommendation implies consistency with values and preferences.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Resources	Is the Recommendation likely to require additional resources from children and families?	Direct evidence regarding resource implications was not available.	The panel noted that requiring relevant qualifications may, in some cases, reduce the number of people in a given geographical location who are able to provide supports, which could place additional resource demands on children and families in accessing services (e.g., increased costs, less convenience, increased travel).	Uncertain
	Is the Recommendation likely to require additional resources from practitioners?	Direct evidence regarding resource implications was not available.	The panel noted that implementing this Recommendation may have different resource implications for different practitioners, depending on their individual circumstances (e.g., nature and scope of practice, existing resources).	Uncertain

Equity	What would be the impact on health equity?	Direct evidence regarding the impact on equity was not available.	The panel noted this Recommendation would probably reduce health equity by reducing access to supports amongst particular groups who may be accessing services from people without relevant qualifications. The panel noted that this Recommendation may impose additional barriers for those whom access to services may already be limited (e.g., based on geographical location).	Probably reduced
Acceptability	Is the Recommendation likely to be acceptable to children and families?	Multiple converging sources of evidence from children and families supporting this Recommendation implies acceptability.	The panel noted evidence from some autistic people and families that indicated that other practitioner characteristics (e.g., ability to build rapport, experience) were in some cases considered more important than relevant qualitifications.	Probably yes
	Is the Recommendation likely to be acceptable to practitioners?	Multiple converging sources of evidence from practitioners and/or organisations supporting this Recommendation implies acceptability.	The panel noted evidence from some autistic people and families that indicated that other practitioner characteristics (e.g., ability to build rapport, experience) were in some cases considered more important than relevant qualitifications.	Probably yes
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Direct evidence for feasibility was not available.	The panel noted that the feasibility of implementing this Recommendation will differ for different practitioners, depending on their individual circumstances (e.g., nature and scope of existing practice, existing resources).	Uncertain

Recommendation 42

Consensus-Based Recommendation

Strength of Recommendation: Conditional

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

Evidence for Recommendation

	Evidence Source	Evidence
Systematic Reviews	Child and family experiences	This review was not designed to collect evidence for this aspect of support provision.
	Umbrella Review	This review was not designed to collect evidence for this aspect of support provision.
Community Consultation	**Delphi**	
	Agreement	In addition to the foundation qualification(s) relevant to their professional discipline, it is important that practitioners providing therapies and supports to children on the autism spectrum and their families obtain and/or maintain their skills and expertise through: ***Statement:*** Peer supervision. ***Outcome***: 95% agreement (Mdn: 5, IQR: 1) ***Statement:*** Peer mentoring. ***Outcome***: 91% agreement (Mdn: 4, IQR: 1) ***Statement:*** Formal training courses. ***Outcome***: 95% agreement (Mdn: 4, IQR: 1)
	Qualitative	Planned professional development: reading, journal club, cross-disciplinary consultations /case supervision, webinars, podcasts, conferences [d39-R2]
	Survey	
	Autistic people	-
	Parents	Finding therapists who are the right fit for my child. [131:417]
	Family	-

Community Consultation	Service Providers	-
	Organisations	When practitioners or support people are not provided with appropriate, evidence based training, it increases the risk of them using strategies that are more restrictive than required and could be physically and/or psychologically harmful for the child. [358:426]
	Other	Ineffective therapy, if delivered by someone who is not appropriate, i.e. unqualified, which results in reduced outcomes and quality of life for the child. Physical and emotional safety risks to both child and person delivering therapy if the person delivering therapy is unqualified, untrained and unregulated. [656:771]
	Focus Groups	
	Autistic adults	I think one of the things that therapists who work in, you know, who are working with either children or adults who are autistic, is that they need to understand that it's really essential that they're trauma informed. I'm finding it quite shocking how, not how, just how few of them are, but some of them actually say that they're not. [A33]
	Parents	So, couple things that I've got from everybody, and this is my experience, is when you're writing the goals and you're having the service providers, do they work with, who they have experience with autistic kids? I've had that many providers that have not been experienced and wasted money on the NDIS because they have, actually we're the guinea pig and that really has put a big hard thing on families. [P15]
	Brief survey	-
	Reflection	-

Evidence to decision judgements

Recommendation 42

Strength of Recommendation: Conditional

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

Criteria	Question	Evidence	Additional Considerations	Judgement
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	High
Benefits and Harms	Are there likely to be benefits for autistic children and their families of implementing this Recommendation?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel identified multiple potential benefits for children and families, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
	Are there likely to be risks for autistic children and their families of implementing this Recommendation?	Direct evidence relating to potential and/or actual risks was not available.	The panel did not identify any prominent risks, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	No

	Are the benefits for autistic children and their families likely to outweigh any risks?	Evidence for benefits. Lack of evidence for risks.	The panel considered the identified benefits and lack of identified risks, as well as the consistency of the Recommendation with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Values and Preferences	Is the Recommendation consistent with the values and preferences of autistic children and their families?	Multiple converging sources of evidence from children and families in support of this Recommendation implies consistency with values and preferences.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Resources	Is the Recommendation likely to require additional resources from children and families?	Direct evidence regarding resource implications was not available.	The panel noted that requiring relevant professional experiences may, in some cases, reduce the number of people in a given geographical location who are able to provide supports, which could place additional resource demands on children and families in accessing services (e.g., increased costs, less convenience, increased travel).	Uncertain
	Is the Recommendation likely to require additional resources from practitioners?	Direct evidence regarding resource implications was not available.	The panel noted that implementing this Recommendation may have different resource implications for different practitioners, depending on their individual circumstances (e.g., nature and scope of practice, existing resources).	Uncertain

Equity	What would be the impact on health equity?	Direct evidence regarding the impact on equity was not available.	The panel noted this Recommendation would probably reduce health equity by reducing access to supports amongst particular groups who may be accessing services from people without relevant professional experience. The panel noted that this Recommendation may impose additional barriers for those whom access to services may already be limited (e.g., based on geographical location).	Probably reduced
Acceptability	Is the Recommendation likely to be acceptable to children and families?	Multiple converging sources of evidence from children and families supporting this Recommendation implies acceptability.	The panel noted evidence from some autistic people and families that indicated that other practitioner characteristics (e.g., ability to build rapport, experience) were in some cases considered more important than relevant professional experience.	Probably yes
	Is the Recommendation likely to be acceptable to practitioners?	Multiple converging sources of evidence from practitioners and/or organisations supporting this Recommendation implies acceptability.	The panel noted evidence from some autistic people and families that indicated that other practitioner characteristics (e.g., ability to build rapport, experience) were in some cases considered more important than relevant professional experience.	Probably yes

Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Direct evidence for feasibility was not available.	The panel noted that the feasibility of implementing this Recommendation will differ for different practitioners, depending on their individual circumstances (e.g., nature and scope of existing practice, existing resources).	Uncertain

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.

Evidence for Recommendation

	Evidence Source	Evidence
Systematic Reviews	Child and family experiences	This review was not designed to collect evidence for this aspect of support provision.
	Umbrella Review	This review was not designed to collect evidence for this aspect of support provision.
Community Consultation	**Delphi**	
	Agreement	Please indicate the extent to which you agree each of the following are principles that are important to all aspects of providing therapies and supports to children on the autism spectrum. ***Statement***: Qualified practitioners: People involved in the provision of therapies and supports should have relevant qualifications and professional regulation, and only engage in goal setting and the delivery of therapies and supports that are within their scope of practice. ***Outcome***: 99% agreement (Mdn: 5, IQR: 0)
	Qualitative	Only practitioners who are registered health professionals with relevant registration bodies to oversee health provision. Practitioners under registration bodies that ensure relevant, current evidence based practices should only be allowed to set and administer goals and outcomes. Parents/ carers should be given education and information about why this is important when deciding on their child's care. [d19-R1]
	Survey	
	Autistic people	Unqualified practitioners providing supports. [584:593]
	Parents	Autism trained specialists. [168:592]

Community Consultation	Family	Poor quality service providers and lack of supervision - we have experienced trauma from service providers who acted unprofessionally and unethically and our child is now very unwilling to engage with service providers. It takes a long time to rebuild trust after a poor experience. [236:823]
	Service Providers	Inexperienced and unmentored therapists. [497:515]
	Organisations	Significant risks are posed to the child and his/her family when the practitioner is not appropriately educated, trained, qualified and professionally-certified to work with some diagnosed with ASD. [386:64]
	Other	There needs to be an opportunity for early childhood educators with relevant experience to be acknowledged as powerful advocates who understand the daily needs of the children in their care and when working with a transdisciplinary team they will be a key partner in the goal and decision making along with the family, child and professionals. These key educators will have the necessary training to ensure the skill set is in line with the programme of early intervention offered. [662:973]
	Focus Groups	
	Autistic adults	Who monitors the therapists themselves? Empowering family's to be able to reflect on the goals through therapy too, how you do this and how they can work together with the therapist. [A32]
	Parents	I often think they need paediatric autism qualification. Which covers [*named profession 1*], [*named profession 2*], and [*named profession 3*]. But specifically for kids with autism. [P13] The national guideline for assessment and diagnosis defines the qualifications required……….for this paper, I'd like to see a definition for the qualifications required for support and therapies…..but more than just “[*named professional degree]” 1*], “[*named professional degree 2*]”. [P16]
	Brief survey	-
	Reflection	-

Evidence to decision judgements

Recommendation 43

Strength of Recommendation: Conditional

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

Criteria	Question	Evidence	Additional Considerations	Judgement
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	At least one source of evidence from across the autistic and/or autism communities in support of the Recommendation.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	High
Benefits and Harms	Are there likely to be benefits for autistic children and their families of implementing this Recommendation?	At least one source of evidence from across the autistic and/or autism communities indicating benefits.	The panel identified multiple potential benefits for children and families, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
	Are there likely to be risks for autistic children and their families of implementing this Recommendation?	Direct evidence relating to potential and/or actual risks was not available.	The panel did not identify any prominent risks, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	No

	Are the benefits for autistic children and their families likely to outweigh any risks?	Evidence for benefits. Lack of evidence for risks.	The panel considered the identified benefits and lack of identified risks, as well as the consistency of the Recommendation with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Values and Preferences	Is the Recommendation consistent with the values and preferences of autistic children and their families?	Multiple converging sources of evidence from children and families in support of this Recommendation implies consistency with values and preferences.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Resources	Is the Recommendation likely to require additional resources from children and families?	Direct evidence regarding resource implications was not available.	The panel noted that requiring relevant membership with a relevant professional organisation may, in some cases, reduce the number of people in a given geographical location who are able to provide supports, which could place additional resource demands on children and families in accessing services (e.g., increased costs, less convenience, increased travel).	Uncertain
	Is the Recommendation likely to require additional resources from practitioners?	Direct evidence regarding resource implications was not available.	The panel noted that implementing this Recommendation may have different resource implications for different practitioners, depending on their individual circumstances (e.g., nature and scope of practice, existing resources).	Uncertain

Equity	What would be the impact on health equity?	Direct evidence regarding the impact on equity was not available.	The panel noted this Recommendation would probably reduce health equity by reducing access to supports amongst particular groups who may be accessing services from people who are not eligible for membership to the relevant professional association and regulation. The panel noted that this Recommendation may impose additional barriers for those whom access to services may already be limited (e.g., based on geographical location).	Probably reduced
Acceptability	Is the Recommendation likely to be acceptable to children and families?	At least one source of evidence from children and families supporting this Recommendation implies acceptability.	The panel noted evidence from some autistic people and families that indicated that other practitioner characteristics (e.g., ability to build rapport, experience) were in some cases considered more important than practitioner eligiblity for membership to the relevant professional association and regulation.	Probably yes
	Is the Recommendation likely to be acceptable to practitioners?	Multiple converging sources of evidence from practitioners and/or organisations supporting this Recommendation implies acceptability.	The panel noted evidence from some autistic people and families that indicated that other practitioner characteristics (e.g., ability to build rapport, experience) were in some cases considered more important than practitioner eligiblity for membership to the relevant professional association and regulation.	Probably yes

Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Direct evidence for feasibility was not available.	The panel noted that the feasibility of implementing this Recommendation will differ for different practitioners, depending on their individual circumstances (e.g., nature and scope of existing practice, existing resources).	Uncertain

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.

Evidence for Recommendation

	Evidence Source	Evidence
Systematic Reviews	Child and family experiences	This review was not designed to collect evidence for this aspect of support provision.
	Umbrella Review	This review was not designed to collect evidence for this aspect of support provision.
Community Consultation	**Delphi**	
	Agreement	It is important that practitioners providing therapies and supports to children on the autism spectrum and their families obtain relevant knowledge, skills, and/or experience in the following areas: ***Statement:*** Typical and atypical development across the age ranges of children with whom they conduct their clinical work. ***Outcome:*** 95% agreement (Mdn: 5, IQR: 1) ***Statement:*** The impact of other important considerations, such as intellectual and/or communication capacity, culturally, linguistically and/or socioeconomically diverse background, regional or remote location, or complex psychosocial factors, on the provision of therapy/support. ***Outcome:*** 99% agreement (Mdn: 5, IQR: 1) ***Statement:*** The range of therapies and supports appropriate for children on the autism spectrum and other neurodevelopmental disorders, within their scope of practice. ***Outcome:*** 99% agreement (Mdn: 5, IQR: 1) ***Statement:*** The theoretical principle(s) underpinning the therapies and supports that that they provide ('Theoretical principles' refers to the purported reasons that the therapies and supports deliver the intended therapeutic effect, i.e., how and why the therapy/support works). ***Outcome:*** 95% agreement (Mdn: 5, IQR: 1)

Community Consultation	Agreement (cont’d.)	***Statement:*** The current best available research that the therapies and supports they provide delivers the intended therapeutic effect. ***Outcome:*** 98% agreement (Mdn: 5, IQR: 1) ***Statement:*** Understanding of neurodiversity affirming practices (‘Neurodiversity affirming’ here refers to practices that affirm the child's neurodivergent identity, rather than seeking to fix or cure their neurotype). ***Outcome:*** 95% agreement (Mdn: 5, IQR: 1) ***Statement:*** Clinical reasoning in evaluating evidence, integrating information and decision-making. ***Outcome:*** 97% agreement (Mdn: 5, IQR: 1) ***Statement:*** Clinical documentation and reporting. ***Outcome:*** 97% agreement (Mdn: 5, IQR: 1) ***Statement:*** Communicating with children on the autism spectrum and their family members. ***Outcome:*** 99% agreement (Mdn: 5, IQR: 0)
	Qualitative	People involved in the provision of therapies should have [an] understanding of Neurodivergent affirming principles [d36-R1]
	Survey	
	Autistic people	Practitioners can engage with Autistic advocacy groups and monitor current research to ensure their practices are up to date and resonate with Autistic people. [606:774]
	Parents	Maintain open, approachable and respectful communication with the family. Demonstrate empathy and interest in all communication.... Be realistic and work within the main caregiver’s capacity at that time (I.e., if mums struggling, it's not practical to expect her to get the child to therapy every week). Reduce jargon - use language that is appropriate.... Be aware of professional biases - it's great that you want the child to eat a more diverse diet, but if mum says she's trying but it's not working, validate her and offer support, not judgements. [250:91]
	Family	Ensuring equitable access to therapies and supports (considering implementing culturally/LGBT/indigenous/trauma/etc. informed practices where applicable [275:284]
	Service Providers	Understanding developmental progression of skills to inform developmentally appropriate goals that work towards more long-term goals. [527:84]

Community Consultation	Organisations	Have knowledge of the best practice guidelines and evidence-based practice. Be up to date in training and skills. Have the appropriate tools, to implement the treatment and ensure that the family and all parties involved understand the program and are educated about it. Provide a home program and upskill the parents/ carers/ teachers so they don't become dependent on the therapist for support and to the skills can be implemented across all settings by confident parents/ carers.... Be educated on age-appropriate skills across childhood e.g. when can most children typically do this skill by themselves. Be educated on how skills typically develop e.g. are there prerequisites/foundational skills that come before this particular skill is typically learned? [368:426]
	Other	Integrate the principles of trauma informed practice into the delivery of therapies, to avoid re-traumatising children and/or to prevent future trauma. [645:58]
	Focus Groups	
	Autistic adults	I guess just being aware that a lot of our expectations, when we set those really clear expectations about this is how we all walk in the corridor. That's a neurotypical way of moving through the corridor and it's physically impossible for some children. Their physical stims. Their verbal stims. Even though we've done lots of beautiful, explicit teaching, we can have social stories. We can have photos, you know, t's physically impossible, and for us to reward every other child for walking through the corridor but not the child that will physically stim and verbally stim. It's just so unethical. [A15]
	Parents	So, all the practitioners need to have an understanding of what the condition actually is and then they need to have an understanding of what therapies are out there and preferably evidence-based, which is how I like to roll, and be offering those to parents as suggestions. So, never has an [*named profession*] or a [*named profession*], and we've been through lots of them, ever suggested to me to go down a different route like oh, you know, you could see such and such to help with this. Or you could. They just sort of get there, do their job and that's it. [P43]
	Brief survey	-
	Reflection	-

Evidence to decision judgements

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.

Criteria	Question	Evidence	Additional Considerations	Judgement
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	High
Benefits and Harms	Are there likely to be benefits for autistic children and their families of implementing this Recommendation?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel identified multiple potential benefits for children and families, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
	Are there likely to be risks for autistic children and their families of implementing this Recommendation?	Direct evidence relating to potential and/or actual risks was not available.	The panel did not identify any prominent risks, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	No

	Are the benefits for autistic children and their families likely to outweigh any risks?	Evidence for benefits. Lack of evidence for risks.	The panel considered the identified benefits and lack of identified risks, as well as the consistency of the Recommendation with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Values and Preferences	Is the Recommendation consistent with the values and preferences of autistic children and their families?	Multiple converging sources of evidence from children and families in support of this Recommendation implies consistency with values and preferences.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Resources	Is the Recommendation likely to require additional resources from children and families?	Direct evidence regarding resource implications was not available.	The panel noted that requiring relevant knowledge and practical skills may, in some cases, reduce the number of people in a given geographical location who are able to provide supports, which could place additional resource demands on children and families in accessing services (e.g., increased costs, less convenience, increased travel).	Uncertain
	Is the Recommendation likely to require additional resources from practitioners?	Direct evidence regarding resource implications was not available.	The panel noted that implementing this Recommendation may have different resource implications for different practitioners, depending on their individual circumstances (e.g., nature and scope of practice, existing resources).	Uncertain

Equity	What would be the impact on health equity?	Direct evidence regarding the impact on equity was not available.	The panel noted this Recommendation would probably reduce health equity by reducing access to supports amongst particular groups who may be accessing services from people without relevant practical skills and knowledge. The panel noted that this Recommendation may impose additional barriers for those whom access to services may already be limited (e.g., based on geographical location).	Probably reduced
Acceptability	Is the Recommendation likely to be acceptable to children and families?	Multiple converging sources of evidence from children and families supporting this Recommendation implies acceptability.	The panel noted evidence from some autistic people and families that indicated that other practitioner characteristics (e.g., ability to build rapport, experience) were in some cases considered more important than other relevant knowledge and practical skills.	Probably yes
	Is the Recommendation likely to be acceptable to practitioners?	Multiple converging sources of evidence from practitioners and/or organisations supporting this Recommendation implies acceptability.	The panel noted evidence from some autistic people and families that indicated that other practitioner characteristics (e.g., ability to build rapport, experience) were in some cases considered more important than other relevant knowledge and practical skills.	Probably yes

Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Direct evidence for feasibility was not available.	The panel noted that the feasibility of implementing this Recommendation will differ for different practitioners, depending on their individual circumstances (e.g., nature and scope of existing practice, existing resources).	Uncertain

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.

Evidence for Recommendation

	Evidence Source	Evidence
Systematic Reviews	Child and family experiences	This review was not designed to collect evidence for this aspect of support provision.
	Umbrella Review	This review was not designed to collect evidence for this aspect of support provision.
Community Consultation	**Delphi**	
	Agreement	-
	Qualitative	Providing introductory session to parents by therapist to outline the service they will provide, reasons, research, goal which can be achieved, plan to get to goal, time to achieve and cost with mapping (with graphics for their understanding). Clear plan is needed as NDIS funded services are increasing the cost of service delivery and getting hard for the parents to access. [d14-R1]

	Survey	
Community Consultation	Autistic people	Better training of therapists, [*named profession 1*], [*named profession 2*], [*named profession 3*] (even [*named profession 4*). The training they received is so obviously outdated and stereotypical/ harmful and it absolutely shows in their treatment of patients. So many medical and mental health professionals have extremely outdated views of what autism and adhd actually are and it causes a lot of harm for us. [600:730] If the child is overwhelmed by choice then the practitioner could provide a short list of appropriate goals for the child to choose from, give them time to choose, explain to them what the outcomes and steps of achieving these goals might be to give them a better picture. [600:730]
	Parents	The whole sector needs much more training in effective and positive behaviour management [47:1051] Involve the family and individual. Stop talking/writing reports in medical speak or incoherent, non-tangible goals. Focus on the individual rather than meeting a professional code of ethics - i.e. tangible goals that parents can measure to see if the therapist/therapy is effective. [93:245]
	Family	Talk and listen to the family. Ensure all parties, incl the child, are aware of all of the options and approaches available. Avoid excessive therapies at one time that will overwhelm the child and parents [276: 336]
	Service Providers	Therapist acting outside of competence.... Communication among practitioners with parental consent to ensure complimentary therapies and support is occurring. [460:216] One therapy plan for the child that integrates goals across disciplines [536:992]
	Organisations	Significant risks are posed to the child and his/her family when the practitioner is not appropriately educated, trained, qualified and professionally-certified to work with some diagnosed with ASD. Unfortunately, the majority of professionals in Australia working with such people are NOT appropriately qualified/certified.] [386:64] Each child has a documented support plan that describes the interventions and their functional outcomes and the child and family have been involved in developing the support plan [381:606]
	Other	Ensuring that practitioners providing therapies and supports belong to a regulated workforce and work according to ethical guidelines. Ensuring the 'right' practitioner, with the appropriate qualifications, is undertaking fit-for-purpose assessment, therapies and supports. [625:1006] Talk directly to the family, and create a shared support plan that outlines the family and child's goals and the steps that the team will take to help the child achieve the goals [645:58]

Community Consultation	**Focus Groups**	
	Autistic adults	Something I do in my practice is to establish a clear therapeutic plan that is reviewed by all parties and signed and it is reviewed each session and we then do screening measures every 4-5 sessions as well as pre and post measure of broader screening data collection. [A43]
	Parents	I also would just quickly like to squeeze in is please can we have plain English in our reporting? They're really, really difficult to understand. And I find them challenging. I find them challenging to read and I'm a well-educated person and I can't imagine how. They're just useless if they're overwritten. I know that that's how therapists are taught in in their education system. But really what we actually need in terms of reporting from therapy is something that's completely the antithesis of that. You know, it needs to be written in plain English. It needs to be very clear and easy to read. [P23]
	Brief survey	-
	Reflection	I organise regular care team meetings, but do not feel equipped to be across what goals we should be setting. I as a parent have a view, the therapists have a view based on their discipline, but I worry we are missing something, and that we are not clear…[23]

Evidence to decision judgements

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.

Criteria	Question	Evidence	Additional Considerations	Judgement
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	High
Benefits and Harms	Are there likely to be benefits for autistic children and their families of implementing this Recommendation?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel identified multiple potential benefits for children and families, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
	Are there likely to be risks for autistic children and their families of implementing this Recommendation?	Direct evidence relating to potential and/or actual risks was not available.	The panel did not identify any prominent risks, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	No

	Are the benefits for autistic children and their families likely to outweigh any risks?	Evidence for benefits. Lack of evidence for risks.	The panel considered the identified benefits and lack of identified risks, as well as the consistency of the Recommendation with broader research evidence, professional standards, national regulations, and/or international conventions	Yes
Values and Preferences	Is the Recommendation consistent with the values and preferences of autistic children and their families?	Multiple converging sources of evidence from children and families in support of this Recommendation implies consistency with values and preferences.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Resources	Is the Recommendation likely to require additional resources from children and families?	Direct evidence regarding resource implications was not available.	The panel did not identify any clearly evidenced and/or prominent additional resource requirements.	No
	Is the Recommendation likely to require additional resources from practitioners?	Direct evidence regarding resource implications was not available.	The panel noted that implementing this Recommendation may have different resource implications for different practitioners, depending on their individual circumstances (e.g., nature and scope of practice, existing resources).	Uncertain
Equity	What would be the impact on health equity?	Direct evidence regarding the impact on equity was not available.	The panel noted that there was no evidence that any particular group would benefit more than another and judged that it is uncertain that implementation of this Recommendation would impact health equity.	Uncertain

Acceptability	Is the Recommendation likely to be acceptable to children and families?	Multiple converging sources of evidence from children and families supporting this Recommendation implies acceptability.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
	Is the Recommendation likely to be acceptable to practitioners?	Multiple converging sources of evidence from practitioners and/or organisations supporting this Recommendation implies acceptability.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Direct evidence for feasibility was not available.	The panel noted that the feasibility of implementing this Recommendation will differ for different practitioners, depending on their individual circumstances (e.g., nature and scope of existing practice, existing resources).	Uncertain

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.

Evidence for Recommendation

	Evidence Source	Evidence
Systematic Reviews	Child and family experiences	This review was not designed to collect evidence for this aspect of support provision.
	Umbrella Review	This review was not designed to collect evidence for this aspect of support provision.
Community Consultation	**Delphi**	
	Agreement	-
	Qualitative	Understanding of other services available in the area (or by telehealth) to provide appropriate referral/support to the child/family. [d51-R2]
	Survey	
	Autistic people	-
	Parents	-
	Family	-

Community Consultation	Service Providers	Understand their scope. Be aware of what other practitioners can provide. [351:382]
	Organisations	-
	Other	-
	Focus Groups	
	Autistic adults	Often you hear the, you know, oh, I work with loads of people with autism. And actually, it just doesn't fit us. It doesn't fit with the family. So, I have had a therapist recently actually refer, it was one of my son's therapists, actually refer us to another one 'cause he said, I think this will be a better fit for you. And she was right actually. It was a better fit, but I thought how wonderful that they're actually being able to do that. [A32]
	Parents	I agree totally. If it's not working with a therapist, the therapist should refer the person, I mean, that's within your scope of practice. That's, you know, as a counsellor, if my strategies aren't helping your client progress, then ethically I'm supposed to refer them on. I mean that's the ethics of it. [P36]
	Brief survey	-
	Reflection	-

Evidence to decision judgements

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.

Criteria	Question	Evidence	Additional Considerations	Judgement
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	High
Benefits and Harms	Are there likely to be benefits for autistic children and their families of implementing this Recommendation?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel identified multiple potential benefits for children and families, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
	Are there likely to be risks for autistic children and their families of implementing this Recommendation?	Direct evidence relating to potential and/or actual risks was not available.	The panel did not identify any prominent risks, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	No

	Are the benefits for autistic children and their families likely to outweigh any risks?	Evidence for benefits. Lack of evidence for risks.	The panel considered the identified benefits and lack of identified risks, as well as the consistency of the Recommendation with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Values and Preferences	Is the Recommendation consistent with the values and preferences of autistic children and their families?	At least one source of evidence from children and families in support of this Recommendation implies consistency with values and preferences.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Probably yes
Resources	Is the Recommendation likely to require additional resources from children and families?	Direct evidence regarding resource implications was not available.	The panel noted that requiring practitioners to refer on when necessary may reduce the number of people who are able to provide supports in a given geographical location, which may place additional resource demands on children and families in accessing services (e.g., increased costs, less convenience, increased travel).	Uncertain
	Is the Recommendation likely to require additional resources from practitioners?	Direct evidence regarding resource implications was not available.	The panel noted that implementing this Recommendation may have different resource implications for different practitioners, depending on their individual circumstances (e.g., nature and scope of practice, existing resources).	Uncertain

Equity	What would be the impact on health equity?	Direct evidence regarding the impact on equity was not available.	The panel noted this Recommendation would probably reduce health equity by reducing access to supports amongst particular groups who may be accessing services from people who are not appropraitely qualified, experienced, and/or regulated. The panel noted that this Recommendation may impose additional barriers for those whom access to services may already be limited (e.g., based on geographical location).	Probably reduced
Acceptability	Is the Recommendation likely to be acceptable to children and families?	At least one source of evidence from children and families in support of the Recommendation implies acceptability.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Probably yes
	Is the Recommendation likely to be acceptable to practitioners?	Multiple converging sources of evidence from practitioners and/or organisations supporting this Recommendation implies acceptability.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Direct evidence for feasibility was not available.	The panel noted that the feasibility of implementing this Recommendation will differ for different practitioners, depending on their individual circumstances (e.g., nature and scope of existing practice, existing resources).	Uncertain

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.

Evidence for Recommendation

	Evidence Source	Evidence
Systematic Reviews	Child and family experiences	This review was not designed to collect evidence for this aspect of support provision.
	Umbrella Review	**Relationship between the type of person delivering the support and child outcomes:** **Early Start Denver Model (specific naturalistic developmental behavioural intervention)** -The person delivering the support (parents, professionals) was not related to therapeutic effects on overall communication (Wang et al., 2021a). **Supports targeting social-communication** -The person delivering the support (caregivers, teachers, clinicians) was not related to therapeutic effects on social-communication (Bejarano-Martín et al., 2020). -There were positive therapeutic effects for supports with active parent involvement, but not for supports with parent education alone (Parsons, Cordier, Munro et al., 2017). **Supports targeting expressive language** -Supports involving clinicians and caregivers related to greater therapeutic effects on expressive language (spoken language) than clinicians or caregivers alone (Hampton & Kaiser, 2016).

	Delphi	
Community Consultation	Agreement	We are interested to know who you think should be involved in the provision of therapies and supports for children on the autism spectrum. Below, we have indicated a range of people who might be involved. Please tell us the extent to which you agree with these statements. Delivering therapies and supports: ***Statement:*** The child, family, and family-like people (i.e., family friends, peers) should be involved in delivering therapies and support. ***Outcome:*** 86% agreement (Mdn: 5, IQR: 1) ***Statement:*** People who provide formal support for the child's health and development (e.g., educators, medical and allied health practitioners) should be involved in delivering therapies and supports. ***Outcome:*** 100% agreement (Mdn: 5, IQR: 1) ***Statement:*** Where relevant and desired by the child and family, people who can contribute to supporting 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) may be involved in one or more aspects of: • Working to understand the child, family, and context • Setting goals • Selecting therapies and supports • Delivering therapies and supports • Monitoring outcomes ***Outcome:*** 86% agreement (Mdn: 4, IQR: 1) ***Statement:*** Where relevant and desired by the child and family, staff in agencies that support the provision and/or access to services (e.g., NDIS planners, child safety officers) may be involved in one or more aspects of: • Working to understand the child, family, and context • Setting goals • Selecting therapies and supports • Delivering therapies and supports • Monitoring outcomes ***Outcome:*** 73% agreement (Mdn: 4, IQR: 1)
	Qualitative	Therapy and support should be delivered in a way that best suits the child and family considering all psychosocial and individual factors [d13-R1]

Community Consultation

Survey – Quantitative

	The following statements describe principles that have been identified by research as having importance for all aspects of providing therapies and supports for children and their families on the autism spectrum. While some principles refer to both children and their families in the same item to acknowledge the family unit, we do so noting that the individual preferences, needs, and rights of each person are always to be considered and maintained. ***Statement:*** Supported: The child and their family should be supported to include people they feel are relevant in the therapy process, including for advocacy and support.
Autistic people	***Outcome***: 95% agreement (n=58, Mdn: 5, IQR: 1)
Parents	***Outcome***: 99% agreement (n=132, Mdn: 5, IQR: 1)
Family	***Outcome***: 100% agreement (n=11, Mdn: 5, IQR: 1)
Service Providers	***Outcome***: 97% agreement (n=67, Mdn: 5, IQR: 0)
Organisations	***Outcome***: 99% agreement (n=70, Mdn: 5, IQR: 0)
Other	***Outcome***: 95% agreement (n=21, Mdn: 5, IQR: 0)

Survey - Qualitative

Autistic people	-
Parents	The child, family and practitioners should collaboratively decide if the level of therapy and support is appropriate without fear that the ability to get funding for those supports later will not be restricted. [125:385]
Family	-
Service Providers	-
Organisations	-
Other	Whilst teachers and other practitioners are very important for a child with any disability they also come and go from a child's life. A sibling is there over a lifetime and whether we support the sibling or not will impact the lifetime wellbeing, social inclusion and safety of the child with autism. [639:409]

Community Consultation	**Focus Groups**	
	Autistic adults	They need to include children and youth in decisions about therapy as early as they're able to. And this means seeking their inputs. So, what does that child or young person want to learn about? So as soon as they have any capacity to sort of to communicate that, encourage them to do that. We wanna be supporting the economy of that young person to make choices. To self-advocate. It's really important that they don't focus on compliance because this sets autistic people up to be the victims of abuse. [A31]
	Parents	can I just say as a really basic point on that. I think it would be really useful to have in the guidelines that the beginning of a conversation or relationship starts with where are you at? What do you want? Because there's a lot of assumptions made before you even walk in the room, and sometimes you don't even get to that conversation before solutions that are offered and they're sometimes nowhere near what you were looking for. [P42]
	Brief survey	I wish that I could choose the days that I go to her and clear space so I'm not missing out on anything [16]
	Reflection	Benefited from having role models and mentors and he was much more engaged in this manner. [6]

Evidence to decision judgements

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.

Criteria	Question	Evidence	Additional Considerations	Judgement
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	High
Benefits and Harms	Are there likely to be benefits for autistic children and their families of implementing this Recommendation?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel identified multiple potential benefits for children and families, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
	Are there likely to be risks for autistic children and their families of implementing this Recommendation?	Direct evidence relating to potential and/or actual risks was not available.	The panel did not identify any prominent risks, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	No

	Are the benefits for autistic children and their families likely to outweigh any risks?	Evidence for benefits. Lack of evidence for risks.	The panel considered the identified benefits and lack of identified risks, as well as the consistency of the Recommendation with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Values and Preferences	Is the Recommendation consistent with the values and preferences of autistic children and their families?	Multiple converging sources of evidence from children and families in support of this Recommendation implies consistency with values and preferences.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Resources	Is the Recommendation likely to require additional resources from children and families?	Direct evidence regarding resource implications was not available.	The panel noted that family members being involved in delivery may both add to, and reduce, resource requirments for children and families.	Uncertain
	Is the Recommendation likely to require additional resources from practitioners?	Direct evidence regarding resource implications was not available.	The panel acknowledged that individualising the person who delivers the support will likely require additional resources for practitioners, with nature and amount of resources depending on their individual circumstances.	Probably yes
Equity	What would be the impact on health equity?	Direct evidence regarding the impact on equity was not available.	The panel noted that there was no evidence that any particular group would benefit more than another and judged that it is uncertain that implementation of this Recommendation would impact health equity.	Uncertain

Acceptability	Is the Recommendation likely to be acceptable to children and families?	Multiple converging sources of evidence from children and families supporting this Recommendation implies acceptability.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
	Is the Recommendation likely to be acceptable to practitioners?	Multiple converging sources of evidence from practitioners and/or organisations supporting this Recommendation implies acceptability.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Direct evidence for feasibility was not available.	The panel considered that feasibility is implied based on evidence from practitioners and/or organisations in support of this Recommendation, but noted the lack of direct evidence.	Probably yes

Recommendation 48

Consensus-Based Recommendation

Strength of Recommendation: Conditional

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

Evidence for Recommendation

	Evidence Source	Evidence
Systematic Reviews	Child and family experiences	This review was not designed to collect evidence for this aspect of support provision.
	Umbrella Review	This review was not designed to collect evidence for this aspect of support provision.
Community Consultation	**Delphi**	
	Agreement	Please indicate the extent to which you agree each of the following are principles that are important to all aspects of providing therapies and supports to children on the autism spectrum. ***Statement***: Qualified practitioners: People involved in the provision of therapies and supports should have relevant qualifications and professional regulation, and only engage in goal setting and the delivery of therapies and supports that are within their scope of practice. ***Outcome***: 99% agreement (Mdn: 5, IQR: 0) It is important that practitioners providing therapies and supports to children on the autism spectrum and their families obtain relevant knowledge, skills, and/or experience in the following areas: ***Statement***: The range of therapies and supports appropriate for children on the autism spectrum and other neurodevelopmental disorders, within their scope of practice. ***Outcome***: 99% agreement (Mdn: 5, IQR: 1)

	Qualitative	The scope and areas of support able to be provided by other practitioners (e.g. speech pathologists knowing that OT can support executive functioning challenges that may be underpinning communication disorder) [d35-R1]
Community Consultation	**Survey**	
	Autistic people	refer on if outside of scope [570:412]
	Parents	Therapy and supports are qualified to deliver said therapy and supports.[215:726]
	Family	Ensure that only suitably qualified and experienced staff work as practitioners in this area. [411:895]
	Service Providers	Ensure services are provided by qualified and experienced therapists [441:1102]
	Organisations	By being appropriately trained and not working with complex cases beyond the scope of the therapist's skills, training or knowledge [390:670]
	Other	Ensure that only appropriately qualified and credentialed individuals provide therapies. [628:1049]
Community Consultation	**Focus Groups**	
	Autistic adults	YES!! Work within their scope of practice. [A43]
	Parents	If it's not working with a therapist, the therapist should refer the person, I mean, that's within your scope of practice. That's, you know, as a [*named professional*], if my strategies aren't helping your client progress, then ethically I'm supposed to refer them on. [P36]
	Brief survey	-
	Reflection	-

Evidence to decision judgements

Recommendation 48

Strength of Recommendation: Conditional

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

Criteria	Question	Evidence	Additional Considerations	Judgement
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	High
Benefits and Harms	Are there likely to be benefits for autistic children and their families of implementing this Recommendation?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel identified multiple potential benefits for children and families, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
	Are there likely to be risks for autistic children and their families of implementing this Recommendation?	Direct evidence relating to potential and/or actual risks was not available.	The panel did not identify any prominent risks, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	No

	Are the benefits for autistic children and their families likely to outweigh any risks?	Evidence for benefits. Lack of evidence for risks.	The panel considered the identified benefits and lack of identified risks, as well as the consistency of the Recommendation with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Values and Preferences	Is the Recommendation consistent with the values and preferences of autistic children and their families?	Multiple converging sources of evidence from children and families in support of this Recommendation implies consistency with values and preferences.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Resources	Is the Recommendation likely to require additional resources from children and families?	Direct evidence regarding resource implications was not available.	The panel noted that requiring relevant qualifications may, in some cases, reduce the number of people who are able to provide supports in a given geographical location, which may place additional resource demands on children and families in accessing services (e.g., increased costs, less convenience, increased travel).	Uncertain
	Is the Recommendation likely to require additional resources from practitioners?	Direct evidence regarding resource implications was not available.	The panel noted that implementing this Recommendation may have different resource implications for different practitioners, depending on their individual circumstances (e.g., nature and scope of practice, existing resources).	Uncertain

Equity	What would be the impact on health equity?	Direct evidence regarding the impact on equity was not available.	The panel noted this Recommendation would probably reduce health equity by reducing access to supports amongst particular groups who may be accessing services from people without relevant qualifications. The panel noted that this Recommendation may impose additional barriers for those for whom access to services may already be limited (e.g., based on geographical location).	Probably reduced
Acceptability	Is the Recommendation likely to be acceptable to children and families?	Multiple converging sources of evidence from children and families supporting this Recommendation implies acceptability.	The panel noted evidence from some autistic people and families that indicated that other practitioner characteristics (e.g., ability to build rapport, experience) were in some cases considered more important than relevant qualitifications.	Probably yes
	Is the Recommendation likely to be acceptable to practitioners?	Multiple converging sources of evidence from practitioners and/or organisations supporting this Recommendation implies acceptability.	The panel noted evidence from some autistic people and families that indicated that other practitioner characteristics (e.g., ability to build rapport, experience) were in some cases considered more important than relevant qualitifications.	Probably yes

Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Direct evidence for feasibility was not available.	The panel noted that the feasibility of implementing this Recommendation will differ for different practitioners, depending on their individual circumstances (e.g., nature and scope of existing practice, existing resources).	Uncertain

Recommendation 49

Consensus-Based Recommendation

Strength of Recommendation: Conditional

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

Evidence for Recommendation

	Evidence Source	Evidence
Systematic Reviews	Child and family experiences	This review was not designed to collect evidence for this aspect of support provision.
	Umbrella Review	This review was not designed to collect evidence for this aspect of support provision.
Community Consultation	**Delphi**	
	Agreement	In addition to the foundation qualification(s) relevant to their professional discipline, it is important that practitioners providing therapies and supports to children on the autism spectrum and their families obtain and/or maintain their skills and expertise through: ***Statement:*** Peer supervision. ***Outcome***: 95% agreement (Mdn: 5, IQR: 1) ***Statement:*** Peer mentoring. ***Outcome***: 91% agreement (Mdn: 4, IQR: 1) ***Statement:*** Formal training courses. ***Outcome***: 95% agreement (Mdn: 4, IQR: 1)
	Qualitative	Clinical supervision from experienced practitioner [d65-R2]
	Survey	
	Autistic people	making sure general safety measures are in place. Monitor staff working with the children. [269:1070]
	Parents	-
	Family	-

Community Consultation	Service Providers	Inexperienced and unmentored therapists. [497:515]
	Organisations	By being appropriately trained and not working with complex cases beyond the scope of the therapist's skills, training or knowledge. Ensure supervision or mentoring occurring to support complex cases and improve the skills of the therapist. Ensure that the therapist doesn't work outside their scope of practice and knows when to refer to other therapists or health professionals i.e. a behaviour is OCD and not sensory seeking and thus requiring a psychologist or psychiatrist. [390:670]
	Other	Practitioners need to ensure that they are well-supported with quality professional supervision, peer support and ongoing CPD to remain up to date with evidence-based practices. Practitioners should have ongoing conversations with the family of the child with autism about issues relating to their safety and wellbeing when accessing therapies and supports. [625:1006]
	Focus Groups	
	Autistic adults	Recent example is we're seeking [*named practice*] and I was told that we weren't going to have a replacement [*named profession 1*] . We're going to have an [*named profession 2*] instead. And I'm like hang on a sec, you know, this doesn't really make any sense, and you know, I'm concerned that this person doesn't have the skill set that we need, you know, and the experience. And basically, I've just been told, well, take it or leave. And, you know, I find this kind of thing quite triggering, but unfortunately it happens. [A32]
	Parents	The most of the things I would have said have already been said, but I guess I'll just recap so you know that they're important. So, probably the first thing practitioners to me need to have consideration of a knowledge of is actually an understanding of autism and what that means. I've seen lots of practitioners, [*named profession*], [*named profession*] that don't actually have any real knowledge of autism. They just know of it and think they know, maybe from watching Rain Man or something, what exactly that means. So, that's really important. And understanding of what the traits are and aren't for every child, what is possible, and some things that are I guess, as P41 was saying, the medical side of things versus the autistic side. [P43]
	Brief survey	-
	Reflection	-

Evidence to decision judgements

Recommendation 49

Strength of Recommendation: Conditional

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

Criteria	Question	Evidence	Additional Considerations	Judgement
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	High
Benefits and Harms	Are there likely to be benefits for autistic children and their families of implementing this Recommendation?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel identified multiple potential benefits for children and families, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
	Are there likely to be risks for autistic children and their families of implementing this Recommendation?	Direct evidence relating to potential and/or actual risks was not available.	The panel did not identify any prominent risks, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	No

	Are the benefits for autistic children and their families likely to outweigh any risks?	Evidence for benefits. Lack of evidence for risks.	The panel considered the identified benefits and lack of identified risks, as well as the consistency of the Recommendation with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Values and Preferences	Is the Recommendation consistent with the values and preferences of autistic children and their families?	At least one source of evidence from children and families in support of this Recommendation implies consistency with values and preferences.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Probably yes
Resources	Is the Recommendation likely to require additional resources from children and families?	Direct evidence regarding resource implications was not available.	The panel noted that requiring practitioners to have relevant professional experience may, in some cases, reduce the number of people who are able to provide supports in a given geographical location, which may place additional resource demands on children and families in accessing services (e.g., increased costs, less convenience, increased travel).	Uncertain
	Is the Recommendation likely to require additional resources from practitioners?	Direct evidence regarding resource implications was not available.	The panel noted that implementing this Recommendation may have different resource implications for different practitioners, depending on their individual circumstances (e.g., nature and scope of practice, existing resources).	Uncertain

Equity	What would be the impact on health equity?	Direct evidence regarding the impact on equity was not available.	The panel noted this Recommendation would probably reduce health equity by reducing access to supports amongst particular groups who may be accessing services from people without relevant professional experience. The panel noted that this Recommendation may impose additional barriers for those for whom access to services may already be limited (e.g., based on geographical location).	Probably reduced
Acceptability	Is the Recommendation likely to be acceptable to children and families?	At least one source of evidence from children and families supporting this Recommendation implies acceptability.	The panel noted evidence from some autistic people and families that indicated that other practitioner characteristics (e.g., ability to build rapport, experience) were in some cases considered more important than relevant professional experience	Probably yes
	Is the Recommendation likely to be acceptable to practitioners?	Multiple converging sources of evidence from practitioners and/or organisations supporting this Recommendation implies acceptability.	The panel noted evidence from some autistic people and families that indicated that other practitioner characteristics (e.g., ability to build rapport, experience) were in some cases considered more important than relevant professional experience	Probably yes

Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Direct evidence for feasibility was not available.	The panel noted that the feasibility of implementing this Recommendation will differ for different practitioners, depending on their individual circumstances (e.g., nature and scope of existing practice, existing resources).	Uncertain

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.

Evidence for Recommendation

	Evidence Source	Evidence
Systematic Reviews	Child and family experiences	This review was not designed to collect evidence for this aspect of support provision.
	Umbrella Review	This review was not designed to collect evidence for this aspect of support provision.
Community Consultation	**Delphi**	
	Agreement	Please indicate the extent to which you agree each of the following are principles that are important to all aspects of providing therapies and supports to children on the autism spectrum. ***Statement***: Qualified practitioners: People involved in the provision of therapies and supports should have relevant qualifications and professional regulation, and only engage in goal setting and the delivery of therapies and supports that are within their scope of practice. ***Outcome***: 99% agreement (Mdn: 5, IQR: 0)
	Qualitative	Should belong to a registered body to advocate for, monitor and ensure accountability with clinical practices [d19-R2]
	Survey	
	Autistic people	Unqualified practitioners providing supports. [584:593]
	Parents	Private support providers (solo workers) only need basic credentials to offer support within any key policies and procedures or appropriate knowledge as ways to work with people. Huge concerns for safety. [124:384]
	Family	-

Community Consultation	Service Providers	Use of practitioners who are not adequately qualified or knowledgeable in the intervention procedures . [448:143]
	Organisations	Untrained therapists performing therapy and wasting valuable time. [288:1001]
	Other	Ensuring that practitioners providing therapies and supports belong to a regulated workforce and work according to ethical guidelines [625:1006]
	Focus Groups	
	Autistic adults	-
	Parents	And there's a lot of fabulous therapists and lot of fabulous practitioners out there. But there are also people taking advantage of the system and are not quality checked. Where's the quality framework for the workforce associated with working with children, particularly who are autistic? I think that should be an absolute priority. [P11]
	Brief survey	-
	Reflection	-

Evidence to decision judgements

Recommendation 50

Strength of Recommendation: Conditional

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

Criteria	Question	Evidence	Additional Considerations	Judgement
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	High
Benefits and Harms	Are there likely to be benefits for autistic children and their families of implementing this Recommendation?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel identified multiple potential benefits for children and families, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
	Are there likely to be risks for autistic children and their families of implementing this Recommendation?	Direct evidence relating to potential and/or actual risks was not available.	The panel did not identify any prominent risks, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	No

	Are the benefits for autistic children and their families likely to outweigh any risks?	Evidence for benefits. Lack of evidence for risks.	The panel considered the identified benefits and lack of identified risks, as well as the consistency of the Recommendation with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Values and Preferences	Is the Recommendation consistent with the values and preferences of autistic children and their families?	Multiple sources of evidence from children and families in support of this Recommendation implies consistency with values and preferences.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Resources	Is the Recommendation likely to require additional resources from children and families?	Direct evidence regarding resource implications was not available.	The panel noted that requiring practitioners to be eligible for membership with the relevant professional association and regulated may, in some cases, reduce the number of people who are able to provide supports in a given geographical location, which may place additional resource demands on children and families in accessing services (e.g., increased costs, less convenience, increased travel).	Uncertain
	Is the Recommendation likely to require additional resources from practitioners?	Direct evidence regarding resource implications was not available.	The panel noted that implementing this Recommendation may have different resource implications for different practitioners, depending on their individual circumstances (e.g., nature and scope of practice, existing resources).	Uncertain

Equity	What would be the impact on health equity?	Direct evidence regarding the impact on equity was not available.	The panel noted this Recommendation would probably reduce health equity by reducing access to supports amongst particular groups who may be accessing services from people who are not eligible for membership to the relevant professional association and regulation. The panel noted that this Recommendation may impose additional barriers for those for whom access to services may already be limited (e.g., based on geographical location).	Probably reduced
Acceptability	Is the Recommendation likely to be acceptable to children and families?	Multiple converging sources of evidence from children and families supporting this Recommendation implies acceptability.	The panel noted evidence from some autistic people and families that indicated that other practitioner characteristics (e.g., ability to build rapport, experience) were in some cases considered more important than practitioner eligiblity for membership to the relevant professional association and regulation.	Probably yes

	Is the Recommendation likely to be acceptable to practitioners?	Multiple converging sources of evidence from practitioners and/or organisations supporting this Recommendation implies acceptability.	The panel noted evidence from some autistic people and families that indicated that other practitioner characteristics (e.g., ability to build rapport, experience) were in some cases considered more important than practitioner eligiblity for membership to the relevant professional association and regulation.	Probably yes
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Direct evidence for feasibility was not available.	The panel noted that the feasibility of implementing this Recommendation will differ for different practitioners, depending on their individual circumstances (e.g., nature and scope of existing practice, existing resources).	Uncertain

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.

Evidence for Recommendation

	Evidence Source	Evidence
Systematic Reviews	Child and family experiences	This review was not designed to collect evidence for this aspect of support provision.
	Umbrella Review	This review was not designed to collect evidence for this aspect of support provision.
Community Consultation	**Delphi**	
	Agreement	Please indicate the extent to which you agree each of the following are principles that are important to all aspects of providing therapies and supports to children on the autism spectrum. ***Statement***: Qualified practitioners: People involved in the provision of therapies and supports should have relevant qualifications and professional regulation, and only engage in goal setting and the delivery of therapies and supports that are within their scope of practice. ***Outcome***: 99% agreement (Mdn: 5, IQR: 0)
	Qualitative	There are far too many inexperienced NDIS ("privatised") therapists delivering services with no supervision or oversight. This needs to be addressed urgently. Someone delivering a service without a thorough understanding of the child's cognitive and speech and language abilities is concerning. Yet in practice, this happens all the time. So, I would add that to the list of formal qualifications /training courses. I think I mean training to address how to be a good professional. [d62-R2]

Community Consultation	**Survey**	
	Autistic people	This depends on the child’s level of need, the family situation, time constraints e.g. if 4 different therapists are working with the child then [*amount*] a week each may be good but [*amount*] every two weeks may be better to not overwhelm the child. An assessment of the family situation e.g. parents struggling or siblings struggling due to the time needs of the ASD child on parents may mean that more therapies and supports are needed. At a minimum [*amount*] of therapy a week (may be across different practitioners each week) this may also include administrative support [286:696]
	Parents	Relational, developmental worked for our family- [*named practice*] - but again it came down to the commitment, care and energy of our therapist. Our [*named profession*] has different approach - more [*named practice*] – but very calm, committed, flexible, dependable - highly experienced working with autistic kids. It came down to the personal qualities of the people. [200:691]
	Family	-
	Service Providers	-
	Organisations	Evidence-based therapies for children and families. Transdisciplinary approaches are preferred. [359:439]
	Other	-
	Focus Groups	
	Autistic adults	-
	Parents	And the other thing is, what does it mean by [*named profession*], [*named profession*] supervision and having a student that hasn't passed their [*named profession*], like, they've got to be supervised. [P15]
	Brief survey	-
	Reflection	-

Evidence to decision judgements

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.

Criteria	Question	Evidence	Additional Considerations	Judgement
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	High
Benefits and Harms	Are there likely to be benefits for autistic children and their families of implementing this Recommendation?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel identified multiple potential benefits for children and families, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
	Are there likely to be risks for autistic children and their families of implementing this Recommendation?	Direct evidence relating to potential and/or actual risks was not available.	The panel did not identify any prominent risks, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	No

	Are the benefits for autistic children and their families likely to outweigh any risks?	Evidence for benefits. Lack of evidence for risks.	The panel considered the identified benefits and lack of identified risks, as well as the consistency of the Recommendation with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Values and Preferences	Is the Recommendation consistent with the values and preferences of autistic children and their families?	Multiple converging sources of evidence from children and families in support of this Recommendation implies consistency with values and preferences.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Resources	Is the Recommendation likely to require additional resources from children and families?	Direct evidence regarding resource implications was not available.	The panel noted that requiring people who assist in the delivery of supports to meet these requirements may, in some cases, reduce the number of people who are able to provide supports in a given geographical location, which may place additional resource demands on children and families in accessing services (e.g., increased costs, less convenience, increased travel).	Uncertain
	Is the Recommendation likely to require additional resources from practitioners?	Direct evidence regarding resource implications was not available.	The panel noted that implementing this Recommendation may have different resource implications for different practitioners, depending on their individual circumstances (e.g., nature and scope of practice, existing resources).	Uncertain

Equity	What would be the impact on health equity?	Direct evidence regarding the impact on equity was not available.	The panel noted this Recommendation would probably reduce health equity by reducing access to supports amongst particular groups who may be accessing services from people who do not have other knowlegde, skills, training, and experience. The panel noted that this Recommendation may impose additional barriers for those for whom access to services may already be limited (e.g., based on geographical location).	Probably reduced
Acceptability	Is the Recommendation likely to be acceptable to children and families?	Multiple converging sources of evidence from children and families supporting this Recommendation implies acceptability.	The panel noted evidence from some autistic people and families that indicated that other practitioner characteristics (e.g., ability to build rapport, experience) were in some cases considered more important than other relevant knowledge and practical skills	Probably yes
	Is the Recommendation likely to be acceptable to practitioners?	Multiple converging sources of evidence from practitioners and/or organisations supporting this Recommendation implies acceptability.	The panel noted evidence from some autistic people and families that indicated that other practitioner characteristics (e.g., ability to build rapport, experience) were in some cases considered more important than other relevant knowledge and practical skills	Probably yes

Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Direct evidence for feasibility was not available.	The panel noted that the feasibility of implementing this Recommendation will differ for different practitioners, depending on their individual circumstances (e.g., nature and scope of existing practice, existing resources).	Uncertain

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.

Evidence for Recommendation

	Evidence Source	Evidence
Systematic Reviews	Child and family experiences	This review was not designed to collect evidence for this aspect of support provision.
	Umbrella Review	This review was not designed to collect evidence for this aspect of support provision.
Community Consultation	**Delphi**	
	Agreement	When relevant, children should have access to: ***Statement:*** Child-directed services (i.e., a practitioner working primarily with the child as 1:1 or in a small group). ***Outcome:*** 92% agreement (Mdn: 5, IQR: 1) ***Statement:*** Parent-directed services (i.e., a practitioner working primarily to upskill the parent(s) to support the child's learning and participation). ***Outcome:*** 98% agreement (Mdn: 5, IQR: 1) ***Statement:*** Community-directed services (i.e., a practitioner working primarily to upskill other members of the community [e.g., educators] to support the child's learning and participation). ***Outcome:*** 94% agreement (Mdn: 5, IQR: 1) ***Statement:*** The proportion of child-directed, parent-directed, and community-directed services should be personalised. ***Outcome:*** 95% agreement (Mdn: 5, IQR: 0)

Community Consultation	Qualitative	Children display different rates of progress and have differing abilities to generalise skills. Some may benefit from services delivered through their families or within the educational or community settings, whereas others might get more out of practitioner-delivered services. Different combinations of these services will work for different children. Factors such as family capacity, as well funding and professional availability also need to be taken into consideration. [d20-R1]
	Survey	
	Autistic people	Whatever the child needs to achieve their goal. We need to consider each child as an individual. How long a child needs assistance will alter depending on many aspects. Autism is a complex and diverse diagnosis and it needs to be valued [555:13]
	Parents	Involve parents in therapy sessions, conduct therapy in various locations [116:360]
	Family	-
	Service Providers	-
	Organisations	Evidence-informed therapies and supports. Direct services with children. Individual supports. Group services. Autism specific supports. [425:953]
	Other	…in some cases intensive ie. small group over a few days per week; in other cases individual therapies based around play and communication, sometimes involving parents, but always providing support for parents/carers. [422:944]
	Focus Groups	
	Autistic adults	But I think one of the things, I suppose from my point of view, and this might not accord with everybody experiences that I actually don't want my home to be a therapised environment. I don't wanna be my children's therapist. I wanna be there mum. I already homeschool them, so I'm already their teacher. And that's mucky enough without also having to be a default therapist. And I don't wanna look at every opportunity in my life as well, is this an opportunity to teach them this skill? Or can I do this? Or in this bath time I wonder what skill we can work on today? You know, I just want to enjoy my time with them, and they want to enjoy their time with me, and they deserve a childhood that is characterised by unconditional love from their parents. And when we have heaps of therapy in the house, sometimes we undermine that. And I think that's my concern is that therapists think that what they're doing is so important that they give us all this homework to do, and they make us feel like it's really important, and it's crucial. But actually, I think what's more crucial is this understanding that our primary, our core business as parents is to be parents. So, I think that if we could get a better understanding around that, that would be so flippin awesome. [A42]
	Parents	We had a [*named profession*] that would meet us at the local park, she got to witness firsthand my daughter destroying a toddlers birthday party to release their balloons. Hence the recommendation for a behaviour support specialist…[P32]

	Brief survey	-
	Reflection	Too many different sessions each week is tiring. [He] will get cranky and not engage - we have addressed this by alternating between having them at home and at childcare. [23]

Evidence to decision judgements

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.

Criteria	Question	Evidence	Additional Considerations	Judgement
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	High
Benefits and Harms	Are there likely to be benefits for autistic children and their families of implementing this Recommendation?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel identified multiple potential benefits for children and families, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
	Are there likely to be risks for autistic children and their families of implementing this Recommendation?	Direct evidence relating to potential and/or actual risks was not available.	The panel did not identify any prominent risks, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	No

	Are the benefits for autistic children and their families likely to outweigh any risks?	Evidence for benefits. Lack of evidence for risks.	The panel considered the identified benefits and lack of identified risks, as well as the consistency of the Recommendation with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Values and Preferences	Is the Recommendation consistent with the values and preferences of autistic children and their families?	Multiple converging sources of evidence from children and families in support of this Recommendation implies consistency with values and preferences.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Resources	Is the Recommendation likely to require additional resources from children and families?	Direct evidence regarding resource implications was not available.	The panel noted that family members being involved in delivery may both add to, and reduce, resource requirements for children and families.	Uncertain
	Is the Recommendation likely to require additional resources from practitioners?	Direct evidence regarding resource implications was not available.	The panel noted that implementing this Recommendation may have different resource implications for different practitioners, depending on their individual circumstances (e.g., nature and scope of practice, existing resources).	Uncertain
Equity	What would be the impact on health equity?	Direct evidence regarding the impact on equity was not available.	The panel noted that there was no evidence that any particular group would benefit more than another and judged that it is uncertain that implementation of this Recommendation would impact health equity.	Uncertain

Acceptability	Is the Recommendation likely to be acceptable to children and families?	Multiple converging sources of evidence from children and families supporting this Recommendation implies acceptability.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
	Is the Recommendation likely to be acceptable to practitioners?	Multiple converging sources of evidence from practitioners and/or organisations supporting this Recommendation implies acceptability.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Direct evidence for feasibility was not available.	The panel noted that the feasibility of implementing this Recommendation will differ for different practitioners, depending on their individual circumstances (e.g., nature and scope of existing practice, existing resources).	Uncertain

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.

Evidence for Recommendation

	Evidence Source	Evidence
Systematic Reviews	Child and family experiences	This review was not designed to collect evidence for this aspect of support provision.
	Umbrella Review	**Relationship between the delivery setting and child outcomes:** **Supports targeting social communication** -Setting was not related to intervention effects on social-communication (Parsons, Cordier, Munro et al., 2017). **Supports targeting play** -Setting (clinic, home) was not related to therapeutic effects on play (Kent et al., 2020).
Community Consultation	**Delphi**	
	Agreement	Where relevant, the following settings may be appropriate for the delivery of therapies/supports: ***Statement:*** Clinic. ***Outcome:*** 77% agreement (Mdn: 4, IQR: 0) ***Statement:*** The child's home. ***Outcome:*** 96% agreement (Mdn: 5, IQR: 1) ***Statement:*** Educational settings (including school and early child education settings/day care). ***Outcome:*** 97% agreement (Mdn: 5, IQR: 1) ***Statement:*** Social settings (e.g., other people's homes, community spaces). ***Outcome:*** 81% agreement (Mdn: 4, IQR: 0) ***Statement:*** Recreational settings (e.g., sports ovals, music/art/drama studios). ***Outcome:*** 79% agreement (Mdn: 4, IQR: 1) ***Statement:*** Cultural settings (e.g., places of worship). ***Outcome:*** 75% agreement (Mdn: 4, IQR: 1)
	Qualitative	Any natural setting that is relevant to the child's goals...Clinic space can work best for some children depending on goals and home environment. [d65-R1]

Community Consultation	**Survey**	
	Autistic people	In the home, comfortable places such as a park or backyard, at a school, at a clinic or therapy centre. Care should be taken to make sure the setting is safe and comfortable for the child and accessible for the family. [623:993]
	Parents	The location is impacted by both the nature of the therapy and the preferences of the family. [*named practice 1*] would not be as successful for our son if it weren't delivered in the highly engaging sensory environment of the [*named profession*] gym. If delivered elsewhere we would lose the opportunity for therapist-mediated social interactions with other children attending therapy. In contrast, [*named practice 2*] has been most successfully delivered for us at school, before lunchtime when ability to concentrate is highest. [*named practice 3*] is in the pool. Telehealth is extremely difficult for our child to engage with, but is great for parent sessions for goal planning or supporting parent interventions. [182:641]
	Family	Where the child feels comfortable! At home, in the clinic, in the community if able. It also depends on the specific goals being worked on. [273:113]
	Service Providers	Depending on the child and where they feel safe and comfortable to learn. Home, clinic, community (e.g walking appts), school. [508:629]
	Organisations	This should be based on child and family preferences and goals. Any one of combination of autism-specific centre, home, clinic, community, school/ECEC and or telepractice may be suitable and this may change at different stages in the child's life. There should be a focus on supporting skill development in settings where the child can be happy and succeed and where activities have functional value and purpose. Where regulation is a particular challenge, environments that are smaller with less children, calmer, with high levels of adult support can be beneficial to support skill development with a view to transitioning to more mainstream environments as success builds. [292:1010]
	Other	This also depends on the circumstances: Ideally in the child's natural environment to facilitate maintenance and generalisation. [628:149]
	Focus Groups	
	Autistic adults	What is the support hoping to achieve, sometimes you can learn an activity in therapy and it is not transferred to another environment. We should do more in natural settings. [A32]
	Parents	So, just so individual. Some people want therapies in the community. Some people are more comfortable traveling to the clinic. And some clinics have amazing setups, like they have full kitchens, and you can go and be doing really amazing practical skills in the clinics. [P31]
	Brief survey	Please push for therapies to incorporate and be delivered in contextual environments that suit the child and their family.[24]

	Reflection	[He] did not like small offices with small or no windows. He seemed to feel trapped and would ask to leave by going to the door early in the session…After the lockdowns we moved to some home visits from [*named profession*] and [*named profession*]. These still had challenges in engaging [him] but very little distress and could be done in house or garden as [he] preferred. [10]

Evidence to decision judgements

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.

Criteria	Question	Evidence	Additional Considerations	Judgement
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	High
Benefits and Harms	Are there likely to be benefits for autistic children and their families of implementing this Recommendation?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel identified multiple potential benefits for children and families, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
	Are there likely to be risks for autistic children and their families of implementing this Recommendation?	Direct evidence relating to potential and/or actual risks was not available.	The panel did not identify any prominent risks, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	No

	Are the benefits for autistic children and their families likely to outweigh any risks?	Evidence for benefits. Lack of evidence for risks.	The panel considered the identified benefits and lack of identified risks, as well as the consistency of the Recommendation with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Values and Preferences	Is the Recommendation consistent with the values and preferences of autistic children and their families?	Multiple converging sources of evidence from children and families in support of this Recommendation implies consistency with values and preferences.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Resources	Is the Recommendation likely to require additional resources from children and families?	Direct evidence regarding resource implications was not available.	The panel noted that individualising the delivery setting may both add to, and reduce, resource requirements for children and families.	Uncertain
	Is the Recommendation likely to require additional resources from practitioners?	Direct evidence regarding resource implications was not available.	The panel acknowledged that individualising the delivery setting will likely require additional resources for practitioners, with nature and amount of resources depending on their individual circumstances.	Probably yes

Equity	What would be the impact on health equity?	Direct evidence regarding the impact on equity was not available.	The panel noted that this Recommendation has the potential to increase health equity by using settings (e.g., school, community) that may be more accessible for some children and families, based on consideration of the available evidence and the broader research evidence, professional standards, national regulations, and/or international conventions.	Probably increased
Acceptability	Is the Recommendation likely to be acceptable to children and families?	Multiple converging sources of evidence from children and families supporting this Recommendation implies acceptability.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
	Is the Recommendation likely to be acceptable to practitioners?	Multiple converging sources of evidence from practitioners and/or organisations supporting this Recommendation implies acceptability.	The panel acknowledged that individualising the delivery of supports in this way may have implications for resources and feasibility, which may in turn reduce acceptability for some practitioners.	Uncertain
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Direct evidence for feasibility was not available.	The panel noted that it is unlikely that individual practitioners will be able to offer services in all possible settings, but acknowledged that each pratitioner may contribute to a broader workforce that can offer choice to children and families.	Probably no

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.

Evidence for Recommendation

Evidence Source		Evidence
Systematic Reviews	Child and family experiences	This review was not designed to collect evidence for this aspect of support provision.
	Umbrella Review	**Relationship between the delivery format and child outcomes:** **Overall effect of delivery format** - The delivery format (individual, group) was not related to therapeutic effects on social-communication, expressive language, receptive language, cognitive development, or adaptive behaviour (Tachibana et al., 2018). **Early Start Denver Model (specific naturalistic developmental behavioural intervention)** -The delivery format (individual, group) was not related to therapeutic effects on overall communication (Wang et al., 2021a). **Cognitive behavioural therapy (variety of practices)** -The delivery format (individual, group) was not related to therapeutic effects on social-emotional development (Wang et al., 2021b). **Supports targeting social-communication** -The delivery format (individual, group) was not related to therapeutic effects on social-communication (Parsons, Cordier, Munro et al., 2017). **Supports targeting play** -The delivery format (individual, group) was not related to therapeutic effects on play (Kent et al., 2020).

Community Consultation	**Delphi**	
	Agreement	-
	Qualitative	There have been times when [*named profession*] have conducted sessions with all 4 kids as a "group", which was enormously helpful with sibling relationships (as well as reduced the number of therapy sessions we had to juggle a week). Some weeks, we might have 3 specialist appointments for 3 different family members, 3 days in a row. In other families, one parent might not have paid leave and the other might not drive or have easy access to public transport. No two families are the same and even the same family can be very different one year compared to the next. [d68-R1]
	Survey	
	Autistic people	Social group therapies are very important to help the child thrive in social situations such as school. One on one therapies are beneficial for the child so that they have someone to talk to about their feelings and someone to help understand their emotions and regulate their emotions and able to control their emotions. (608:780)
	Parents	For older kids and teens, a combination of group and individual work in community or therapy settings is fine. [226:777]
	Family	Face to face, telehealth, hybrid formats (whatever feels most comfortable to the individual and their family). Individual, group therapy etc. (again whatever is most comfortable to the individual). A mixture of 'traditional' formal therapy settings as well as more organic settings such as outdoors/play/in the home/school. I think it's all dependent on the goals for the child and what feels most comfortable for the whole family. [275:284]
	Service Providers	Small groups, naturalistic environments, on occasion 1-1. [450:115]
	Organisations	-
	Other	In some cases intensive ie. small group over a few days per week. In other cases individual therapies based around play and communication, sometimes involving parents, but always providing support for parents/carers. [422:944]

Community Consultation	**Focus Groups**	
	Autistic adults	I think people have to be clear at the start of therapy. I've seen therapists that, you know, who have parents in two three times a week and it's almost like it's better the devil you know.... Sometimes therapists do get into this thing of oh, we'll see you once a week, and it's four years later and you still going once a week to [*named practice*]. What the hell have you achieved there? [A32]
	Parents	-
	Brief survey	-
	Reflection	-

Evidence to decision judgements

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.

Criteria	Question	Evidence	Additional Considerations	Judgement
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	High
Benefits and Harms	Are there likely to be benefits for autistic children and their families of implementing this Recommendation?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel identified multiple potential benefits for children and families, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
	Are there likely to be risks for autistic children and their families of implementing this Recommendation?	Direct evidence relating to potential and/or actual risks was not available.	The panel did not identify any prominent risks, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	No

	Are the benefits for autistic children and their families likely to outweigh any risks?	Evidence for benefits. Lack of evidence for risks.	The panel considered the identified benefits and lack of identified risks, as well as the consistency of the Recommendation with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Values and Preferences	Is the Recommendation consistent with the values and preferences of autistic children and their families?	Multiple converging sources of evidence from children and families in support of this Recommendation implies consistency with values and preferences.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Resources	Is the Recommendation likely to require additional resources from children and families?	Direct evidence regarding resource implications was not available.	The panel noted that individualising the delivery format may both add to, and reduce, resource requirements for children and families.	Uncertain
	Is the Recommendation likely to require additional resources from practitioners?	Direct evidence regarding resource implications was not available.	The panel acknowledged that individualising the delivery format will likely require additional resources for practitioners, with the nature and amount of resources depending on their individual circumstances.	Probably yes
Equity	What would be the impact on health equity?	Direct evidence regarding the impact on equity was not available.	The panel noted that there was no evidence that any particular group would benefit more than another and judged that it is uncertain that implementation of this Recommendation would impact health equity.	Uncertain

Acceptability	Is the Recommendation likely to be acceptable to children and families?	Multiple converging sources of evidence from children and families supporting this Recommendation implies acceptability.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
	Is the Recommendation likely to be acceptable to practitioners?	Multiple converging sources of evidence from practitioners and/or organisations supporting this Recommendation implies acceptability.	The panel acknowledged that individualising the delivery of supports in this way may have implications for resources and feasibility, which may in turn reduce acceptability for some practitioners.	Uncertain
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Direct evidence for feasibility was not available.	The panel noted that it is unlikely that individual practitioners will be able to offer services in all possible formats, but acknolwedged that each pratitioner may contribute to a broader workforce that can offer choice to children and families.	Probably no

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.

Evidence for Recommendation

	Evidence Source	Evidence
Systematic Reviews	Child and family experiences	This review was not designed to collect evidence for this aspect of support provision.
	Umbrella Review	There was no data related to the relationship between the delivery mode and child outcomes in the umbrella review.
Community Consultation	**Delphi**	
	Agreement	-
	Qualitative	Telehealth has been very helpful for my Autistic clients, as long as the appropriate accommodations are made e.g not having to have camera on. Also it means sessions don't have to be a full hour, we can work on what’s necessary and then finish the session. [d36-R1]
	Survey	
	Autistic people	Whatever setting is appropriate to the needs of the child and family. Covid has changed the way we do a lot of therapy. Telehealth is a life saver for us because my children respond better but we're also a family with underlying health conditions. It is keeping us safe as well as getting the support we need. [576:47]
	Parents	Long wait lists while we were suffering as a family unit. Our daughter does not do well with Telehealth, so this was not an option for us. [245:869]

Community Consultation		
	Family	Face to face, telehealth, hybrid formats (whatever feels most comfortable to the individual and their family). [275:284]
	Service Providers	-
	Organisations	-
	Other	-
	Focus Groups	
	Autistic adults	-
	Parents	-
	Brief survey	-
	Reflection	We switched to mostly Telehealth partly due to lockdowns and partly due to difficulty attending sessions. [10]

Evidence to decision judgements

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.

Criteria	Question	Evidence	Additional Considerations	Judgement
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	High
Benefits and Harms	Are there likely to be benefits for autistic children and their families of implementing this Recommendation?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel identified multiple potential benefits for children and families, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
	Are there likely to be risks for autistic children and their families of implementing this Recommendation?	Direct evidence relating to potential and/or actual risks was not available.	The panel did not identify any prominent risks, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	No

	Are the benefits for autistic children and their families likely to outweigh any risks?	Evidence for benefits. Lack of evidence for risks.	The panel considered the identified benefits and lack of identified risks, as well as the consistency of the Recommendation with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Values and Preferences	Is the Recommendation consistent with the values and preferences of autistic children and their families?	Multiple converging sources of evidence from children and families in support of this Recommendation implies consistency with values and preferences.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Resources	Is the Recommendation likely to require additional resources from children and families?	Direct evidence regarding resource implications was not available.	The panel noted that individualising the delivery format may both add to, and reduce, resource requirements for children and families.	Uncertain
	Is the Recommendation likely to require additional resources from practitioners?	Direct evidence regarding resource implications was not available.	The panel acknowledged that individualising the delivery mode will likely require additional resources for practitioners, with nature and amount of resources depending on their individual circumstances.	Probably yes

Equity	What would be the impact on health equity?	Direct evidence regarding the impact on equity was not available.	The panel noted that this Recommendation has the potential to increase health equity by using modes (e.g., telepractice) that may be more accessible for children and families, based on consideration of the available evidence and the broader research evidence, professional standards, national regulations, and/or international conventions.	Probably increased
Acceptability	Is the Recommendation likely to be acceptable to children and families?	Multiple converging sources of evidence from children and families supporting this Recommendation implies acceptability.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
	Is the Recommendation likely to be acceptable to practitioners?	Multiple converging sources of evidence from practitioners and/or organisations supporting this Recommendation implies acceptability.	The panel acknowledged that individualising the delivery of supports in this way may have implications for resources and feasibility, which may in turn reduce acceptability for some practitioners.	Uncertain
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Direct evidence for feasibility was not available.	The panel noted that it is unlikely that individual practitioners will be able to offer services in all possible modes, but acknolwedged that each pratitioner may contribute to a broader workforce that can offer choice to children and families.	Probably no

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.

Evidence for Recommendation

	Evidence Source	Evidence
Systematic Reviews	Child and family experiences	This review was not designed to collect evidence for this aspect of support provision.
	Umbrella Review	**Naturalistic developmental behavioural intervention (variety of practices)** -Amount of support was associated with greater therapeutic effects on social-communication (joint attention) but was not related to therapeutic effects on social-communication (social engagement), expressive or receptive language, cognitive development, play, or adaptive behaviour (Tiede & Walton, 2019). **Equine-assisted therapy (specific animal-assisted practice)** -Amount of support (total minutes) was not related to therapeutic effects on overall communication or social-communication (Dimolareva & Dunn, 2021). **Supports targeting social communication** -Amount of support (total hours) was not related to therapeutic effects on social-communication (Bejarano-Martín et al., 2020). **Supports targeting expressive language** -Amount of support (total hours) was not related to therapeutic effects on expressive language (Hampton & Kaiser, 2016). **Supports delivered by non-specialists (parents, peers, educators)** -Amount of support (number of sessions) was not related to therapeutic effects (Naveed et al., 2019). **Supports delivered by parents** -Amount of support (total hours) was not related to therapeutic effects on overall communication, social-communication, or cognitive development (Nevill et al., 2018).

Community Consultation	**Delphi**	
	Agreement	***Statement:*** The amount of therapy/support hours should be based on individual factors related to the child and family, including the child’s functional difficulties, the therapy goals, and broader family needs. ***Outcome:*** 100% agreement (Mdn: 5, IQR: 0) ***Statement:*** The number of hours of practitioner-delivered therapy/support a child receives should be personalised. ***Outcome:*** 100% agreement (Mdn: 5, IQR: 0) ***Statement:*** All children on the autism spectrum should receive a set number of hours per week of practitioner-delivered therapy/support services. ***Outcome:*** 87% disagreement (Mdn: 2, IQR: 1)
	Qualitative	Service delivery should always be based on the child's goals, in consideration of their family, community, and environment to maximise their participation. [d61-R1]
	Survey	
	Autistic people	It varies for every individual child, and what there needs are and the family and other context they are living and functioning in. [620:96]
	Parents	The appropriate amount is the amount that the child needs. It should not be assumed that because a person is autistic something must be fixed and the child needs X amount of therapy. The person should receive assistance for the specific problems they face and nothing more. However it should be understood that many "problems" are simply a part of being autistic and will never go away. It is deeply problematic to create a standard of therapy for all children. Especially when not all autistic children are the same. [82:199]
	Family	ASD, as the name implies is a 'spectrum' of disorders and no two children have the exact same assortment of issues. The appropriate amount of therapy is whatever is needed to enable the child to have a happy and well rounded life within society. And the right amount of support again needs to be tailored to the needs of the child and family to have a happy life. For the child to grow up to be the best that they can be, and live their best life. [190:666]
	Service Providers	This decision is linked to what other capacity and supports are present once child's life and the impact of their behaviours on participation in community. The amplitude of practitioners’ support may vary throughout the child's therapy journey. [448:143]
	Organisations	Highly variable. It would be helpful for parents/ carers to have a minimum standard that they can rely on to ensure they are receiving some support - this could alleviate stress for the family unit. [425:953]

Community Consultation	Other	A family-centred, personalised approach is required to ensure appropriate types and adequate amounts of therapy and support is delivered, particularly as a child's and their family's needs may change over time and throughout various developmental stages and changes in family circumstances e.g., parental separation. Intensity of support should be regularly evaluated against the goals established with the child and their family, and other relevant parties (e.g., teachers), rather than increases or decreases in treatment and support determined by a "standard amount". [625:1006]
	Focus Groups	
	Autistic adults	It also needs to be a therapy and life balance. It's no good if you're carting three or four kids to four different therapists because, you know, it's not gonna work. Or we hear about some kids having [*amount*] or [*amount*] hours of therapy a week. They're kids. They actually need to spend on being kids.[A31]
	Parents	Our experience is one intervention at a time was enough - too many people involved trying to do too much at once was counterproductive. We did not access many therapies as not much available at the time - hard to access. Probably better now especially with NDIS. [P33]
	Brief survey	-
	Reflection	...having to do so much therapy in addition to school. [16]

Evidence to decision judgements

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.

Criteria	Question	Evidence	Additional Considerations	Judgement
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	High
Benefits and Harms	Are there likely to be benefits for autistic children and their families of implementing this Recommendation?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel identified multiple potential benefits for children and families, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
	Are there likely to be risks for autistic children and their families of implementing this Recommendation?	Direct evidence relating to potential and/or actual risks was not available.	The panel did not identify any prominent risks, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	No

	Are the benefits for autistic children and their families likely to outweigh any risks?	Evidence for benefits. Lack of evidence for risks.	The panel considered the identified benefits and lack of identified risks, as well as the consistency of the Recommendation with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Values and Preferences	Is the Recommendation consistent with the values and preferences of autistic children and their families?	Multiple converging sources of evidence from children and families in support of this Recommendation implies consistency with values and preferences.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Resources	Is the Recommendation likely to require additional resources from children and families?	Direct evidence regarding resource implications was not available.	The panel did not identify any clearly evidenced and/or prominent additional resource requirements.	Uncertain
	Is the Recommendation likely to require additional resources from practitioners?	Direct evidence regarding resource implications was not available.	The panel acknowledged that individualising the amount and duration of support will likely require additional resources for the practitioner, with nature and amount of resources depending on their individual circumstances.	Probably yes
Equity	What would be the impact on health equity?	Direct evidence regarding the impact on equity was not available.	The panel noted that there was no evidence that any particular group would benefit more than another and judged that it is uncertain that implementation of this Recommendation would impact health equity.	Uncertain

Acceptability	Is the Recommendation likely to be acceptable to children and families?	Multiple converging sources of evidence from children and families supporting this Recommendation implies acceptability.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
	Is the Recommendation likely to be acceptable to practitioners?	Multiple converging sources of evidence from practitioners and/or organisations supporting this Recommendation implies acceptability.	The panel acknowledged that individualising the delivery of supports in this way may have implications for resources and feasibility, which may in turn reduce acceptability for some practitioners.	Uncertain
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Direct evidence for feasibility was not available.	The panel noted that the feasibility of implementing this Recommendation will differ for different practitioners, depending on their individual circumstances (e.g., nature and scope of existing practice, existing resources).	Uncertain

Recommendation 57

Consensus-Based Recommendation

Strength of Recommendation: Conditional

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

Evidence for Recommendation

	Evidence Source	Evidence
Systematic Reviews	Child and family experiences	This review was not designed to collect evidence for this aspect of support provision.
	Umbrella Review	This review was not designed to collect evidence for this aspect of support provision.
Community Consultation	**Delphi**	
	Agreement	Please indicate the extent to which you agree each of the following are principles that are important to all aspects of providing therapies and supports to children on the autism spectrum. ***Statement***: Coordinated: A coordinated approach to the provision of therapies and supports for the child and family across practitioners, organisations, and agencies should be taken. ***Outcome***: 97% agreement (Mdn: 5, IQR: 0) Please indicate the extent to which you agree that the planning of therapies and supports should be informed by assessment of the following aspects of a family's current engagement with other clinical services and mainstream supports: ***Statement***: Any arrangements that are in place to support the coordination of services and supports accessed by the child and family (e.g., nominated case coordinator, NDIS support coordination). ***Outcome***: 86% agreement (Mdn: 4, IQR: 1) ***Statement***: Family preferences for future arrangements to support the coordination of services and supports accessed by the child and family. ***Outcome***: 87% agreement (Mdn: 4, IQR: 1)

Community Consultation	Qualitative	Therapies should be integrated and work together in order to get the best outcomes for children and families. Selection of therapies need to be based upon family values and what will complement each other e.g. [*named practice 1]* to help with sensory integration during [*named practice 2*] so they can focus on communication skills. [d6-R1]
	Survey	
	Autistic people	Communicating with child protection professionals collaboratively, if involved. [615:918]
	Parents	Practitioners should advocate for a holistic multidisciplinary environment where families, school, allied health, and individual are all allied and communicating. [105:294]
	Family	Cohesive and clear communication between different health professionals, school/educators, other support services and family members to ensure whole 'team' are on the same page. Constant check-ins with team to modify goals as appropriate. [275:284]
	Service Providers	Liaison with other practitioners and Education staff involved with child and family. [433:1003]
	Organisations	Support can be provided within the community within all community settings, embedded support making settings more accessible for people with autism. Non-therapy-based support groups (such as PlayConnect) also offer and provide significant support to children and families. [430:939]
	Other	-
Community Consultation	**Focus Groups**	
	Autistic adults	Getting an understanding of the whole family situation. That was, could be quite challenging that if we were seeing different practitioners, to try to get them to understand that the therapy burden we had with them was by three and what they thought was of benefit to us was actually creating a greater burden and more stress and therapy fatigue and those kind of situations arising. So, the need to have that multidiscipline, collaborative approach is really important, particularly with the multiple children that are needing attention. [A35]
	Parents	I think it's really important that we have evidence-based practices, adaptations for the heterogeneity across the spectrum. Also, awareness of the complex needs that occur and there should be integration across health care, education, and social sectors and across the whole lifespan. [P45]
	Brief survey	-
	Reflection	It would be great it was more integrated into school, the therapists could attend the school therefore less time travelling to therapy. [1]

Evidence to decision judgements

Recommendation 57

Strength of Recommendation: Conditional

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

Criteria	Question	Evidence	Additional Considerations	Judgement
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	High
Benefits and Harms	Are there likely to be benefits for autistic children and their families of implementing this Recommendation?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel identified multiple potential benefits for children and families, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
	Are there likely to be risks for autistic children and their families of implementing this Recommendation?	Direct evidence relating to potential and/or actual risks was not available.	The panel did not identify any prominent risks, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	No

	Are the benefits for autistic children and their families likely to outweigh any risks?	Evidence for benefits. Lack of evidence for risks.	The panel considered the identified benefits and lack of identified risks, as well as the consistency of the Recommendation with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Values and Preferences	Is the Recommendation consistent with the values and preferences of autistic children and their families?	Multiple converging sources of evidence from children and families in support of this Recommendation implies consistency with values and preferences.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Resources	Is the Recommendation likely to require additional resources from children and families?	Direct evidence regarding resource implications was not available.	The panel did not identify any clearly evidenced and/or prominent additional resource requirements.	No
	Is the Recommendation likely to require additional resources from practitioners?	Direct evidence regarding resource implications was not available.	The panel acknowledged that individualised coordination of services will likely require additional resources for practitioners, with nature and amount of resources depending on their individual circumstances.	Probably yes
Equity	What would be the impact on health equity?	Direct evidence regarding the impact on equity was not available.	The panel noted that there was no evidence that any particular group would benefit more than another and judged that it is uncertain that implementation of this Recommendation would impact health equity.	Uncertain

Acceptability	Is the Recommendation likely to be acceptable to children and families?	Multiple converging sources of evidence from children and families supporting this Recommendation implies acceptability.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
	Is the Recommendation likely to be acceptable to practitioners?	Multiple converging sources of evidence from practitioners and/or organisations supporting this Recommendation implies acceptability.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Direct evidence for feasibility was not available.	The panel noted that the feasibility of implementing this Recommendation will differ for different practitioners, depending on their individual circumstances (e.g., nature and scope of existing practice, existing resources).	Uncertain

Section 5: Outcomes, quality, and safeguarding

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.

Evidence for Recommendation

	Evidence Source	Evidence
Systematic Reviews	Child and family experiences	This review was not designed to collect evidence for this aspect of support provision.
	Umbrella Review	This review was not designed to collect evidence for this aspect of support provision.
Community Consultation	**Delphi**	
	Agreement	We are interested to know who you think should be involved in the provision of therapies and supports for children on the autism spectrum. Below, we have indicated a range of people who might be involved. Please tell us the extent to which you agree with these statements. **Monitoring outcomes:** ***Statement:*** The child, family, and family-like people (i.e., family friends, peers) should be involved in monitoring outcomes. ***Outcome:*** 92% agreement (Mdn: 4.5, IQR: 1) ***Statement:*** People who provide formal support for the child's health and development (e.g., educators, medical and allied health practitioners) should be involved in monitoring outcomes. ***Outcome:*** 97% agreement (Mdn: 5, IQR: 0)

	Agreement (cont'd.)	***Statement:*** Where relevant and desired by the child and family, people who can contribute to supporting 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) may be involved in one or more aspects of: • Working to understand the child, family, and context • Setting goals • Selecting therapies and supports • Delivering therapies and supports • Monitoring outcomes ***Outcome:*** 86% agreement (Mdn: 4, IQR: 1) ***Statement:*** Where relevant and desired by the child and family, staff in agencies that support the provision and/or access to services (e.g., NDIS planners, child safety officers) may be involved in one or more aspects of: • Working to understand the child, family, and context • Setting goals • Selecting therapies and supports • Delivering therapies and supports • Monitoring outcomes ***Outcome:*** 73% agreement (Mdn: 4, IQR: 1)
	Qualitative	The family and carers should be actively involved in this process and should have a strong understanding of what their child is working towards. Families should also be involved in the reassessment process so that they understand how their child has progressed and how successful the therapy has been. [d44-R1]
Community Consultation	**Survey – Quantitative**	
		The following statements describe principles that have been identified by research as having importance for all aspects of providing therapies and supports for children and their families on the autism spectrum. While some principles refer to both children and their families in the same item to acknowledge the family unit, we do so noting that the individual preferences, needs, and rights of each person are always to be considered and maintained. ***Statement:*** Supported: The child and their family should be supported to include people they feel are relevant in the therapy process, including for advocacy and support.
	Autistic people	***Outcome***: 95% agreement (n=58, Mdn: 5, IQR: 1)

Community Consultation	Parents	***Outcome***: 99% agreement (n=132, Mdn: 5, IQR: 1)
	Family	***Outcome***: 100% agreement (n=11, Mdn: 5, IQR: 1)
	Service Providers	***Outcome***: 97% agreement (n=67, Mdn: 5, IQR: 0)
	Organisations	***Outcome***: 99% agreement (n=70, Mdn: 5, IQR: 0)
	Other	***Outcome***: 95% agreement (n=21, Mdn: 5, IQR: 0)
	Survey - Qualitative	
	Autistic people	Ask for feedback from parents and child. [604:770]
	Parents	How the child is feeling about the support or therapy. How the parents feel it is going (the child may have difficulty expressing their real feelings). Is it too hard? Is it too easy? [57:1101] Feedback from family, schools and other organisations working with the ASD person that they continue to show understanding and practice of learned goal. [153:519]
	Family	-
	Service Providers	Review goals and priorities regularly. Make sure goals are reviewed by practitioner but also by family members/child. [516:745]
	Organisations	Ensure families are involved and consulted throughout process, that their contributions are valued and honoured. [410:88]
	Other	Consult with child and families [657:788]
Community Consultation	**Focus Groups**	
	Autistic adults	I ask my kids all the time is, what does finished look like? What does it look like for you to be finished? What is it? What does it look like when we've achieved this goal? Outcome it's such an inaccessible word. Like I, you know, let's be accessible about the language we use. let's quantify this a bit. But in the child's language, not in the therapist or the parents language. [A42]
	Parents	Like, it just, it's just unbelievable the amount of expectation around, you know, who should be involved and who needs to know what. And then the implication that if you don't want to be involved or don't say yes or provide barriers to any of that, is that you’re then not acting in the best interests of your child and the challenges around that as well. [P12]
	Brief survey	-
	Reflection	-

Evidence to decision judgements

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.

Criteria	Question	Evidence	Additional Considerations	Judgement
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	High
Benefits and Harms	Are there likely to be benefits for autistic children and their families of implementing this Recommendation?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel identified multiple potential benefits for children and families, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
	Are there likely to be risks for autistic children and their families of implementing this Recommendation?	Direct evidence relating to potential and/or actual risks was not available.	The panel did not identify any prominent risks, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	No

	Are the benefits for autistic children and their families likely to outweigh any risks?	Evidence for benefits. Lack of evidence for risks.	The panel considered the identified benefits and lack of identified risks, as well as the consistency of the Recommendation with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Values and Preferences	Is the Recommendation consistent with the values and preferences of autistic children and their families?	Multiple converging sources of evidence from children and families in support of this Recommendation implies consistency with values and preferences.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Resources	Is the Recommendation likely to require additional resources from children and families?	Direct evidence regarding resource implications was not available.	The panel did not identify any clearly evidenced and/or prominent additional resource requirements, but acknowledged that implementing this Recommendation would require the active involvement of children and families.	Probably no
	Is the Recommendation likely to require additional resources from practitioners?	Direct evidence regarding resource implications was not available.	The panel noted that implementing this Recommendation may have different resource implications for different practitioners, depending on their individual circumstances (e.g., nature and scope of practice, existing resources).	Uncertain

Equity	What would be the impact on health equity?	Direct evidence regarding the impact on equity was not available.	The panel noted that there was no evidence that any particular group would benefit more than another and judged that it is uncertain that implementation of this Recommendation would impact health equity.	Uncertain
Acceptability	Is the Recommendation likely to be acceptable to children and families?	Multiple converging sources of evidence from children and families supporting this Recommendation implies acceptability.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
	Is the Recommendation likely to be acceptable to practitioners?	Multiple converging sources of evidence from practitioners and/or organisations supporting this Recommendation implies acceptability.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Direct evidence for feasibility was not available.	The panel considered that feasibility is implied based on evidence from practitioners and/or organisations in support of this Recommendation, but noted the lack of direct evidence.	Probably yes

Recommendation 59

Consensus-Based Recommendation

Strength of Recommendation: Strong

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

Evidence for Recommendation

	Evidence Source	Evidence
Systematic Reviews	Child and family experiences	This review was not designed to collect evidence for this aspect of support provision.
	Umbrella Review	This review was not designed to collect evidence for this aspect of support provision.
Community Consultation	**Delphi**	
	Agreement	When relevant, progress and the outcomes of therapy/support provision should include monitoring of fidelity of therapy/support delivery: ***Statement:*** Type: The extent to which the planned type of therapy/support was delivered. ***Outcome:*** 94% agreement (Mdn: 4, IQR: 1) ***Statement:*** People: The extent to which the people who were intended to contribute to progress towards the goal contributed. ***Outcome***: 92% agreement (Mdn: 4, IQR: 1) ***Statement:*** Settings: The extent to which the settings in which the goal was to be targeted were included. ***Outcome***: 91% agreement (Mdn: 4, IQR: 1) ***Statement:*** Amount: The extent to which the intended amount of therapy/support was delivered. ***Outcome***: 90% agreement (Mdn: 4, IQR: 1)
	Qualitative	Attendance and active engagement measures will help to understand progress or regression. A study then of WHY they did not attend will also help to understand what was helpful or not about a service. And may help to develop more targeted and efficacious supports ongoing. [d24-R1]

Community Consultation	**Survey**	
	Autistic people	-
	Parents	Whether the amount of hours is manageable for the family. [70:140] The families implementation of therapies sometimes things don't work and different strategies need to be tries [114:346]
	Family	-
	Service Providers	Level of child and family's engagement in the therapy. Level of child and family's satisfaction with the therapy [441;1102] Check in regularly with families and children to ascertain whether they are receiving the appropriate therapies and supports to keep them safe and take into account their well being. [326:206]
	Organisations	Critically examine the need for any component either the child or parent dislikes. [392:68]
	Other	Consistently check in or evaluate the appropriateness of the interventions and goals and delivery system for the child and family [658:81]
	Focus Groups	
	Autistic adults	And then, so, that knowing the capacity of the family itself and whether they can follow through on that. [A12]
	Parents	We really struggled to carry out the activities that [*named profession 1*} and [*named profession* 2] told us to do. [P13] If the therapy/support doesn't work explore what is happening rather than leaping to the conclusion that the person/family are 'not doing it right'. [P42]
	Brief survey	-
	Reflection	-

Evidence to decision judgements

Recommendation 59

Strength of Recommendation: Strong

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

Criteria	Question	Evidence	Additional Considerations	Judgement
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	High
Benefits and Harms	Are there likely to be benefits for autistic children and their families of implementing this Recommendation?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel identified multiple potential benefits for children and families, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
	Are there likely to be risks for autistic children and their families of implementing this Recommendation?	Direct evidence relating to potential and/or actual risks was not available.	The panel did not identify any prominent risks, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	No

	Are the benefits for autistic children and their families likely to outweigh any risks?	Evidence for benefits. Lack of evidence for risks.	The panel considered the identified benefits and lack of identified risks, as well as the consistency of the Recommendation with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Values and Preferences	Is the Recommendation consistent with the values and preferences of autistic children and their families?	Multiple sources of evidence from children and families in support of this Recommendation implies consistency with values and preferences.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Resources	Is the Recommendation likely to require additional resources from children and families?	Direct evidence regarding resource implications was not available.	The panel did not identify any clearly evidenced and/or prominent additional resource requirements, but acknowledged that implementing this Recommendation would require the active involvement of children and families.	Probably no
	Is the Recommendation likely to require additional resources from practitioners?	Direct evidence regarding resource implications was not available.	The panel noted that implementing this Recommendation may have different resource implications for different practitioners, depending on their individual circumstances (e.g., nature and scope of practice, existing resources).	Uncertain

Equity	What would be the impact on health equity?	Direct evidence regarding the impact on equity was not available.	The panel noted that there was no evidence that any particular group would benefit more than another and judged that it is uncertain that implementation of this Recommendation would impact health equity.	Uncertain
Acceptability	Is the Recommendation likely to be acceptable to children and families?	Multiple sources of evidence from children and families supporting this Recommendation implies acceptability.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
	Is the Recommendation likely to be acceptable to practitioners?	Multiple converging sources of evidence from practitioners and/or organisations supporting this Recommendation implies acceptability.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Direct evidence for feasibility was not available.	The panel considered that feasibility is implied based on evidence from practitioners and/or organisations in support of this Recommendation, but noted the lack of direct evidence.	Probably yes

Recommendation 60

Consensus-Based Recommendation

Strength of Recommendation: Strong

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

Evidence for Recommendation

	Evidence Source	Evidence
Systematic Reviews	Child and family experiences	This review was not designed to collect evidence for this aspect of support provision.
	Umbrella Review	This review was not designed to collect evidence for this aspect of support provision.
Community Consultation	**Delphi**	
	Agreement	When relevant, progress and the outcomes of therapy/support provision should include monitoring of children's progress towards therapy/support goals: ***Statement:*** Amount of progress made towards the goal. ***Outcome:*** 94% agreement (Mdn: 4, IQR: 1) ***Statement:*** The child's satisfaction with progress towards the goal (to the extent possible). ***Outcome***: 95% agreement (Mdn: 5, IQR: 1) ***Statement:*** Parents' satisfaction with the child's progress towards the goal. ***Outcome:*** 97% agreement (Mdn: 5, IQR: 1)
	Qualitative	Monitoring of progress and outcomes should be a continuous process. [d34-R1]
	Survey	
	Autistic people	Regularly set aside time to check-in with the individual/ family re goals and progress towards them/new goals emerging etc [570:412]
	Parents	Stop if you see your intervention is not having the desired effect. [118:371] Well-being of families should also be closely monitored as this will directly impact the well-being and (potentially) the safety of the child. Psychological support should be expended to all the family. [228:787]

	Family	Monitor mental health of the individuals and family members [275:284]
	Service Providers	Constant monitoring and assessment of child and families comfort and positive engagement with the provided services.
	Organisations	Satisfaction (for individual and/or parents/ carers/ other stakeholder) with progress and service. [292:1010]
	Other	-
Community Consultation	**Focus Groups**	**-**
	Autistic adults	If I'm working with a child and if that child is happy and feels accepted and feels understood and feels, you know, good about themselves and has a good positive identity about being autistic, I consider that to be an excellent outcome. [A24]
	Parents	This goes a little bit back to defining goals, but also whatever therapies are being chosen, there should be a good plan for measuring progress toward the goals in place to see how it's working and make sure that if it's not, adaptations can be made immediately. [P46]
	Brief survey	-
	Reflection	Progress can be slow but is consistent - for kids with ID & ASD small changes make a big difference in the ability of families to be able to include our kids in everyday activities [4]

Evidence to decision judgements

Recommendation 60

Strength of Recommendation: Strong

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

Criteria	Question	Evidence	Additional Considerations	Judgement
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	High
Benefits and Harms	Are there likely to be benefits for autistic children and their families of implementing this Recommendation?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel identified multiple potential benefits for children and families, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
	Are there likely to be risks for autistic children and their families of implementing this Recommendation?	Direct evidence relating to potential and/or actual risks was not available.	The panel did not identify any prominent risks, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	No

	Are the benefits for autistic children and their families likely to outweigh any risks?	Evidence for benefits. Lack of evidence for risks.	The panel considered the identified benefits and lack of identified risks, as well as the consistency of the Recommendation with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Values and Preferences	Is the Recommendation consistent with the values and preferences of autistic children and their families?	Multiple converging sources of evidence from children and families in support of this Recommendation implies consistency with values and preferences.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Resources	Is the Recommendation likely to require additional resources from children and families?	Direct evidence regarding resource implications was not available.	The panel did not identify any clearly evidenced and/or prominent additional resource requirements, but acknowledged that implementing this Recommendation would require the active involvement of children and families.	Probably no
	Is the Recommendation likely to require additional resources from practitioners?	Direct evidence regarding resource implications was not available.	The panel noted that implementing this Recommendation may have different resource implications for different practitioners, depending on their individual circumstances (e.g., nature and scope of practice, existing resources).	Uncertain

Equity	What would be the impact on health equity?	Direct evidence regarding the impact on equity was not available.	The panel noted that there was no evidence that any particular group would benefit more than another and judged that it is uncertain that implementation of this Recommendation would impact health equity.	Uncertain
Acceptability	Is the Recommendation likely to be acceptable to children and families?	Multiple converging sources of evidence from children and families supporting this Recommendation implies acceptability.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
	Is the Recommendation likely to be acceptable to practitioners?	Multiple converging sources of evidence from practitioners and/or organisations supporting this Recommendation implies acceptability.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Direct evidence for feasibility was not available.	The panel considered that feasibility is implied based on evidence from practitioners and/or organisations in support of this Recommendation, but noted the lack of direct evidence.	Probably yes

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.

Evidence for Recommendation

	Evidence Source	Evidence
Systematic Reviews	Child and family experiences	This review was not designed to collect evidence for this aspect of support provision.
	Umbrella Review	This review was not designed to collect evidence for this aspect of support provision.
Community Consultation	**Delphi**	
	Agreement	When relevant, progress and the outcomes of therapy/support provision should include monitoring of generalisation: ***Statement:*** Generalisation of change to interactions with other people. ***Outcome:*** 86% agreement (Mdn: 4, IQR: 1) ***Statement:*** Generalisation of change to other activities. ***Outcome:*** 87% agreement (Mdn: 4, IQR: 1) ***Statement:*** Generalisation of change to other settings. ***Outcome***: 91% agreement (Mdn: 4, IQR: 1) When relevant, progress and the outcomes of therapy/support provision should include monitoring of: ***Statement:*** Maintenance of change over the short term (i.e., 12 months – 2 years). ***Outcome:*** 91% agreement (Mdn: 5, IQR: 1) ***Statement:*** Maintenance of change over the medium term (i.e., 2-3 years). ***Outcome:*** 72% agreement (Mdn: 4, IQR: 1) ***Statement:*** Maintenance of change over the long term (i.e., 3+ years). ***Outcome:*** 93% agreement (Mdn: 4, IQR: 0)
	Qualitative	Whether it can be transferred across contexts (e.g. not just in the clinic). So, whether it is based on considering the child's routine? [d17-R1]

Community Consultation	Survey	
	Autistic people	-
	Parents	Support families to find alternatives to solidify skills outside of therapy environment vs only having therapist working with child which can be costly and not yield transference of skills [cont.] Provide short and long term goals that are created in collaboration with family. Progress against goals is considered against a variety of settings - therapy, home, school [127:401]
	Family	-
	Service Providers	Maintenance of skills. [535:98]
	Organisations	Applying skills developed into another situation. [307:1106]
	Other	Independent use of new skills over time (maintenance). [645:58]
Community Consultation	**Focus Groups**	
	Autistic adults	I think it is important to monitor the impact of the therapy across multiple settings (therapy room, school, home, social activities). Again, the impact on family function and harmony. Has there been changes and success in other settings that isn't apparent in the therapy setting. Also, not meeting or achieving a goal doesn't mean the therapy has to be deemed a failure - unanticipated and unexpected gains may occur. [A35]
	Parents	Also, therapies done in isolation. You know, often we're asked to go to a clinic. See someone for an hour a week. You know, they work with our kid. We see that there is some progress and then that's it. That's not transferable. So, when we're looking at progress and outcomes that actually needs to be looked at. How that is spread across outside the therapy room? Outside the clinic? [P41]
	Brief survey	-
	Reflection	-

Evidence to decision judgements

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.

Criteria	Question	Evidence	Additional Considerations	Judgement
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	High
Benefits and Harms	Are there likely to be benefits for autistic children and their families of implementing this Recommendation?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel identified multiple potential benefits for children and families, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
	Are there likely to be risks for autistic children and their families of implementing this Recommendation?	Direct evidence relating to potential and/or actual risks was not available.	The panel did not identify any prominent risks, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	No

	Are the benefits for autistic children and their families likely to outweigh any risks?	Evidence for benefits. Lack of evidence for risks.	The panel considered the identified benefits and lack of identified risks, as well as the consistency of the Recommendation with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Values and Preferences	Is the Recommendation consistent with the values and preferences of autistic children and their families?	Multiple converging sources of evidence from children and families in support of this Recommendation implies consistency with values and preferences.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Resources	Is the Recommendation likely to require additional resources from children and families?	Direct evidence regarding resource implications was not available.	The panel did not identify any clearly evidenced and/or prominent additional resource requirements, but acknowledged that implementing this Recommendation would require the active involvement of children and families.	Probably no
	Is the Recommendation likely to require additional resources from practitioners?	Direct evidence regarding resource implications was not available.	The panel noted that implementing this Recommendation may have different resource implications for different practitioners, depending on their individual circumstances (e.g., nature and scope of practice, existing resources).	Uncertain

Equity	What would be the impact on health equity?	Direct evidence regarding the impact on equity was not available.	The panel noted that there was no evidence that any particular group would benefit more than another and judged that it is uncertain that implementation of this Recommendation would impact health equity.	Uncertain
Acceptability	Is the Recommendation likely to be acceptable to children and families?	Multiple converging sources of evidence from children and families supporting this Recommendation implies acceptability.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
	Is the Recommendation likely to be acceptable to practitioners?	Multiple converging sources of evidence from practitioners and/or organisations supporting this Recommendation implies acceptability.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Direct evidence for feasibility was not available.	The panel noted that the feasibility of implementing this Recommendation will differ for different practitioners, depending on their individual circumstances (e.g., nature and scope of existing practice, existing resources).	Uncertain

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.

Evidence for Recommendation

	Evidence Source	Evidence
Systematic Reviews	Child and family experiences	This review was not designed to collect evidence for this aspect of support provision.
	Umbrella Review	This review was not designed to collect evidence for this aspect of support provision.
Community Consultation	**Delphi**	
	Agreement	When relevant, progress and the outcomes of therapy/support provision should include monitoring of costs and benefits: ***Statement:*** Costs for children (e.g., time, fatigue, not pursuing alternative goal or service option). ***Outcome:*** 94% agreement (Mdn: 4, IQR: 1) ***Statement:*** Costs for parents (e.g., time, financial). ***Outcome:*** 94% agreement (Mdn: 4, IQR: 1) ***Statement:*** Benefits for children. ***Outcome:*** 100% agreement (Mdn: 5, IQR: 1) ***Statement:*** Benefits for family members. ***Outcome:*** 96% agreement (Mdn: 5, IQR: 1)
	Qualitative	The child is unable to access an activity or programme they were previously able to / that is important to them [d39-R1]

Community Consultation	**Survey**	
	Autistic people	Regularly checking in with child and parents to ensure they are happy with approach and progress and that therapy is helpful. [584:593]
	Parents	How the parents are coping is often overlooked. If the parents are burnt out, they are unable to consistently put strategies into place and have less patience with regard to behavioural problems in the home. Linking them with support groups or simply just acknowledging their daily struggle goes a long way to build rapport. Regular check ins with how parents are going as it is an emotional roller coaster. [245:869]
	Family	Regularly check in with the individuals involved and ask how they are travelling...? [268:1050]
	Service Providers	Child and family satisfaction and willingness to continue with the therapy [481:390]
	Organisations	Make sure interventions are not causing harm, eg taking too much of the family time and focus to the detriment of family wellbeing [405:789]
	Other	Financial risks (i.e. we can't really afford this, but we are being told we need it, etc). [331:239]
	Focus Groups	
	Autistic adults	So, something that I think is really important, especially my kids had [*named practice*] and we're still dealing with the consequences of that all these years later, I think that an important consideration needs, it cannot be about compliance. It cannot be about trying to appear neurotypical. It has to be yes, we need to be focused on building skills and independence, but we also need to focus on empowering that young person and for them to learn how to self-advocate. [A31]
	Parents	And well, there's the issue of lack of services in some regions but in Sydney, where there’s quite a lot of services but not always accessible, but there's this feeling of, like, because you're autistic, you therefore need tons of intervention. And I didn't feel like the goal setting was very, like, what is my child actually struggling with? What are the barriers to them participating or being able to cope with daily life? It was more, like, because you're autistic, it has to be 30 to 40 hours a week rather than hey, this is the top priority right now. What are the top two things your young person is struggling with? And, you know, my child was overloaded with therapy hours as a little kid and burnt out by five. Full breakdown, you know, after being burnt out and didn't acquire those skills in the in the long run because they were burnt out. [P14]
	Brief survey	That I have to drive a long way to get there and then use the elevator. That I have to miss out on my favourite iPad time at school. That I miss playtime to go. [16]
	Reflection	They didn't like they interrupted their school day - they felt they missed out on school - this resulted in meltdowns at times where they couldn't successfully re-join the classroom. [1]

Evidence to decision judgements

Recommendation 62

> **Strength of Recommendation:** Strong
>
> Practitioners should monitor the costs and benefits to the child and family of receiving the supports.

Criteria	Question	Evidence	Additional Considerations	Judgement
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	High
Benefits and Harms	Are there likely to be benefits for autistic children and their families of implementing this Recommendation?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel identified multiple potential benefits for children and families, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
	Are there likely to be risks for autistic children and their families of implementing this Recommendation?	Direct evidence relating to potential and/or actual risks was not available.	The panel did not identify any prominent risks, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	No

	Are the benefits for autistic children and their families likely to outweigh any risks?	Evidence for benefits. Lack of evidence for risks.	The panel considered the identified benefits and lack of identified risks, as well as the consistency of the Recommendation with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Values and Preferences	Is the Recommendation consistent with the values and preferences of autistic children and their families?	Multiple converging sources of evidence from children and families in support of this Recommendation implies consistency with values and preferences.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Resources	Is the Recommendation likely to require additional resources from children and families?	Direct evidence regarding resource implications was not available.	The panel did not identify any clearly evidenced and/or prominent additional resource requirements, but acknowledged that implementing this Recommendation would require the active involvement of children and families.	Probably no
	Is the Recommendation likely to require additional resources from practitioners?	Direct evidence regarding resource implications was not available.	The panel noted that implementing this Recommendation may have different resource implications for different practitioners, depending on their individual circumstances (e.g., nature and scope of practice, existing resources).	Uncertain

Equity	What would be the impact on health equity?	Direct evidence regarding the impact on equity was not available.	The panel noted that there was no evidence that any particular group would benefit more than another and judged that it is uncertain that implementation of this Recommendation would impact health equity.	Uncertain
Acceptability	Is the Recommendation likely to be acceptable to children and families?	Multiple converging sources of evidence from children and families supporting this Recommendation implies acceptability.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
	Is the Recommendation likely to be acceptable to practitioners?	Multiple converging sources of evidence from practitioners and/or organisations supporting this Recommendation implies acceptability.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Direct evidence for feasibility was not available.	The panel considered that feasibility is implied based on evidence from practitioners and/or organisations in support of this Recommendation, but noted the lack of direct evidence.	Probably yes

Recommendation 63

Consensus-Based Recommendation

Strength of Recommendation: Strong

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

Evidence for Recommendation

	Evidence Source	Evidence
Systematic Reviews	Child and family experiences	This review was not designed to collect evidence for this aspect of support provision.
	Umbrella Review	This review was not designed to collect evidence for this aspect of support provision.
Community Consultation	**Delphi**	
	Agreement	When relevant, progress and the outcomes of therapy/support provision should include monitoring of unplanned outcomes: ***Statement:*** Positive unplanned outcomes that have arisen from the delivery of therapy/support. ***Outcome:*** 93% agreement (Mdn: 4, IQR: 1) ***Statement:*** Adverse effects that have arisen from the delivery of the therapies/supports. ***Outcome:*** 100% agreement (Mdn: 5, IQR: 1)
	Qualitative	In the case of any adverse or unexpected effects (positive or negative). [d43-R1]
	Survey	
	Autistic people	Take notice of increased distress in the child or family. [623:993]
	Parents	Any negative or unforeseen aspects or consequences of the therapy or support [182:641]
	Family	-

Community Consultation	Service Providers	Collect ongoing data on response and potential adverse events. e.g., as a [*named profession*] I collect monitoring data every session and complete risk assessments as indicated by check-ins to start sessions [527:84]
	Organisations	Check in regularly with families and children to ascertain whether they are receiving the appropriate therapies and supports to keep them safe and take into account their well being. [330:237]
	Other	In all aspects of therapy: the intervention goals, intervention delivery, and regular monitoring. [629:1049]
	Focus Groups	
	Autistic adults	Um, I think some of this possibly comes back to the goals and what actually is a valid goal and sometimes the best intentions in the world, um, we might actually be unintentionally causing harm. Um, so we might have a great result but the impact might be if we don't. If we're not careful, we could actually be causing harm. [...] And we've gotta make sure that we're not looking at the evidence of success and ignoring the fact that the unintended consequences can have lifelong effects and can make people really vulnerable for, you know, all sorts of other things. [A16]
	Parents	And like I said, it was that some of those interventions you could see were really damaging to our son and we just wanted him to be a loving, kind, functioning human being. And if that took longer than it took other children, well, so be it. But yeah, making an angry young man it was not a good way to go. [P33]
	Brief survey	I was in trouble all the day for being bad. Again not do right. Do again. Again and again. I did not like the way [*named practice*] made me feel sick and sad inside. I feel not good enough all the time. Thinking about *[named practice]* still makes me feel sad and angry. I was glad when I stopped. I don't want to do it again. [39]
	Reflection	After [*named practice 1*] / [*named practice 2*], my son often exhibits periods of crying and/or challenging behaviours (of concern) [19]

Evidence to decision judgements

Recommendation 63

Strength of Recommendation: Strong

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

Criteria	Question	Evidence	Additional Considerations	Judgement
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	High
Benefits and Harms	Are there likely to be benefits for autistic children and their families of implementing this Recommendation?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel identified multiple potential benefits for children and families, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
	Are there likely to be risks for autistic children and their families of implementing this Recommendation?	Direct evidence relating to potential and/or actual risks was not available.	The panel did not identify any prominent risks, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions .	No

	Are the benefits for autistic children and their families likely to outweigh any risks?	Evidence for benefits. Lack of evidence for risks.	The panel considered the identified benefits and lack of identified risks, as well as the consistency of the Recommendation with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Values and Preferences	Is the Recommendation consistent with the values and preferences of autistic children and their families?	Multiple converging sources of evidence from children and families in support of this Recommendation implies consistency with values and preferences.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Resources	Is the Recommendation likely to require additional resources from children and families?	Direct evidence regarding resource implications was not available.	The panel did not identify any clearly evidenced and/or prominent additional resource requirements, but acknowledged that implementing this Recommendation would require the active involvement of children and families.	Probably no
	Is the Recommendation likely to require additional resources from practitioners?	Direct evidence regarding resource implications was not available.	The panel noted that implementing this Recommendation may have different resource implications for different practitioners, depending on their individual circumstances (e.g., nature and scope of practice, existing resources).	Uncertain

Equity	What would be the impact on health equity?	Direct evidence regarding the impact on equity was not available.	The panel noted that there was no evidence that any particular group would benefit more than another and judged that it is uncertain that implementation of this Recommendation would impact health equity.	Uncertain
Acceptability	Is the Recommendation likely to be acceptable to children and families?	Multiple converging sources of evidence from children and families supporting this Recommendation implies acceptability.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
	Is the Recommendation likely to be acceptable to practitioners?	Multiple converging sources of evidence from practitioners and/or organisations supporting this Recommendation implies acceptability.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Direct evidence for feasibility was not available.	The panel considered that feasibility is implied based on evidence from practitioners and/or organisations in support of this Recommendation, but noted the lack of direct evidence.	Probably yes

Recommendation 64

Consensus-Based Recommendation

Strength of Recommendation: Strong

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

Evidence for Recommendation

	Evidence Source	Evidence
Systematic Reviews	Child and family experiences	This review was not designed to collect evidence for this aspect of support provision.
	Umbrella Review	This review was not designed to collect evidence for this aspect of support provision.
Community Consultation	**Delphi**	
	Agreement	The following assessment/evaluation tools and sources of information should be considered when monitoring therapy/support progress and outcomes: ***Statement:*** Direct report from the child about progress towards goals (to the extent possible). ***Outcome:*** 94% agreement (Mdn: 5, IQR: 1) ***Statement:*** Parent report of the child's progress towards the goals. ***Outcome:*** 96% agreement (Mdn: 5, IQR: 1) ***Statement:*** Direct report from the child about their experience (positive, negative, mixed) of engaging with the therapy/support (to the extent possible). ***Outcome:*** 96% agreement (Mdn: 5, IQR: 1) ***Statement:*** Parent report of what they perceive to be the child's experience (positive, negative, mixed) of engaging with the therapy/support. ***Outcome:*** 95% agreement (Mdn: 5, IQR: 1)
	Qualitative	You should always monitor to ensure that you as the practitioner are engaging and providing support. It can be as simple as asking the client "was today helpful?" "What went well?" etc. [d56-R1]

Community Consultation		
	Survey	
	Autistic people	Ask the child. See how the child is coping in that environment and change it if needed. Be flexible [555:13]
	Parents	Check in with the child and family on regular basis to see how they are feeling, if they have required supports, if they need any additional support. [137:443]
	Family	LISTEN to parents and children, OBSERVE the child and family dynamics and operation as well as school and community interaction [286:696]
	Service Providers	Value the child and listen to and be responsive to their needs. [525:830]
	Organisations	Ask the child and family how they feel about their progress. [393:683]
	Other	Practitioners should have ongoing conversations with the family of the child with autism about issues relating to their safety and wellbeing when accessing therapies and supports. [625:1006]
	Focus Groups	
	Autistic adults	I think one of the important considerations is listening to what the child has to say and valuing that. And also listening to what the family are saying. If they're saying something is not working, then you wanna have someone to actually have a discussion about why it's not working and not just think that it's not being implemented properly or whatever. [A13]
	Parents	I think that in terms of communication, particularly for non-speaking or minimally speaking autistic people, we really don't know a lot about what their needs are. And I think that that's a big gap. And I think therapists should be very mindful when they work with clients about what that is, I mean, or how that impacts . And, you know, obviously at the age group that we're looking at, we're looking between a combination of what motivates and what drives and what a child values and also what their parents think that they need to support their development. [P23]
	Brief survey	-
	Reflection	-

Evidence to decision judgements

Recommendation 64

Strength of Recommendation: Strong

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

Criteria	Question	Evidence	Additional Considerations	Judgement
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	High
Benefits and Harms	Are there likely to be benefits for autistic children and their families of implementing this Recommendation?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel identified multiple potential benefits for children and families, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
	Are there likely to be risks for autistic children and their families of implementing this Recommendation?	Direct evidence relating to potential and/or actual risks was not available.	The panel did not identify any prominent risks, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	No

	Are the benefits for autistic children and their families likely to outweigh any risks?	Evidence for benefits. Lack of evidence for risks.	The panel considered the identified benefits and lack of identified risks, as well as the consistency of the Recommendation with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Values and Preferences	Is the Recommendation consistent with the values and preferences of autistic children and their families?	Multiple converging sources of evidence from children and families in support of this Recommendation implies consistency with values and preferences.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Resources	Is the Recommendation likely to require additional resources from children and families?	Direct evidence regarding resource implications was not available.	The panel did not identify any clearly evidenced and/or prominent additional resource requirements, but acknowledged that implementing this Recommendation would require the active involvement of children and families.	Probably no
	Is the Recommendation likely to require additional resources from practitioners?	Direct evidence regarding resource implications was not available.	The panel noted that implementing this Recommendation may have different resource implications for different practitioners, depending on their individual circumstances (e.g., nature and scope of practice, existing resources).	Uncertain

Equity	What would be the impact on health equity?	Direct evidence regarding the impact on equity was not available.	The panel noted that there was no evidence that any particular group would benefit more than another and judged that it is uncertain that implementation of this Recommendation would impact health equity.	Uncertain
Acceptability	Is the Recommendation likely to be acceptable to children and families?	Multiple converging sources of evidence from children and families supporting this Recommendation implies acceptability.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
	Is the Recommendation likely to be acceptable to practitioners?	Multiple converging sources of evidence from practitioners and/or organisations supporting this Recommendation implies acceptability.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Direct evidence for feasibility was not available.	The panel considered that feasibility is implied based on evidence from practitioners and/or organisations in support of this Recommendation, but noted the lack of direct evidence.	Probably yes

Recommendation 65

Consensus-Based Recommendation

Strength of Recommendation: Strong

Practitioners should monitor progress through child observations.

Evidence for Recommendation

	Evidence Source	Evidence
Systematic Reviews	Child and family experiences	This review was not designed to collect evidence for this aspect of support provision.
	Umbrella Review	This review was not designed to collect evidence for this aspect of support provision.
Community Consultation	**Delphi**	
	Agreement	The following assessment/evaluation tools and sources of information should be considered when monitoring therapy/support progress and outcomes: ***Statement:*** Observations of the child's progress towards goals during the delivery of the therapy/support. ***Outcome***: 94% agreement (Mdn: 4, IQR: 1) ***Statement:*** Observations of the child's progress towards goals in contexts outside of those in which the therapy/support is being delivered. ***Outcome:*** 90% agreement (Mdn: 4, IQR: 1) ***Statement:*** Observations of the child's reaction (positive, negative, mixed) to engaging in the therapy/support. ***Outcome:*** 90% agreement (Mdn: 4, IQR: 1)
	Qualitative	Child engagement with modality of support. [d71-R1]

Community Consultation	**Survey**	
	Autistic people	Therapies should be reviewed if the child seems fearful or upset during therapy. [623:993]
	Parents	Direct/indirect observation. [157:54]
	Family	-
	Service Providers	Doing naturalistic observations. [450:155]
	Organisations	-
	Other	-
	Focus Groups	
	Autistic adults	Regarding this question, I think also, like as these initiatives and whatnot are being supervised, something else that needs to be taken into account is whether the children themselves are enjoying it. And equally importantly, whether they're, like, clearly getting something out of it. Whether they're actually showing signs of mental or physical growth from them as well, because if they're not, then they may as well be, you know, doing something else. [A36]
	Parents	-
	Brief survey	-
	Reflection	-

Evidence to decision judgements

Recommendation 65

> **Strength of Recommendation:** Strong
>
> Practitioners should monitor progress through child observations.

Criteria	Question	Evidence	Additional Considerations	Judgement
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	High
Benefits and Harms	Are there likely to be benefits for autistic children and their families of implementing this Recommendation?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel identified multiple potential benefits for children and families, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
	Are there likely to be risks for autistic children and their families of implementing this Recommendation?	Direct evidence relating to potential and/or actual risks was not available.	The panel did not identify any prominent risks, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	No

	Are the benefits for autistic children and their families likely to outweigh any risks?	Evidence for benefits. Lack of evidence for risks.	The panel considered the identified benefits and lack of identified risks, as well as the consistency of the Recommendation with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Values and Preferences	Is the Recommendation consistent with the values and preferences of autistic children and their families?	At least one source of evidence from children and families in support of this Recommendation implies consistency with values and preferences.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Probably yes
Resources	Is the Recommendation likely to require additional resources from children and families?	Direct evidence regarding resource implications was not available.	The panel did not identify any clearly evidenced and/or prominent additional resource requirements, but acknowledged that implementing this Recommendation would require the active involvement of children and families.	Probably no
	Is the Recommendation likely to require additional resources from practitioners?	Direct evidence regarding resource implications was not available.	The panel noted that implementing this Recommendation may have different resource implications for different practitioners, depending on their individual circumstances (e.g., nature and scope of practice, existing resources).	Uncertain

Equity	What would be the impact on health equity?	Direct evidence regarding the impact on equity was not available.	The panel noted that there was no evidence that any particular group would benefit more than another and judged that it is uncertain that implementation of this Recommendation would impact health equity.	Uncertain
Acceptability	Is the Recommendation likely to be acceptable to children and families?	At least one source of evidence from children and families supporting this Recommendation implies acceptability.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Probably yes
	Is the Recommendation likely to be acceptable to practitioners?	Multiple converging sources of evidence from practitioners and/or organisations supporting this Recommendation implies acceptability.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Direct evidence for feasibility was not available.	The panel considered that feasibility is implied based on evidence from practitioners and/or organisations in support of this Recommendation, but noted the lack of direct evidence.	Probably yes

Recommendation 66

Consensus-Based Recommendation

Strength of Recommendation: Strong

Practitioners should monitor progress through reports from others.

Evidence for Recommendation

	Evidence Source	Evidence
Systematic Reviews	Child and family experiences	This review was not designed to collect evidence for this aspect of support provision.
	Umbrella Review	This review was not designed to collect evidence for this aspect of support provision.
Community Consultation	**Delphi**	
	Agreement	The following assessment/evaluation tools and sources of information should be considered when monitoring therapy/support progress and outcomes: ***Statement:*** Reports from people who are involved in the delivery of the therapy/support. ***Outcome:*** 97% agreement (Mdn: 4, IQR: 1) ***Statement:*** Reports from people who can provide insight into the child's progress towards the goals and/or general learning, participation, and wellbeing. ***Outcome:*** 98% agreement (Mdn: 4, IQR: 1)
	Qualitative	Monitoring outcomes would also be appropriate IF the paed/GP had sufficient experience in expected progress for children with similar presentations of ASD. This would help protect families from ineffective therapies/practitioners, alternative therapies that may do harm, and e.g. practitioners who are not NDIS registered providers and so are not subjected to the same rigorous auditing that registered providers are. [d68-R1]

Community Consultation	**Survey**	
	Autistic people	-
	Parents	-
	Family	-
	Service Providers	-
	Organisations	Feedback and seek reports of changes seen out of therapy [303:178]
	Other	-
	Focus Groups	
	Autistic adults	And also, if you've been given documentation, read it. And go through it and take the important information out of that 'cause you might actually have something to offer the family that would be really beneficial, but if you don't read the documentation that you're given, then you're not. You know that they're only giving it to you for a reason. Uhm, that's really all I have to say. [A13]
	Parents	Probably only that when you're doing the goal setting, then you might have that discussion right up then and say right oh, your how are we going to know when this goals being achieved? How we're gonna measure it then? So, that might have been a discussion that you've had early on and that ideally, you're getting feedback from multiple respondents. So, sometimes the child might say, yeah, things are great. Things are great, things are great. And then the teachers like, oh, I’m pulling my hair out. So, we wanna get feedback from multiple perspectives as possible. [P31]
	Brief survey	-
	Reflection	-

Evidence to decision judgements

Recommendation 66

> **Strength of Recommendation:** Strong
>
> Practitioners should monitor progress through reports from others.

Criteria	Question	Evidence	Additional Considerations	Judgement
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	High
Benefits and Harms	Are there likely to be benefits for autistic children and their families of implementing this Recommendation?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel identified multiple potential benefits for children and families, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
	Are there likely to be risks for autistic children and their families of implementing this Recommendation?	Direct evidence relating to potential and/or actual risks was not available.	The panel did not identify any prominent risks, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	No

	Are the benefits for autistic children and their families likely to outweigh any risks?	Evidence for benefits. Lack of evidence for risks.	The panel considered the identified benefits and lack of identified risks, as well as the consistency of the Recommendation with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Values and Preferences	Is the Recommendation consistent with the values and preferences of autistic children and their families?	At least one source of evidence from children and families in support of this Recommendation implies consistency with values and preferences.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Probably yes
Resources	Is the Recommendation likely to require additional resources from children and families?	Direct evidence regarding resource implications was not available.	The panel did not identify any clearly evidenced and/or prominent additional resource requirements, but acknowledged that implementing this Recommendation would require the active involvement of children and families.	Probably no
	Is the Recommendation likely to require additional resources from practitioners?	Direct evidence regarding resource implications was not available.	The panel noted that implementing this Recommendation may have different resource implications for different practitioners, depending on their individual circumstances (e.g., nature and scope of practice, existing resources).	Uncertain

Equity	What would be the impact on health equity?	Direct evidence regarding the impact on equity was not available.	The panel noted that there was no evidence that any particular group would benefit more than another and judged that it is uncertain that implementation of this Recommendation would impact health equity.	Uncertain
Acceptability	Is the Recommendation likely to be acceptable to children and families?	At least one source of evidence from children and families supporting this Recommendation implies acceptability.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Probably yes
	Is the Recommendation likely to be acceptable to practitioners?	Multiple converging sources of evidence from practitioners and/or organisations supporting this Recommendation implies acceptability.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Direct evidence for feasibility was not available.	The panel considered that feasibility is implied based on evidence from practitioners and/or organisations in support of this Recommendation, but noted the lack of direct evidence.	Probably yes

Recommendation 67

Consensus-Based Recommendation

Strength of Recommendation: Strong

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

Evidence for Recommendation

	Evidence Source	Evidence
Systematic Reviews	Child and family experiences	This review was not designed to collect evidence for this aspect of support provision.
	Umbrella Review	This review was not designed to collect evidence for this aspect of support provision.
Community Consultation	**Delphi**	
	Agreement	The following assessment/evaluation tools and sources of information should be considered when monitoring therapy/support progress and outcomes: ***Statement:*** Clinician collected progress data. ***Outcome:*** 94% agreement (Mdn: 4, IQR: 1) ***Statement:*** Norm-referenced assessments comparing the child's skills and functioning with neurotypical children of the same age. ***Outcome:*** 75% agreement (Mdn: 4, IQR: 1) ***Statement:*** Criterion-referenced assessment comparing the child's skills and functioning with pre-defined criteria such as developmental milestones. ***Outcome:*** 85% agreement (Mdn: 4, IQR: 0) ***Statement:*** Curriculum-based assessments comparing the child's progress towards a pre-specified set of goals. ***Outcome:*** 83% agreement (Mdn: 4, IQR: 1) ***Statement:*** Child collected progress data (to the extent possible) (e.g. self-report). ***Outcome:*** 93% agreement (Mdn: 4, IQR: 1) ***Statement:*** Parent-collected progress data. ***Outcome:*** 94% agreement (Mdn: 4, IQR: 1) ***Statement:*** Progress data collected from other stakeholders (e.g., teacher checklist). ***Outcome:*** 91% agreement (Mdn: 4, IQR: 1)

	Qualitative	The effect of intervention should be objectively reassessed after each block of goal directed therapy and communicated openly back to the caregivers. [d44-R1]
Community Consultation	**Survey**	
	Autistic people	-
	Parents	-
	Family	-
	Service Providers	-
	Organisations	Developmental assessments to assess overall progress 6 monthly or yearly as appropriate for the child. E.g. in addition to frequently assessing goals being addressed specifically, complete developmental assessments that identify age appropriate skills that the child can currently do consistently and independently vs. sometimes with help vs. always need help. [358:536]
	Other	Follow developmental checklists and discuss with parents [662:973]
	Focus Groups	
	Autistic adults	And then when we're sharing progress and outcomes, being aware of what goals we're measuring. So, if we're measuring their ability to make friends, then we'll use a friendship scale rather than an SRS. [A12]
	Parents	But again, I'm gonna go back and support the idea of evidence-based practices that we do need monitoring of progress. And so, I know that there was the comment about being lax and whatever, but I'm actually the opposite and I probably have a bit of autism. I throw it, we throw it around out there. But you know, I wanna see results. I wanna see it all calculated. I want graphs. I want tables. I am very mathematically minded and yes, I can obviously see improvement in my child generally at home, but I want to proof, and I want the science behind it, right? [P16]
	Brief survey	-
	Reflection	-

Evidence to decision judgements

Recommendation 67

Strength of Recommendation: Strong

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

Criteria	Question	Evidence	Additional Considerations	Judgement
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	High
Benefits and Harms	Are there likely to be benefits for autistic children and their families of implementing this Recommendation?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel identified multiple potential benefits for children and families, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
	Are there likely to be risks for autistic children and their families of implementing this Recommendation?	Direct evidence relating to potential and/or actual risks was not available.	The panel did not identify any prominent risks, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	No

	Are the benefits for autistic children and their families likely to outweigh any risks?	Evidence for benefits. Lack of evidence for risks.	The panel considered the identified benefits and lack of identified risks, as well as the consistency of the Recommendation with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Values and Preferences	Is the Recommendation consistent with the values and preferences of autistic children and their families?	At least one source of evidence from children and families in support of this Recommendation implies consistency with values and preferences.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Probably yes
Resources	Is the Recommendation likely to require additional resources from children and families?	Direct evidence regarding resource implications was not available.	The panel did not identify any clearly evidenced and/or prominent additional resource requirements, but acknowledged that implementing this Recommendation would require the active involvement of children and families.	Probably no
	Is the Recommendation likely to require additional resources from practitioners?	Direct evidence regarding resource implications was not available.	The panel noted that implementing this Recommendation may have different resource implications for different practitioners, depending on their individual circumstances (e.g., nature and scope of practice, existing resources).	Uncertain

Equity	What would be the impact on health equity?	Direct evidence regarding the impact on equity was not available.	The panel noted that there was no evidence that any particular group would benefit more than another and judged that it is uncertain that implementation of this Recommendation would impact health equity.	Uncertain
Acceptability	Is the Recommendation likely to be acceptable to children and families?	At least one source of evidence from children and families supporting this Recommendation implies acceptability.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Probably yes
	Is the Recommendation likely to be acceptable to practitioners?	Multiple converging sources of evidence from practitioners and/or organisations supporting this Recommendation implies acceptability.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Direct evidence for feasibility was not available.	The panel considered that feasibility is implied based on evidence from practitioners and/or organisations in support of this Recommendation, but noted the lack of direct evidence.	Probably yes

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.

Evidence for Recommendation

	Evidence Source	Evidence
Systematic Reviews	Child and family experiences	This review was not designed to collect evidence for this aspect of support provision.
	Umbrella Review	This review was not designed to collect evidence for this aspect of support provision.
Community Consultation	**Delphi**	
	Agreement	Therapy/support goals should be reviewed if/when: ***Statement:*** The child achieves a goal. ***Outcome:*** 94% agreement (Mdn: 4, IQR: 1) ***Statement:*** The child and/or their family request new goals. ***Outcome:*** 95% agreement (Mdn: 4, IQR: 1) ***Statement:*** The practitioner identifies new goals relevant to the child and/or their family. ***Outcome:*** 91% agreement (Mdn: 4, IQR: 1) ***Statement:*** There are significant changes in the life of the child and/or family (e.g., transition to school, parental supervision, moving house). ***Outcome:*** 95% agreement (Mdn: 4, IQR: 1) ***Statement:*** At a frequency, and in a manner, that is sufficient for the practitioner delivering the therapy/support to make evidence-based decisions and recommendations. ***Outcome:*** 77% agreement (Mdn: 4, IQR: 1) ***Statement:*** At a frequency, and in a manner, that is appropriate to the child and family. ***Outcome:*** 100% agreement (Mdn: 4, IQR: 1)***Statement:*** If/when there is a change in the family's financial capacity to access services, including changes in available funding. ***Outcome:*** 90% agreement (Mdn: 4, IQR: 1)

Community Consultation	Agreement (cont'd.)	At a minimum, the monitoring of therapy/support progress and outcomes should occur: ***Statement:*** Every 3 months. ***Outcome:*** 84% agreement (Mdn: 4, IQR: 1) Therapy/support goals should be reviewed: ***Statement:*** Every 3 months. ***Outcome:*** 81% agreement (Mdn: 4, IQR: 1)
	Qualitative	Therapies and supports should be carefully monitored and reviewed on a regular basis [d1-R1]
	Survey	
	Autistic people	Regularly monitor the child's sense of safety and wellbeing by asking them specific safety questions and questions of consent - both specific to the practitioner's support and other practitioners [603:770].
	Parents	Minimum of quarterly updates with family to locate any changes. [70:140]
	Family	Practitioners could help implement spaces for monitoring. ie a 3-6 monthly catch up - or more frequently if needed to review and reassess [91:235]
	Service Providers	-
	Organisations	Frequent reviews (3-6 months) of this are needed to monitor progress and confirm goals are still appropriate and meaningful. [351:382]
	Other	-
	Focus Groups	
	Autistic adults	-
	Parents	And things definitely do change from week to week, and I think therapist needs to. I think the young people going to the therapist need to know that that person is there for them with what they need right now. So, just because there's this goal, well, if you've got lots of, we call it bees flying around in your bonnet, if you've got all of those, there's no way you can think about the goal. You’re thinking about what's going on for you right now. So, I think that monitoring progress and outcomes is important and probably, you know, NDIS are interested in that, but we're in a moving thing, it's very…it has to be very flexible. [P26]
	Brief survey	When he is having to do tasks that are really hard for him. Frustration levels rose, sense of failure grows. It quickly stops being fun when you can't get your sock on for 8th time (and know others can do it first go). [54]
	Reflection	-

Evidence to decision judgements

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.

Criteria	Question	Evidence	Additional Considerations	Judgement
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	High
Benefits and Harms	Are there likely to be benefits for autistic children and their families of implementing this Recommendation?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel identified multiple potential benefits for children and families, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
	Are there likely to be risks for autistic children and their families of implementing this Recommendation?	Direct evidence relating to potential and/or actual risks was not available.	The panel did not identify any prominent risks, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	No

	Are the benefits for autistic children and their families likely to outweigh any risks?	Evidence for benefits. Lack of evidence for risks.	The panel considered the identified benefits and lack of identified risks, as well as the consistency of the Recommendation with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Values and Preferences	Is the Recommendation consistent with the values and preferences of autistic children and their families?	Multiple converging sources of evidence from children and families in support of this Recommendation implies consistency with values and preferences.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Resources	Is the Recommendation likely to require additional resources from children and families?	Direct evidence regarding resource implications was not available.	The panel did not identify any clearly evidenced and/or prominent additional resource requirements, but acknowledged that implementing this Recommendation would require the active involvement of children and families.	Probably no
	Is the Recommendation likely to require additional resources from practitioners?	Direct evidence regarding resource implications was not available.	The panel noted that implementing this Recommendation may have different resource implications for different practitioners, depending on their individual circumstances (e.g., nature and scope of practice, existing resources).	Uncertain

Equity	What would be the impact on health equity?	Direct evidence regarding the impact on equity was not available.	The panel noted that there was no evidence that any particular group would benefit more than another and judged that it is uncertain that implementation of this Recommendation would impact health equity.	Uncertain
Acceptability	Is the Recommendation likely to be acceptable to children and families?	Multiple converging sources of evidence from children and families supporting this Recommendation implies acceptability.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
	Is the Recommendation likely to be acceptable to practitioners?	Multiple converging sources of evidence from practitioners and/or organisations supporting this Recommendation implies acceptability.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Direct evidence for feasibility was not available.	The panel considered that feasibility is implied based on evidence from practitioners and/or organisations in support of this Recommendation, but noted the lack of direct evidence.	Probably yes

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.

Evidence for Recommendation

	Evidence Source	Evidence
Systematic Reviews	Child and family experiences	This review was not designed to collect evidence for this aspect of support provision.
	Umbrella Review	This review was not designed to collect evidence for this aspect of support provision.
Community Consultation	**Delphi**	
	Agreement	The information gained through monitoring should: ***Statement:*** Be shared and discussed with the child receiving the therapies/supports, if appropriate. ***Outcome:*** 98% agreement (Mdn: 5, IQR: 1) ***Statement:*** Be shared and discussed with the parents of the child receiving the therapies/supports. ***Outcome:*** 100% agreement (Mdn: 5, IQR: 1) ***Statement:*** Be shared and discussed with other community members (nominated by the family) as the basis for supporting the child and/or family. ***Outcome:*** 81% agreement (Mdn: 4, IQR: 1) ***Statement:*** Be shared with other practitioners/specialists that support the child, as the basis for informing them of progress and/or inviting consultation. ***Outcome:*** 92% agreement (Mdn: 4, IQR: 1) ***Statement:*** Be shared with other organisations that support the child, as the basis for informing them of progress and/or inviting consultation (e.g., schools/day care). ***Outcome:*** 84% agreement (Mdn: 4, IQR: 1) ***Statement:*** Not be disclosed. ***Outcome:*** 83% disagreement (Mdn: 2, IQR: 1)
	Qualitative	Practitioners should practice honest and prompt communication with clients and their families [d38-R1]

Community Consultation	Survey	
	Autistic people	-
	Parents	There is also a risk of monitoring being used as data collection to criticise families (especially by NDIS) [91:235]
	Family	-
	Service Providers	-
	Organisations	Practitioners should be communicating with all involved in the care of the child so that any concerns can be monitored across environments. [379:586]
	Other	That there is not enough detailed information about the child being passed on. [662:973]
Community Consultation	**Focus Groups**	
	Autistic adults	So, when they're doing the outcomes, they need to be open about how therapy is progressing. If it's not progressing well, state that. If you're concerned, state that. If you're feeling that the goals or what the focus of the therapy is not right, then you should tell the person. [A31]
	Parents	So, I think it's really hard to, you know, from a practitioner point of view, they do have to have some skin in the game there and they do need to be responsible in that space to really kind of create this big picture. Again, it's that big picture of where things are progressing and where there is still work to be done. [P11]
	Brief survey	-
	Reflection	-

Evidence to decision judgements

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.

Criteria	Question	Evidence	Additional Considerations	Judgement
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	High
Benefits and Harms	Are there likely to be benefits for autistic children and their families of implementing this Recommendation?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel identified multiple potential benefits for children and families, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
	Are there likely to be risks for autistic children and their families of implementing this Recommendation?	Direct evidence relating to potential and/or actual risks was not available.	The panel did not identify any prominent risks, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	No

	Are the benefits for autistic children and their families likely to outweigh any risks?	Evidence for benefits. Lack of evidence for risks.	The panel considered the identified benefits and lack of identified risks, as well as the consistency of the Recommendation with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Values and Preferences	Is the Recommendation consistent with the values and preferences of autistic children and their families?	Multiple converging sources of evidence from children and families in support of this Recommendation implies consistency with values and preferences.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Resources	Is the Recommendation likely to require additional resources from children and families?	Direct evidence regarding resource implications was not available.	The panel did not identify any clearly evidenced and/or prominent additional resource requirements.	No
	Is the Recommendation likely to require additional resources from practitioners?	Direct evidence regarding resource implications was not available.	The panel acknowledged that individualising the sharing of information will likely require additional resources for practitioners, with nature and amount of resources depending on their individual circumstances.	Probably yes
Equity	What would be the impact on health equity?	Direct evidence regarding the impact on equity was not available.	The panel noted that there was no evidence that any particular group would benefit more than another and judged that it is uncertain that implementation of this Recommendation would impact health equity.	Uncertain

Acceptability	Is the Recommendation likely to be acceptable to children and families?	Multiple converging sources of evidence from children and families supporting this Recommendation implies acceptability.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
	Is the Recommendation likely to be acceptable to practitioners?	Multiple converging sources of evidence from practitioners and/or organisations supporting this Recommendation implies acceptability.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Direct evidence for feasibility was not available.	The panel considered that feasibility is implied based on evidence from practitioners and/or organisations in support of this Recommendation, but noted the lack of direct evidence.	Probably yes

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.

Evidence for Recommendation

	Evidence Source	Evidence
Systematic Reviews	Child and family experiences	This review was not designed to collect evidence for this aspect of support provision.
	Umbrella Review	This review was not designed to collect evidence for this aspect of support provision.
Community Consultation	**Delphi**	
	Agreement	The outcome of monitoring should: ***Statement:*** Be shared and discussed in the manner preferred by the child and/or family. ***Outcome:*** 89% agreement (Mdn: 5, IQR: 1) ***Statement:*** Be shared by a combination of different modes preferred by the child and/or family. ***Outcome:*** 94% agreement (Mdn: 5, IQR: 1) ***Statement:*** Be shared during a face-to-face conversation. ***Outcome:*** 73% agreement (Mdn: 4, IQR: 1) ***Statement:*** Be shared in a written report. ***Outcome:*** 72% agreement (Mdn: 4, IQR: 1) ***Statement:*** Be shared during a telephone conversation. ***Outcome:*** 83% agreement (Mdn: 4, IQR: 0) ***Statement:*** Be shared during a videoconference conversation. ***Outcome:*** 88% agreement (Mdn: 4, IQR: 0) ***Statement:*** Be shared in other ways that may be meaningful to the child and/or family (e.g., graphical mode such as drawing, art). ***Outcome:*** 88% agreement (Mdn: 4, IQR: 0)

Community Consultation	Qualitative	The manner of sharing information about the outcome of monitoring should be flexible and ideally driven by child and family preferences and also (1) the type of information being shared (2) to whom it is being shared and (3) for what purpose it is being shared. [d5-R1]
	Survey	
	Autistic people	Overcommunication with all stakeholders! You can never communicate enough [605:773]
	Parents	Prioritise clear and respectful communication that is strengths based rather than deficit based. [182:641]
	Family	Have open and honest communication at all times during service delivery [273:133]
	Service Providers	Periodic reports that describe the child's current abilities and challenges in a narrative fashion; include parent's perceptions of change; as development is a complex process, it is important the reports describe the full context of specific skills, and not be limited to only a report of discrete measurable behaviors [471:313]
	Organisations	-
	Other	-
	Focus Groups	
	Autistic adults	So, I just want to bring up a really dirty word and that's reports. They cost a lot of money. They seem to want to do them a whole lot and I don't think it's necessary. Um, they forget that parents are the expert of their child, and when the child is able to, they're the expert of themselves. [A11]
	Parents	And we have to be really conscious that when we are monitoring and reporting, particularly for children, that we don't go so far in the reporting that we're actually setting out children up to fail. So, we don't want them to be hearing or participating in processes where they feel that they're constantly failing, and they’re measured in a way that is really difficult for them to comprehend or understand or really impacts on their sense of wellbeing. Because even though those reports are generally made for adults, it is them. It is about them. And, you know, they're not fools. They understand what's going on. And if reporting is presented in a way that distresses a parent, they feel the impact of that. You know, the whole deficit model is within itself a very traumatizing experience for children and parents. And that can be replicated in the types of reporting. [P23]
	Brief survey	-
	Reflection	-

Evidence to decision judgements

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.

Criteria	Question	Evidence	Additional Considerations	Judgement
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	High
Benefits and Harms	Are there likely to be benefits for autistic children and their families of implementing this Recommendation?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel identified multiple potential benefits for children and families, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
	Are there likely to be risks for autistic children and their families of implementing this Recommendation?	Direct evidence relating to potential and/or actual risks was not available.	The panel did not identify any prominent risks, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	No

	Are the benefits for autistic children and their families likely to outweigh any risks?	Evidence for benefits. Lack of evidence for risks.	The panel considered the identified benefits and lack of identified risks, as well as the consistency of the Recommendation with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Values and Preferences	Is the Recommendation consistent with the values and preferences of autistic children and their families?	Multiple converging sources of evidence from children and families in support of this Recommendation implies consistency with values and preferences.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Resources	Is the Recommendation likely to require additional resources from children and families?	Direct evidence regarding resource implications was not available.	The panel did not identify any clearly evidenced and/or prominent additional resource requirements.	No
	Is the Recommendation likely to require additional resources from practitioners?	Direct evidence regarding resource implications was not available.	The panel acknowledged that individualising the sharing of information will likely require additional resources for practitioners, with nature and amount of resources depending on their individual circumstances.	Probably yes

Equity	What would be the impact on health equity?	Direct evidence regarding the impact on equity was not available.	The panel noted that this Recommendation has the potential to increase health equity by ensuring information is shared in ways that are individualised for each child and family, particularly those who are disadvantaged and/or marginalised such as those who speak non-dominant languages, based on consideration of the available evidence and the broader research evidence, professional standards, national regulations, and/or international conventions.	Probably increased
Acceptability	Is the Recommendation likely to be acceptable to children and families?	Multiple converging sources of evidence from children and families supporting this Recommendation implies acceptability.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
	Is the Recommendation likely to be acceptable to practitioners?	Multiple converging sources of evidence from practitioners and/or organisations supporting this Recommendation implies acceptability.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Direct evidence for feasibility was not available.	The panel considered that feasibility is implied based on evidence from practitioners and/or organisations in support of this Recommendation, but noted the lack of direct evidence.	Probably yes

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.

Evidence for Recommendation

	Evidence Source	Evidence
Systematic Reviews	Child and family experiences	This review was not designed to collect evidence for this aspect of support provision.
	Umbrella Review	This review was not designed to collect evidence for this aspect of support provision.
Community Consultation	**Delphi**	
	Agreement	--
	Qualitative	The family should be well informed and supported to make the decision relevant to their family context and identified goals…we should be able to support the family and client to identify their goals and then access the relevant services to address same. [d3-R1]
	Survey	
	Autistic people	
	Parents	
	Family	Encourage them to be strong advocates if they are at all uncomfortable or unhappy with how they feel they are being treated. [411:895]

Community Consultation		
	Service Providers	
	Organisations	Teaching the client early to withdraw assent effectively. [361:447]
	Other	-
	Focus Groups	
	Autistic adults	I think it's educating parents that they can actually say no to therapists. And we advise them if you go and see a therapist and you're not moving forwards, find another therapist 'cause it's not working out. And so, therapist sometimes come over as you won't be able to go anywhere else or you won't get anything else. [A32]
	Parents	And a lot of people want to tell you a lot of things and tell you how you should be doing. And sometimes the days just don't work out like that, so it really is about giving yourself permission. And then, you know, sometimes you have to talk to the practitioners and talk to people and kind of you don't have the degree. I don't have a degree in [*named profession 1*] or [*named profession 2*] or any of those things, but you know your child. And you know what's working and what's not. And if you're miserable at home and you see things aren't going where they need to be, you need to be allowed also then to have those conversations with the experts and not get judged about it. It's not because you're a bad parent. It's not 'cause you're not doing the right things the right way. It's because it might be that that intervention’s just not working in your family, in your situation, at the time. Which goes back to the flexibility people were talking about, like, it does have to be really, really flexible. [P33]
	Brief survey	Stopping made it better. It made me feel very bad inside. I like doing [*named practice 1*] and [*named practice 2*] now. I'm good at it. They listen to me. My Mum didn't know that it was so bad. [*Practitioner*], my new [*named profession*] helped me tell Mum. She gave me [an] iPad for talking. She doesn't make me in trouble all the day. [39]
	Reflection	-

Evidence to decision judgements

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.

Criteria	Question	Evidence	Additional Considerations	Judgement
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	High
Benefits and Harms	Are there likely to be benefits for autistic children and their families of implementing this Recommendation?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel identified multiple potential benefits for children and families, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
	Are there likely to be risks for autistic children and their families of implementing this Recommendation?	Direct evidence relating to potential and/or actual risks was not available.	The panel did not identify any prominent risks, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	No

	Are the benefits for autistic children and their families likely to outweigh any risks?	Evidence for benefits. Lack of evidence for risks.	The panel considered the identified benefits and lack of identified risks, as well as the consistency of the Recommendation with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Values and Preferences	Is the Recommendation consistent with the values and preferences of autistic children and their families?	Multiple converging sources of evidence from children and families in support of this Recommendation implies consistency with values and preferences.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Resources	Is the Recommendation likely to require additional resources from children and families?	Direct evidence regarding resource implications was not available.	The panel did not identify any clearly evidenced and/or prominent additional resource requirements.	No
	Is the Recommendation likely to require additional resources from practitioners?	Direct evidence regarding resource implications was not available.	The panel did not identify any clearly evidenced and/or prominent additional resource requirements.	No
Equity	What would be the impact on health equity?	Direct evidence regarding the impact on equity was not available.	The panel noted that there was no evidence that any particular group would benefit more than another and judged that it is uncertain that implementation of this Recommendation would impact health equity.	Uncertain
Acceptability	Is the Recommendation likely to be acceptable to children and families?	Multiple converging sources of evidence from children and families supporting this Recommendation implies acceptability.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes

	Is the Recommendation likely to be acceptable to practitioners?	Multiple converging sources of evidence from practitioners and/or organisations supporting this Recommendation implies acceptability.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Direct evidence for feasibility was not available.	The panel considered that feasibility is implied based on evidence from practitioners and/or organisations in support of this Recommendation, but noted the lack of direct evidence.	Probably yes

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.

Evidence for Recommendation

	Evidence Source	Evidence
Systematic Reviews	Child and family experiences	This review was not designed to collect evidence for this aspect of support provision.
	Umbrella Review	This review was not designed to collect evidence for this aspect of support provision.
Community Consultation	**Delphi**	
	Agreement	-
	Qualitative	Children/parents are often guided by their therapist/clinician with regards to the therapies they are experienced in delivering. However, those involved in a young person's care should also indicate other relevant (evidenced-based) therapies that may be helpful. In these cases, a clinician may need to refer on. [d59-R1]
Community Consultation	**Survey**	
	Autistic people	-
	Parents	-
	Family	-
	Service Providers	-

Community Consultation		
	Organisations	Do not deliver any service available unless it is needed, rather than no service. [392:68]
	Other	-
	Focus Groups	
	Autistic adults	Yeah, and I think another thing on that note is for a therapist to say, I actually don't think you need to be doing this anymore. So, you can probably stop coming to this appointment now because we've reached the goal. You haven't got any other goals for, you know, for this specific therapy, so you probably don't, you know, [child] doesn't really need to come to me anymore. [A41]
	Parents	But with insight, I think there needs to be a lot more transparency around when therapies just simply aren't working, and we need to change our tact. And I think there needs to be a measurement for a parent coming into, especially parents newly with children with autism, need to understand if something is not working after about six sessions and you've paid a lot of money, it's ok to say, you know what? Don't persist in something that's simply not working because it became my child's behavior was really upsetting, didn't wanna go. [P35]
	Brief survey	-
	Reflection	-

Evidence to decision judgements

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.

Criteria	Question	Evidence	Additional Considerations	Judgement
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	High
Benefits and Harms	Are there likely to be benefits for autistic children and their families of implementing this Recommendation?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel identified multiple potential benefits for children and families, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
	Are there likely to be risks for autistic children and their families of implementing this Recommendation?	Direct evidence relating to potential and/or actual risks was not available.	The panel did not identify any prominent risks, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	No

	Are the benefits for autistic children and their families likely to outweigh any risks?	Evidence for benefits. Lack of evidence for risks.	The panel considered the identified benefits and lack of identified risks, as well as the consistency of the Recommendation with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Values and Preferences	Is the Recommendation consistent with the values and preferences of autistic children and their families?	At least one source of evidence from children and families in support of this Recommendation implies consistency with values and preferences.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Probably yes
Resources	Is the Recommendation likely to require additional resources from children and families?	Direct evidence regarding resource implications was not available.	The panel did not identify any clearly evidenced and/or prominent additional resource requirements.	No
	Is the Recommendation likely to require additional resources from practitioners?	Direct evidence regarding resource implications was not available.	The panel did not identify any clearly evidenced and/or prominent additional resource requirements.	No
Equity	What would be the impact on health equity?	Direct evidence regarding the impact on equity was not available.	The panel noted that there was no evidence that any particular group would benefit more than another and judged that it is uncertain that implementation of this Recommendation would impact health equity.	Uncertain
Acceptability	Is the Recommendation likely to be acceptable to children and families?	At least one source of evidence from children and families supporting this Recommendation implies acceptability.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Probably yes

	Is the Recommendation likely to be acceptable to practitioners?	Multiple converging sources of evidence from practitioners and/or organisations supporting this Recommendation implies acceptability.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Direct evidence for feasibility was not available.	The panel considered that feasibility is implied based on evidence from practitioners and/or organisations in support of this Recommendation, but noted the lack of direct evidence.	Probably yes

Recommendation 73

Consensus-Based Recommendation

Strength of Recommendation: Strong

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

Evidence for Recommendation

Evidence Source		Evidence
Systematic Reviews	Child and family experiences	This review was not designed to collect evidence for this aspect of support provision.
	Umbrella Review	This review was not designed to collect evidence for this aspect of support provision.
Community Consultation	**Delphi**	
	Agreement	-
	Qualitative	Risk assessments to be completed for each family + child. [d60-R1]
	Survey	
	Autistic people	Making accommodations to ensure child is physically and psychologically safe in the therapy space and with the therapist [584:593]
	Parents	Consult with parents or carers alone first to understand any safety risks and them ensure the physical environment is safe. [234:810]
	Family	Supporting physical safety by ensuring the environment is free from any hazards (e.g. things child could trip on etc.). [275:284]
	Service Providers	Take reasonable steps to ensure a safe space [505:614]

Community Consultation	Organisations	Requirement for all organisational providers to meet the National Principles for Child Safe Organisations [292:1010]
	Other	Follow practice guidelines on hygiene/infection control, safe use of equipment.[382:607]
	Focus Groups	-
	Autistic adults	Something I would recommend is that these professionals working with the child. Maybe once every month or so, try to visit them at home to see, to ensure that everything there is being kept safe and healthy for them. I'm not talking about, you know, the domestic relationships or anything. That's yeah, that's none of these professionals' business. I'm talking about like, what's actually, I mean like the physical, just the physical environment. What that involves, like, you know, the hygiene and everything like that. The cleanliness of it. Whether they have, like, equipment there that could be hazardous for them, like, for example, a pool. I mean it's, you know, drownings among autistic children frankly, and again a trigger warning here, are really much too common. And so, yeah, like if they have a pool, whether there's a gate with that and also things like that. And also, to ensure that their sensory triggers are kept under consideration as well there. And provided of course as well that if those visits do happen, that all of the family's, every family member's confidentiality is respected as well. [A36]
	Parents	At one of the sessions my child was extremely distressed and banging on the door and yelling to get out. And the door was being held out, held shut. Now I took, I was extremely distressed by that. He was then taken to the [*named practice*] room where he had never been and was told that he had an option of calming down or being pressed between 2 bean bags. These are all fantastic therapies, but he had no experience of them whatsoever. I had no experience of them, so the room itself would have been extremely intimidating to him. And then those concepts being when he was in a state of absolute distress would have been really, really shocking for him. [P42]
	Brief survey	-
	Reflection	-

Evidence to decision judgements

Recommendation 73

> **Strength of Recommendation:** Strong
>
> Practitioners should ensure that the delivery of supports takes place in a safe environment.

Criteria	Question	Evidence	Additional Considerations	Judgement
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	High
Benefits and Harms	Are there likely to be benefits for autistic children and their families of implementing this Recommendation?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel identified multiple potential benefits for children and families, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
	Are there likely to be risks for autistic children and their families of implementing this Recommendation?	Direct evidence relating to potential and/or actual risks was not available.	The panel did not identify any prominent risks, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	No

	Are the benefits for autistic children and their families likely to outweigh any risks?	Evidence for benefits. Lack of evidence for risks.	The panel considered the identified benefits and lack of identified risks, as well as the consistency of the Recommendation with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Values and Preferences	Is the Recommendation consistent with the values and preferences of autistic children and their families?	Multiple converging sources of evidence from children and families in support of this Recommendation implies consistency with values and preferences.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Resources	Is the Recommendation likely to require additional resources from children and families?	Direct evidence regarding resource implications was not available.	The panel noted that children and family being involved in ensuring environments are safe may both add to, and reduce, resource requirments for children and families.	Uncertain
	Is the Recommendation likely to require additional resources from practitioners?	Direct evidence regarding resource implications was not available.	The panel noted that implementing this Recommendation may have different resource implications for different practitioners, depending on their individual circumstances (e.g., nature and scope of practice, existing resources).	Uncertain
Equity	What would be the impact on health equity?	Direct evidence regarding the impact on equity was not available.	The panel noted that there was no evidence that any particular group would benefit more than another and judged that it is uncertain that implementation of this Recommendation would impact health equity.	Uncertain

Acceptability	Is the Recommendation likely to be acceptable to children and families?	Multiple converging sources of evidence from children and families supporting this Recommendation implies acceptability.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
	Is the Recommendation likely to be acceptable to practitioners?	Multiple converging sources of evidence from practitioners and/or organisations supporting this Recommendation implies acceptability.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Direct evidence for feasibility was not available.	The panel considered that feasibility is implied based on evidence from practitioners and/or organisations in support of this Recommendation, but noted the lack of direct evidence.	Probably yes

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.

Evidence for Recommendation

	Evidence Source	Evidence
Systematic Reviews	Child and family experiences	This review was not designed to collect evidence for this aspect of support provision.
	Umbrella Review	This review was not designed to collect evidence for this aspect of support provision.
Community Consultation	**Delphi**	
	Agreement	It is important that practitioners providing therapies and supports to children on the autism spectrum and their families obtain relevant knowledge, skills, and/or experience in the following areas: ***Statement:*** The current best available research that the therapies and supports they provide delivers the intended therapeutic effect. ***Outcome:*** 98% agreement (Mdn: 5, IQR: 1) Please indicate the extent to which you agree each of the following are approaches that should be incorporated in clinical practice to ensure the safety, comfort, and wellbeing of individuals on the autism spectrum and their families: ***Statement:*** Ensuring practitioners have up-to-date knowledge of the empirical evidence for therapies/supports (including research on the views and preferences of autistic people). ***Outcome:*** 100% agreement (Mdn: 5, IQR: 0) ***Statement:*** Ensuring the effectiveness and safety of therapies/supports being delivered by practitioners have been validated through well-designed research studies. ***Outcome:*** 89% agreement (Mdn: 5, IQR: 1)

Community Consultation	Qualitative	Ensuring clinicians have access to information about when previously 'approved' therapy approaches (such as [*named practice*]-based ix) are no longer considered EBP and have been found to cause harm. [d35-R1]
	Survey	
	Autistic people	Be fully trained and qualified and up to date with research in this area. [606:774]
	Parents	Ensure evidence based practise used that does not cause harm and this information including those that cause harm, to be readily available [40:1018]
	Family	Training and professional development in evidence based therapies. [287:806]
	Service Providers	Ensuring any treatments being provided are backed by research. .[532:917]
	Organisations	Only evidence-based therapies and supports should be selected. Peer-reviewed research should be regularly consulted for new developments. [359:439]
	Other	-
	Focus Groups	
	Autistic adults	My biggest bugbear is to please look at the research that is led by autistic people. Look to the autistic community, not necessarily the broader autism community even. Like, let's get to the core of the people that have experienced this. Again, we're going back to experience, not the behaviour that other people see, because so often people will just drag out age old studies and say [*named practice*] and [*named practice*] is THE way to go. Look at all the studies that have been done on it. But when you look at the current studies led by autistic people and the experiences of the autistic community, you can clearly see that the age old research needs to be put aside. So, I think that's my biggest bugbear is, like, I'm sick of tired of people quoting research that's been superseded. [A43]

	Parents	So, I don't think anybody has actually, we've not encountered, like, an evil person with an evil agenda. But when practitioners or certain therapy practice, when they emphasize powering through therapy sessions, you know, because we don't want to reinforce bad behaviour, or we want the child to learn a skill. And when we reward kids for doing stuff again and again and again, what happens is that, and I mentioned in the chat, kids' agency is eroded. And if you want to talk about what lays a foundation for kids being manipulated or abused, it's when they don't have trust in their agency and their decision making. So, I'm so passionate about this because, you know, because of our lived experience, I want people to know that the mental health wellbeing of our kids as they're getting all the support to develop skills, it has to be the number one thing. What that looks like. Their safety, and I don't just mean getting run over, but I mean their safety in their trusting themselves and their autonomy and agency. It's so important. And I know it's really hard. Our kids are already at higher risk for a lot of things and so, I just, I really worry when we talk about evidence-based, I wish that there were an emphasis on looking into the implications. Evidence-based isn't just about how you acquire skills. It's the whole kit and caboodle and that person's wellbeing. [P14]
	Brief survey	-
	Reflection	-

Evidence to decision judgements

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.

Criteria	Question	Evidence	Additional Considerations	Judgement
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	High
Benefits and Harms	Are there likely to be benefits for autistic children and their families of implementing this Recommendation?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel identified multiple potential benefits for children and families, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
	Are there likely to be risks for autistic children and their families of implementing this Recommendation?	Direct evidence relating to potential and/or actual risks was not available.	The panel did not identify any prominent risks, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	No

	Are the benefits for autistic children and their families likely to outweigh any risks?	Evidence for benefits. Lack of evidence for risks.	The panel considered the identified benefits and lack of identified risks, as well as the consistency of the Recommendation with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Values and Preferences	Is the Recommendation consistent with the values and preferences of autistic children and their families?	Multiple converging sources of evidence from children and families in support of this Recommendation implies consistency with values and preferences.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Resources	Is the Recommendation likely to require additional resources from children and families?	Direct evidence regarding resource implications was not available.	The panel did not identify any clearly evidenced and/or prominent additional resource requirements.	No
	Is the Recommendation likely to require additional resources from practitioners?	Direct evidence regarding resource implications was not available.	The panel noted that implementing this Recommendation may have different resource implications for different practitioners, depending on their individual circumstances (e.g., nature and scope of practice, existing resources).	Uncertain
Equity	What would be the impact on health equity?	Direct evidence regarding the impact on equity was not available.	The panel noted that there was no evidence that any particular group would benefit more than another and judged that it is uncertain that implementation of this Recommendation would impact health equity.	Uncertain

Acceptability	Is the Recommendation likely to be acceptable to children and families?	Multiple converging sources of evidence from children and families supporting this Recommendation implies acceptability.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
	Is the Recommendation likely to be acceptable to practitioners?	Multiple converging sources of evidence from practitioners and/or organisations supporting this Recommendation implies acceptability.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Direct evidence for feasibility was not available.	The panel considered that feasibility is implied based on evidence from practitioners and/or organisations in support of this Recommendation, but noted the lack of direct evidence.	Probably yes

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.

Evidence for Recommendation

	Evidence Source	Evidence
Systematic Reviews	Child and family experiences	This review was not designed to collect evidence for this aspect of support provision.
	Umbrella Review	This review was not designed to collect evidence for this aspect of support provision.
Community Consultation	**Delphi**	
	Agreement	***Statement:*** Ensuring practitioners have up-to-date knowledge of the empirical evidence for therapies/supports (including research on the views and preferences of autistic people). ***Outcome:*** 100% agreement (Mdn: 5, IQR: 0)
	Qualitative	We should also seek input from autistic communities and autistic adults when planning our intervention. [d29-R1]
	Survey	
	Autistic people	Look beyond the opinions of those who are promoting specific behavioural interventions and ask actually autistic people who've been through those interventions. Ask them how those interventions affected their well-being. Ask them how safe they felt during those interventions. [575:479]
	Parents	Understand neuro diverse frameworks and neuroaffirming practices, not use outdated models [187:66]
	Family	-

Community Consultation	Service Providers	Learn about neurodiversity affirming practices [472:32]
	Organisations	Ensure supports and intervention causes no harm and in particular the voices of adults with autism should be acknowledged to understand their experience of interventions. [426:958]
	Other	-
	Focus Groups	
	Autistic adults	Um I guess the most, um, most helpful practitioners we've worked in have a really neurodivergent affirming approach and they come to us with that. I don't have to sell that to them. That is how they see therapy with us. [A15]
	Parents	The big thing that I'm so passionate about is directing parents and carers to autistic-led resources and spaces so they can benefit from the rich lived experience of young people, autistic teens, young adults, including those who have high support requirements, complex communication needs. There's so many beautiful, valuable voices out there and parents are not being given the information that those resources are out there, and it would have changed our whole view of how we spent years trying to fix our kid, you know, before we actually got to healthier spaces that were so empowering and respectful of our young person. [P14]
	Brief survey	-
	Reflection	-

Evidence to decision judgements

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.

Criteria	Question	Evidence	Additional Considerations	Judgement
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	High
Benefits and Harms	Are there likely to be benefits for autistic children and their families of implementing this Recommendation?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel identified multiple potential benefits for children and families, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
	Are there likely to be risks for autistic children and their families of implementing this Recommendation?	Direct evidence relating to potential and/or actual risks was not available.	The panel did not identify any prominent risks, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	No

	Are the benefits for autistic children and their families likely to outweigh any risks?	Evidence for benefits. Lack of evidence for risks.	The panel considered the identified benefits and lack of identified risks, as well as the consistency of the Recommendation with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Values and Preferences	Is the Recommendation consistent with the values and preferences of autistic children and their families?	Multiple converging sources of evidence from children and families in support of this Recommendation implies consistency with values and preferences.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Resources	Is the Recommendation likely to require additional resources from children and families?	Direct evidence regarding resource implications was not available.	The panel did not identify any clearly evidenced and/or prominent additional resource requirements.	No
	Is the Recommendation likely to require additional resources from practitioners?	Direct evidence regarding resource implications was not available.	The panel noted that implementing this Recommendation may have different resource implications for different practitioners, depending on their individual circumstances (e.g., nature and scope of practice, existing resources).	Uncertain
Equity	What would be the impact on health equity?	Direct evidence regarding the impact on equity was not available.	The panel noted that there was no evidence that any particular group would benefit more than another and judged that it is uncertain that implementation of this Recommendation would impact health equity.	Uncertain

Acceptability	Is the Recommendation likely to be acceptable to children and families?	Multiple converging sources of evidence from children and families supporting this Recommendation implies acceptability.	. The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
	Is the Recommendation likely to be acceptable to practitioners?	Multiple converging sources of evidence from practitioners and/or organisations supporting this Recommendation implies acceptability.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Direct evidence for feasibility was not available.	The panel considered that feasibility is implied based on evidence from practitioners and/or organisations in support of this Recommendation, but noted the lack of direct evidence.	Probably yes

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.

Evidence for Recommendation

	Evidence Source	Evidence
Systematic Reviews	Child and family experiences	This review was not designed to collect evidence for this aspect of support provision.
	Umbrella Review	This review was not designed to collect evidence for this aspect of support provision.
Community Consultation	**Delphi**	
	Agreement	Please indicate the extent to which you agree each of the following are approaches that should be incorporated in clinical practice to ensure the safety, comfort, and wellbeing of individuals on the autism spectrum and their families: ***Statement:*** Ensuring practitioners have adequate experience and skills in the selection, delivery and assessment of therapies/supports. ***Outcome:*** 98.5% agreement (Mdn: 5, IQR: 0)
	Qualitative	Only practitioners who are registered health professionals with relevant registration bodies to oversee health provision. Practitioners under registration bodies that ensure relevant, current evidence based practices should only be allowed to set and administer goals and outcomes. Parents/ carers should be given education and information about why this is important when deciding on their child's care. [d19-R1]

Community Consultation	**Survey**	
	Autistic people	-
	Parents	All practitioners should be required to continue professional development and remain up to date on the latest advice to meet the needs of the participants. [124:384]
	Family	-
	Service Providers	Ensure services are provided by qualified and experienced therapists [441:1102]
	Organisations	Access to regular training, professional development and professional supervision [292:1010]
	Other	Practitioners need to ensure that they are well-supported with quality professional supervision, peer support and ongoing CPD to remain up to date with evidence-based practices. [625:1006]
Community Consultation	**Focus Groups**	-
	Autistic adults	Always listening to and learning from autistic individuals. Learning from, whether it's people who are present on Facebook, whether it's, um, advocacy groups implementing them, so that there are people that they can refer to and respecting that lived experience. Whilst it's not the same as, and while it’s not, everybody has the same lived experience. Or, um, is the same that there are commonalities that unify us and respecting that and listening to that and learning from that and implementing that so that, um, you know, 10 years, no five years from now, those statistics, whilst we kind of obviously change what exists right now, those statistics around suicides and, um, employment etc won't be as significant. [A14]
	Parents	We have paid ~$200/hr for graduate [*named* profession] with no experience. [P13]
	Brief survey	-
	Reflection	-

Evidence to decision judgements

Recommendation 76

Strength of Recommendation: Conditional

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

Criteria	Question	Evidence	Additional Considerations	Judgement
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	High
Benefits and Harms	Are there likely to be benefits for autistic children and their families of implementing this Recommendation?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel identified multiple potential benefits for children and families, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
	Are there likely to be risks for autistic children and their families of implementing this Recommendation?	Direct evidence relating to potential and/or actual risks was not available.	The panel did not identify any prominent risks, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	No

	Are the benefits for autistic children and their families likely to outweigh any risks?	Evidence for benefits. Lack of evidence for risks.	The panel considered the identified benefits and lack of identified risks, as well as the consistency of the Recommendation with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Values and Preferences	Is the Recommendation consistent with the values and preferences of autistic children and their families?	Multiple converging sources of evidence from children and families in support of this Recommendation implies consistency with values and preferences.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Resources	Is the Recommendation likely to require additional resources from children and families?	Direct evidence regarding resource implications was not available.	The panel noted that requiring practitioners to have recent experience may, in some cases, reduce the number of people who are able to provide supports in a given geographical location, which may place additional resource demands on children and families in accessing services (e.g., increased costs, less convenience, increased travel).	Uncertain
	Is the Recommendation likely to require additional resources from practitioners?	Direct evidence regarding resource implications was not available.	The panel noted that implementing this Recommendation may have different resource implications for different practitioners, depending on their individual circumstances (e.g., nature and scope of practice, existing resources).	Uncertain

Equity	What would be the impact on health equity?	Direct evidence regarding the impact on equity was not available.	The panel noted this Recommendation would probably reduce health equity by reducing access to supports amongst particular groups who may be accessing services from people without relevant professional experience. The panel noted that this Recommendation may impose additional barriers for those whom access to services may already be limited (e.g., based on geographical location).	Probably reduced
Acceptability	Is the Recommendation likely to be acceptable to children and families?	Multiple converging sources of evidence from children and families supporting this Recommendation implies acceptability.	The panel also noted evidence from some autistic people and families that indicated that other practitioner characteristics (e.g., ability to build rapport) were in some cases considered more important. For these families, the Recommendation may not be acceptable.	Probably yes
	Is the Recommendation likely to be acceptable to practitioners?	Multiple converging sources of evidence from practitioners and/or organisations supporting this Recommendation implies acceptability.	The panel also noted evidence that some practitioners and organisation indicated that other practitioner characteristics (e.g., ability to build rapport, experience) were in some cases considered more important than relevant qualifications	Probably yes

Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Direct evidence for feasibility was not available.	The panel noted that the feasibility of implementing this Recommendation will differ for different practitioners, depending on their individual circumstances (e.g., nature and scope of existing practice, existing resources).	Uncertain

Recommendation 77

Consensus-Based Recommendation

Strength of Recommendation: Strong

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

Evidence for Recommendation

	Evidence Source	Evidence
Systematic Reviews	Child and family experiences	This review was not designed to collect evidence for this aspect of support provision.
	Umbrella Review	This review was not designed to collect evidence for this aspect of support provision.
Community Consultation	**Delphi**	
	Agreement	Please indicate the extent to which you agree each of the following are approaches that should be incorporated in clinical practice to ensure the safety, comfort, and wellbeing of individuals on the autism spectrum and their families: ***Statement:*** Ensuring that practitioners have access to clinical supervision. ***Outcome:*** 97% agreement (Mdn: 5, IQR: 0)
	Qualitative	Formal supervision [d17-R2]
	Survey	
	Autistic people	Regularly consult with autistic adults, supervisors and peers [603:759]
	Parents	Regular high quality clinical supervision [136:823]
	Family	-
	Service Providers	Receive ongoing supervision and monitoring of their own practice [535:98]
	Organisations	Ensure supervision or mentoring occurring to support complex cases and improve the skills of the therapist. [390:670]

Community Consultation	Other	Practitioners need to ensure that they are well-supported with quality professional supervision, peer support and ongoing CPD to remain up to date with evidence-based practices. [625:1006]
	Focus Groups	
	Autistic adults	-
	Parents	-
	Brief survey	-
	Reflection	-

Evidence to decision judgements

Recommendation 77

Strength of Recommendation: Strong

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

Criteria	Question	Evidence	Additional Considerations	Judgement
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	High
Benefits and Harms	Are there likely to be benefits for autistic children and their families of implementing this Recommendation?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel identified multiple potential benefits for children and families, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
	Are there likely to be risks for autistic children and their families of implementing this Recommendation?	Direct evidence relating to potential and/or actual risks was not available.	The panel did not identify any prominent risks, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	No

	Are the benefits for autistic children and their families likely to outweigh any risks?	Evidence for benefits. Lack of evidence for risks.	The panel considered the identified benefits and lack of identified risks, as well as the consistency of the Recommendation with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Values and Preferences	Is the Recommendation consistent with the values and preferences of autistic children and their families?	At least one source of evidence from children and families in support of this Recommendation implies consistency with values and preferences.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Probably yes
Resources	Is the Recommendation likely to require additional resources from children and families?	Direct evidence regarding resource implications was not available.	The panel did not identify any clearly evidenced and/or prominent additional resource requirements.	No
	Is the Recommendation likely to require additional resources from practitioners?	Direct evidence regarding resource implications was not available.	The panel noted that implementing this Recommendation may have different resource implications for different practitioners, depending on their individual circumstances (e.g., nature and scope of practice, existing resources).	Uncertain
Equity	What would be the impact on health equity?	Direct evidence regarding the impact on equity was not available.	The panel noted that there was no evidence that any particular group would benefit more than another and judged that it is uncertain that implementation of this Recommendation would impact health equity.	Uncertain

Acceptability	Is the Recommendation likely to be acceptable to children and families?	At least one source of evidence from children and families supporting this Recommendation implies acceptability.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Probably yes
	Is the Recommendation likely to be acceptable to practitioners?	Multiple converging sources of evidence from practitioners and/or organisations supporting this Recommendation implies acceptability.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Direct evidence for feasibility was not available.	The panel considered that feasibility is implied based on evidence from practitioners and/or organisations in support of this Recommendation, but noted the lack of direct evidence.	Probably yes

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.

Evidence for Recommendation

	Evidence Source	Evidence
Systematic Reviews	Child and family experiences	This review was not designed to collect evidence for this aspect of support provision.
	Umbrella Review	This review was not designed to collect evidence for this aspect of support provision.
Community Consultation	**Delphi**	
	Agreement	Please indicate the extent to which you agree each of the following are approaches that should be incorporated in clinical practice to ensure the safety, comfort, and wellbeing of individuals on the autism spectrum and their families: ***Statement:*** Ensuring that children and their families have a clear method and pathway for raising concerns. ***Outcome:*** 100% agreement (Mdn: 5, IQR: 0)
	Qualitative	-
	Survey	
	Autistic people	Explicitly identifying ways to raise concerns [595:668]
	Parents	-
	Family	An overseeing and neutral body is important to support families and ensure there is no abuse [516:745]
	Service Providers	-

Community Consultation	Organisations	How they can make a complaint or provide feedback [290:1009]
	Other	-
	Focus Groups	
	Autistic adults	-
	Parents	Agree - we tend to persevere because 'they' are the experts and services are so limited. This is not respectful to the ASD person/child. It takes a courageous parent to call this out. [P33]
	Brief survey	-
	Reflection	-

Evidence to decision judgements

Recommendation 78

Strength of Recommendation: Strong

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

Criteria	Question	Evidence	Additional Considerations	Judgement
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	High
Benefits and Harms	Are there likely to be benefits for autistic children and their families of implementing this Recommendation?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel identified multiple potential benefits for children and families, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
	Are there likely to be risks for autistic children and their families of implementing this Recommendation?	Direct evidence relating to potential and/or actual risks was not available.	The panel did not identify any prominent risks, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	No

	Are the benefits for autistic children and their families likely to outweigh any risks?	Evidence for benefits. Lack of evidence for risks.	The panel considered the identified benefits and lack of identified risks, as well as the consistency of the Recommendation with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Values and Preferences	Is the Recommendation consistent with the values and preferences of autistic children and their families?	At least one source of evidence from children and families in support of this Recommendation implies consistency with values and preferences.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Probably yes
Resources	Is the Recommendation likely to require additional resources from children and families?	Direct evidence regarding resource implications was not available.	The panel did not identify any clearly evidenced and/or prominent additional resource requirements.	No
	Is the Recommendation likely to require additional resources from practitioners?	Direct evidence regarding resource implications was not available.	The panel did not identify any clearly evidenced and/or prominent additional resource requirements, but acknowledged that implementing this Recommendation would require practitioners to develop, adminster, and maintain a complaints handling procedure.	Probably no
Equity	What would be the impact on health equity?	Direct evidence regarding the impact on equity was not available.	The panel noted that there was no evidence that any particular group would benefit more than another and judged that it is uncertain that implementation of this Recommendation would impact health equity.	Uncertain

Acceptability	Is the Recommendation likely to be acceptable to children and families?	At least one source of evidence from children and families supporting this Recommendation implies acceptability.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
	Is the Recommendation likely to be acceptable to practitioners?	Multiple converging sources of evidence from practitioners and/or organisations supporting this Recommendation implies acceptability.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Direct evidence for feasibility was not available.	The panel considered that feasibility is implied based on evidence from practitioners and/or organisations in support of this Recommendation, but noted the lack of direct evidence.	Probably yes

Recommendation 79

Consensus-Based Recommendation

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

Evidence for Recommendation

	Evidence Source	Evidence
Systematic Reviews	Child and family experiences	This review was not designed to collect evidence for this aspect of support provision.
	Umbrella Review	This review was not designed to collect evidence for this aspect of support provision.
Community Consultation	**Delphi**	
	Agreement	-
	Qualitative	-
	Survey	
	Autistic people	-
	Parents	Be aware of professional biases [250:291]
	Family	-
	Service Providers	-
	Organisations	Planners who offer their own services is a direct conflict of interest - they should not be allowed to offer recommendations and their own services. [359:439]
	Other	-

Community Consultation	**Focus Groups**	
	Autistic adults	They diagnose what our children need and then they provide the therapies to do so. So, it's in their best interest to continue to give our children therapies regardless of whether they need them or not, and that inherent conflict of interest is very rarely talked about and very rarely given any airtime. [A42]
	Parents	And again, I just put this all. This is just part of autism. I'm trying to push through this. I think there needs to be like a self-check and also the therapist or the professional, also self-checking saying hey, this is not working. I think I need to refer you to somebody that could, you know, do recommendations. But they don't. And they just take the money and it's, you know, a costly exercise for us as parents to find our voice. [P35]
	Brief survey	-
	Reflection	-

Evidence to decision judgements

Recommendation 79

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

Criteria	Question	Evidence	Additional Considerations	Judgement
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	High
Benefits and Harms	Are there likely to be benefits for autistic children and their families of implementing this Recommendation?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel identified multiple potential benefits for children and families, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
	Are there likely to be risks for autistic children and their families of implementing this Recommendation?	Direct evidence relating to potential and/or actual risks was not available.	The panel did not identify any prominent risks, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	No

	Are the benefits for autistic children and their families likely to outweigh any risks?	Evidence for benefits. Lack of evidence for risks.	The panel considered the identified benefits and lack of identified risks, as well as the consistency of the Recommendation with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Values and Preferences	Is the Recommendation consistent with the values and preferences of autistic children and their families?	Multiple converging sources of evidence from children and families in support of this Recommendation implies consistency with values and preferences.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Resources	Is the Recommendation likely to require additional resources from children and families?	Direct evidence regarding resource implications was not available.	The panel did not identify any clearly evidenced and/or prominent additional resource requirements.	No
	Is the Recommendation likely to require additional resources from practitioners?	Direct evidence regarding resource implications was not available.	The panel did not identify any clearly evidenced and/or prominent additional resource requirements.	No
Equity	What would be the impact on health equity?	Direct evidence regarding the impact on equity was not available.	The panel noted that there was no evidence that any particular group would benefit more than another and judged that it is uncertain that implementation of this Recommendation would impact health equity.	Uncertain
Acceptability	Is the Recommendation likely to be acceptable to children and families?	Multiple converging sources of evidence from children and families supporting this Recommendation implies acceptability.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes

	Is the Recommendation likely to be acceptable to practitioners?	Multiple converging sources of evidence from practitioners and/or organisations supporting this Recommendation implies acceptability.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Direct evidence for feasibility was not available.	The panel considered that feasibility is implied based on evidence from practitioners and/or organisations in support of this Recommendation, but noted the lack of direct evidence.	Probably yes

Recommendation 80

Consensus-Based Recommendation

Strength of Recommendation: Strong

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

Evidence for Recommendation

	Evidence Source	Evidence
Systematic Reviews	Child and family experiences	This review was not designed to collect evidence for this aspect of support provision.
	Umbrella Review	This review was not designed to collect evidence for this aspect of support provision.
Community Consultation	**Delphi**	
	Agreement	Please indicate the extent to which you agree each of the following are approaches that should be incorporated in clinical practice to ensure the safety, comfort, and wellbeing of individuals on the autism spectrum and their families: ***Statement:*** Practitioners working in ways that are consistent with relevant conventions, including the United Nations Convention on the Rights of Persons with Disabilities and the United Nations Convention on the Rights of the Child. ***Outcome:*** 100% agreement (Mdn: 5, IQR: 0) ***Statement:*** Practitioners following relevant practice/ professional processes and legislative requirements (e.g., Disability Discrimination Act, NDIS rules). ***Outcome:*** 98.5% agreement (IQR: 5, IQR: 0) ***Statement:*** Ensuring the provision of clear, appropriate, and accurate information between practitioners and families at all stages (including to ensure informed consent is validly obtained). ***Outcome:*** 100% agreement (Mdn: 5, IQR: 0)
	Qualitative	Therapies and supports should adhere to principles from the United Nations convention on the rights of children. [d1-R1]

Community Consultation	**Survey**	
	Autistic people	Refer to Rights of the Child - the spirit of it, not just the words [596:675]
	Parents	Follow Code of Ethics in providing services. [181:632]
	Family	Meeting regulations. Relevant registrations and qualifications [287:806]
	Service Providers	Understand the National Principles for Child Safe Organisations [536:992]
	Organisations	Consistent application of regulation requirements that support quality and safe guarding eg. NDIS registration and audit. Requirement for all organisational providers to meet the National Principles for Child Safe Organisations. [292:1010]
	Other	-
	Focus Groups	
	Autistic adults	Another thing which is so often absent from the conversation (in education for example) is human rights. We are getting better at supporting diversity for gender diverse kids, but the same is not afforded to neurodiverse kids. We know the human costs of not providing this support across lifetimes, but we still aren't doing this anywhere near well enough! [A33]
	Parents	You know, interestingly enough, I'm at the moment in my course we're learning about discrimination and how all these laws were passed in the 60s and 70s and then some big laws were passed in the 80s. We're still getting it wrong for Pete's sake, it's 2022. You know, I'm picking schools based on the fact that it's a public school and they can't say no because I know that if I go to a private school, you know, I'm gonna get rejected and I don't wanna deal with that. Discrimination is still happening. [P16]
	Brief survey	-
	Reflection	-

Evidence to decision judgements

Recommendation 80

> **Strength of Recommendation:** Strong
>
> Practitioners should follow relevant international conventions, national and state legislative requirements, and other associated regulations.

Criteria	Question	Evidence	Additional Considerations	Judgement
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	High
Benefits and Harms	Are there likely to be benefits for autistic children and their families of implementing this Recommendation?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel identified multiple potential benefits for children and families, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
	Are there likely to be risks for autistic children and their families of implementing this Recommendation?	Direct evidence relating to potential and/or actual risks was not available.	The panel did not identify any prominent risks, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	No

	Are the benefits for autistic children and their families likely to outweigh any risks?	Evidence for benefits. Lack of evidence for risks.	The panel considered the identified benefits and lack of identified risks, as well as the consistency of the Recommendation with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Values and Preferences	Is the Recommendation consistent with the values and preferences of autistic children and their families?	Multiple converging sources of evidence from children and families in support of this Recommendation implies consistency with values and preferences.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Resources	Is the Recommendation likely to require additional resources from children and families?	Direct evidence regarding resource implications was not available.	The panel did not identify any clearly evidenced and/or prominent additional resource requirements.	No
	Is the Recommendation likely to require additional resources from practitioners?	Direct evidence regarding resource implications was not available.	The panel noted that implementing this Recommendation may have different resource implications for different practitioners, depending on their individual circumstances (e.g., nature and scope of practice, existing resources).	Uncertain
Equity	What would be the impact on health equity?	Direct evidence regarding the impact on equity was not available.	The panel noted that there was no evidence that any particular group would benefit more than another and judged that it is uncertain that implementation of this Recommendation would impact health equity.	Uncertain

Acceptability	Is the Recommendation likely to be acceptable to children and families?	Multiple converging sources of evidence from children and families supporting this Recommendation implies acceptability.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
	Is the Recommendation likely to be acceptable to practitioners?	Multiple converging sources of evidence from practitioners and/or organisations supporting this Recommendation implies acceptability.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Direct evidence for feasibility was not available.	The panel considered that feasibility is implied based on evidence from practitioners and/or organisations in support of this Recommendation, but noted the lack of direct evidence.	Probably yes

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.

Evidence for Recommendation

	Evidence Source	Evidence
Systematic Reviews	Child and family experiences	This review was not designed to collect evidence for this aspect of support provision.
	Umbrella Review	This review was not designed to collect evidence for this aspect of support provision.
Community Consultation	**Delphi**	
	Agreement	Please indicate the extent to which you agree each of the following are approaches that should be incorporated in clinical practice to ensure the safety, comfort, and wellbeing of individuals on the autism spectrum and their families: ***Statement:*** Ensuring the provision of clear, appropriate, and accurate information between practitioners and families at all stages (including to ensure informed consent is validly obtained). ***Outcome:*** 100% agreement (Mdn: 5, IQR: 0)
	Qualitative	Communication must take account of the health literacy of the child and family. And there needs to be a more co-ordinated and transparent way for care team members to share progress, communicate plans, and for there to be more opportunity for true collaboration and focused efforts on agreed goals. [d24-R1]
	Survey	
	Autistic people	Clinician creates a safe and supportive environment where acknowledgement of mistakes and difficulties can be openly discussed. [595:688]
	Parents	Connection with other practitioners to allow a fuller picture and access to further support should this be required. [162:570]
	Family	Have open and honest communication at all times during service delivery. [273:133]

Community Consultation	Service Providers	Development a consultation framework to gain feedback from children and families on policies, procedures and resources [536:992]
	Organisations	Practitioners should be communicating with all involved in the care of the child so that any concerns can be monitored across environments. [379:586]
	Other	Effective communication between stakeholders and all those supporting the child is critical. [428:972]
	Focus Groups	
	Autistic adults	So really, communication. If you're going to do the job, communicate with the parties involved in some format. Yeah, I used to find it really disappointing they'd just rock up. Do their session. Done. It's like, what was the point of that? [A34]
	Parents	Practitioners need to understand that they have such a huge impact from diagnosis, to needs assessments to recommendations for support and interventions. They need to be sincere, proactive, honest, listen, transparent, timely with reports etc. We rely on their input to help our children. [P16] Can I add - more collaboration and case conferences between involved practitioners and educators AND parents. [P41]
	Brief survey	-
	Reflection	-

Evidence to decision judgements

Recommendation 81

Strength of Recommendation: Conditional

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

Criteria	Question	Evidence	Additional Considerations	Judgement
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	High
Benefits and Harms	Are there likely to be benefits for autistic children and their families of implementing this Recommendation?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel identified multiple potential benefits for children and families, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
	Are there likely to be risks for autistic children and their families of implementing this Recommendation?	Direct evidence relating to potential and/or actual risks was not available.	The panel did not identify any prominent risks, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	No

	Are the benefits for autistic children and their families likely to outweigh any risks?	Evidence for benefits. Lack of evidence for risks.	The panel considered the identified benefits and lack of identified risks, as well as the consistency of the Recommendation with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Values and Preferences	Is the Recommendation consistent with the values and preferences of autistic children and their families?	Multiple converging sources of evidence from children and families in support of this Recommendation implies consistency with values and preferences.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Resources	Is the Recommendation likely to require additional resources from children and families?	Direct evidence regarding resource implications was not available.	The panel did not identify any clearly evidenced and/or prominent additional resource requirements.	No
	Is the Recommendation likely to require additional resources from practitioners?	Direct evidence regarding resource implications was not available.	The panel noted that staying up to date with new and upated conventions, legistative requirements, and regulations requires an ongoing commitment of resources.	Probably yes
Equity	What would be the impact on health equity?	Direct evidence regarding the impact on equity was not available.	The panel noted that there was no evidence that any particular group would benefit more than another and judged that it is uncertain that implementation of this Recommendation would impact health equity.	Uncertain

Acceptability	Is the Recommendation likely to be acceptable to children and families?	Multiple converging sources of evidence from children and families supporting this Recommendation implies acceptability.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
	Is the Recommendation likely to be acceptable to practitioners?	Multiple converging sources of evidence from practitioners and/or organisations supporting this Recommendation implies acceptability.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Direct evidence for feasibility was not available.	The panel considered that feasibility is implied based on evidence from practitioners and/or organisations in support of this Recommendation, but noted the lack of direct evidence.	Probably yes

Recommendation 82

Consensus-Based Recommendation

Strength of Recommendation: Strong

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

Evidence for Recommendation

	Evidence Source	Evidence
Systematic Reviews	Child and family experiences	This review was not designed to collect evidence for this aspect of support provision.
	Umbrella Review	This review was not designed to collect evidence for this aspect of support provision.
Community Consultation	**Delphi**	
	Agreement	Please indicate the extent to which you agree each of the following are approaches that should be incorporated in clinical practice to ensure the safety, comfort, and wellbeing of individuals on the autism spectrum and their families: ***Statement:*** Ongoing monitoring of therapy/support outcomes. ***Outcome:*** 97% agreement (Mdn: 5, IQR: 1) ***Statement:*** Ongoing assessment of support needs. ***Outcome:*** 96% agreement (Mdn: 5, IQR: 1) When relevant, progress and the outcomes of therapy/support provision should include monitoring of the following aspects: ***Statement:*** Adverse effects that have arisen from the delivery of the therapies/supports. ***Outcome:*** 100% agreement (Mdn: 5, IQR: 1)
	Qualitative	Ensuring that, where therapies are found to have an unfavourable profile of adverse effects/harms that rapid action is taken to re-evaluate their use, and if deemed necessary, that efforts are made to stop the therapy from being delivered (much the same as approval for a drug associated with severe adverse events might be withdrawn). [d5-R1]

Community Consultation		
	Survey	
	Autistic people	-
	Parents	Assess safety risks present before therapy and that might come from therapy. [623:993]
	Family	Identify issues, identify unsafe practices and ensure changes implemented. If outside realm report to responsible authorities [233:800]
	Service Providers	Reporting any safety concerns through appropriate channels. [532:917]
	Organisations	-
	Other	-
	Focus Groups	
	Autistic adults	-
	Parents	I was very distressed. I spoke to the [*named profession*] at the same clinic. We then had a meeting. I went back to the [*named profession 2*] and said, ok, I understand where you are coming from. This is what I want to happen next time. Either you bring me in, or you bring him out to me. I need to be there to demonstrate what works for you. Or we work on this together, or you're handing over to me. And that was agreed. And it happened again. And none of those things happened. So, this, I mean, you can pitch that as bad practice. But for me this was a place I was taking my child to develop social skills so that he was going to be happier and safer in the world in, you know, in school, amongst his friends. And he was actually put in what I think was an extremely unsafe position. And it was not only not owned, it wasn't apologized for, it was repeated. [P42]
	Brief survey	-
	Reflection	-

Evidence to decision judgements

Recommendation 82

> **Strength of Recommendation:** Strong
>
> Practitioners should have a documented procedure for the monitoring of adverse effects of supports.

Criteria	Question	Evidence	Additional Considerations	Judgement
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	High
Benefits and Harms	Are there likely to be benefits for autistic children and their families of implementing this Recommendation?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel identified multiple potential benefits for children and families, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
	Are there likely to be risks for autistic children and their families of implementing this Recommendation?	Direct evidence relating to potential and/or actual risks was not available.	The panel did not identify any prominent risks, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	No

	Are the benefits for autistic children and their families likely to outweigh any risks?	Evidence for benefits. Lack of evidence for risks.	The panel considered the identified benefits and lack of identified risks, as well as the consistency of the Recommendation with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Values and Preferences	Is the Recommendation consistent with the values and preferences of autistic children and their families?	Multiple converging sources of evidence from children and families in support of this Recommendation implies consistency with values and preferences.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Resources	Is the Recommendation likely to require additional resources from children and families?	Direct evidence regarding resource implications was not available.	The panel did not identify any clearly evidenced and/or prominent additional resource requirements.	No
	Is the Recommendation likely to require additional resources from practitioners?	Direct evidence regarding resource implications was not available.	The panel noted that implementing this Recommendation may have different resource implications for different practitioners, depending on their individual circumstances (e.g., nature and scope of practice, existing resources).	Uncertain
Equity	What would be the impact on health equity?	Direct evidence regarding the impact on equity was not available.	The panel noted that there was no evidence that any particular group would benefit more than another and judged that it is uncertain that implementation of this Recommendation would impact health equity.	Uncertain

Acceptability	Is the Recommendation likely to be acceptable to children and families?	Multiple converging sources of evidence from children and families supporting this Recommendation implies acceptability.	. The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
	Is the Recommendation likely to be acceptable to practitioners?	Multiple converging sources of evidence from practitioners and/or organisations supporting this Recommendation implies acceptability.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Direct evidence for feasibility was not available.	The panel considered that feasibility is implied based on evidence from practitioners and/or organisations in support of this Recommendation, but noted the lack of direct evidence.	Probably yes

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.

Evidence for Recommendation

	Evidence Source	Evidence
Systematic Reviews	Child and family experiences	This review was not designed to collect evidence for this aspect of support provision.
	Umbrella Review	This review was not designed to collect evidence for this aspect of support provision.
Community Consultation	**Delphi**	
	Agreement	-
	Qualitative	Staying up to date with the language used around neurodiversity. [d21-R2]
	Survey	
	Autistic people	-
	Parents	-
	Family	-
	Service Providers	-
	Organisations	-

Community Consultation	Other	Use and respect of language. Understanding of the neurodiversity paradigm. Respect for the autistic culture. Not trying to change autistics to be like NTs. [650:739]
	Focus Groups	
	Autistic adults	-
	Parents	And we really do need to think of a better word for intervention. I mean, I again, I don't worry about the semantics that much, but I do know that for a lot of people, the moment you say we're intervening they're like, what do you mean you're intervening? What's wrong with my kid? You know, why you? And that's not what I see early intervention as being. [P46]
	Brief survey	-
	Reflection	-

Evidence to decision judgements

Recommendation 83

Strength of Recommendation: Strong

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

Criteria	sQuestion	Evidence	Additional Considerations	Judgement
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	High
Benefits and Harms	Are there likely to be benefits for autistic children and their families of implementing this Recommendation?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel identified multiple potential benefits for children and families, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
	Are there likely to be risks for autistic children and their families of implementing this Recommendation?	Direct evidence relating to potential and/or actual risks was not available.	The panel did not identify any prominent risks, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	No

	Are the benefits for autistic children and their families likely to outweigh any risks?	Evidence for benefits. Lack of evidence for risks.	The panel considered the identified benefits and lack of identified risks, as well as the consistency of the Recommendation with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Values and Preferences	Is the Recommendation consistent with the values and preferences of autistic children and their families?	At least one source of evidence from children and families in support of this Recommendation implies consistency with values and preferences.	The panel noted consistency with broader research evidence from the autistic community, professional standards, national regulations, and/or international conventions.	Yes
Resources	Is the Recommendation likely to require additional resources from children and families?	Direct evidence regarding resource implications was not available.	The panel did not identify any clearly evidenced and/or prominent additional resource requirements.	No
	Is the Recommendation likely to require additional resources from practitioners?	Direct evidence regarding resource implications was not available.	The panel did not identify any clearly evidenced and/or prominent additional resource requirements.	No
Equity	What would be the impact on health equity?	Direct evidence regarding the impact on equity was not available.	The panel noted that there was no evidence that any particular group would benefit more than another and judged that it is uncertain that implementation of this Recommendation would impact health equity.	Uncertain
Acceptability	Is the Recommendation likely to be acceptable to children and families?	At least one source of evidence from children and families supporting this Recommendation implies acceptability.	The panel noted consistency with broader research evidence from the autistic community, professional standards, national regulations, and/or international conventions.	Yes

	Is the Recommendation likely to be acceptable to practitioners?	Multiple converging sources of evidence from practitioners and/or organisations supporting this Recommendation implies acceptability.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Direct evidence for feasibility was not available.	The panel considered that feasibility is implied based on evidence from practitioners and/or organisations in support of this Recommendation, but noted the lack of direct evidence.	Probably yes

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 promotes and protects their human rights.

Evidence for Recommendation

	Evidence Source	Evidence
Systematic Reviews	Child and family experiences	This review was not designed to collect evidence for this aspect of support provision.
	Umbrella Review	This review was not designed to collect evidence for this aspect of support provision.
Community Consultation	**Delphi**	
	Agreement	It is important that practitioners providing therapies and supports to children on the autism spectrum and their families obtain relevant knowledge, skills, and/or experience in the following areas: ***Statement:*** Understanding of neurodiversity affirming practices ('Neurodiversity affirming' here refers to practices that affirm the child's neurodivergent identity, rather than seeking to fix or cure their neurotype). ***Outcome:*** 95% agreement (Mdn: 5, IQR: 1)
	Qualitative	Autistic children and their families and caregivers must have their human rights upheld and protected through the provision of care… While a human rights approach may seem obvious or that it does not need to be specifically outlined, including this as a general principle of care ensures that everyone reading and accessing guidelines is reminded of their obligations. [d5-R1]

Community Consultation	**Survey**	
	Autistic people	Always centre the child's sense of self and well-being in any decision-making, over and above adult egos and desire for conformity. Ensure that the child never feels that they are broken or wrong in some way that needs to be fixed. [578:487]
	Parents	Having a good understanding of the child and their needs/wants in life. [57:1101]
	Family	Know the child [286:671]
	Service Providers	Respect the child and family. Do not impose your will or want on them in the misguided concept that this is skill development. All that does is teach them they are not valued. [525:830]
	Organisations	There is a risk that by accessing therapy, the child receives the message that they need to be fixed or there is something wrong with them. This must be managed very carefully by caregivers and therapy providers. [361:447]
	Other	Develop policies about how the practitioner will respect and uphold the rights of the child and family [645:58]
	Focus Groups	
	Autistic adults	She just loves them for who they are and doesn't want to change them and works and builds, builds on their skills rather than a deficit model. And I guess in terms of understanding what we are, who we are, and what we want is that working alongside the family, rather than the top down approach, you know. I'm the therapist. I know the things and you need to listen. It's, you know, we're in this together and let's work as a team to help your family. [A15]
	Parents	I don't think we are going to see a real sea change until we really start respecting Autistic voices - make sure that Autistic people (which includes a lot of parents :-) are included in any and all dialogues, policies, approaches related to Autism. This signals to our impressionable young people that YOUR voice matters. [P14] The language used remains deficit in nature and we need to strengthen the message to ensure our young people hear more than that they are defective in some way - its a struggle almost each day to try to mitigate and turn these messages around for our young people. [P11]
	Brief survey	Just don't make me do it and don't make me talk about my emotions. [37]
	Reflection	Both therapies allow choice and control over activities. They provide relaxation and fun. They build confidence. [21]

Evidence to decision judgements

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 promotes and protects their human rights.

Criteria	Question	Evidence	Additional Considerations	Judgement
Certainty of Evidence	What is the overall certainty of the evidence that this Recommendation is relevant?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	High
Benefits and Harms	Are there likely to be benefits for autistic children and their families of implementing this Recommendation?	Multiple converging sources of evidence from both the autistic and autism communities (i.e., all stakeholders).	The panel identified multiple potential benefits for children and families, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
	Are there likely to be risks for autistic children and their families of implementing this Recommendation?	Direct evidence relating to potential and/or actual risks was not available.	The panel did not identify any prominent risks, based on the available evidence and consideration of broader research evidence, professional standards, national regulations, and/or international conventions.	No

	Are the benefits for autistic children and their families likely to outweigh any risks?	Evidence for benefits. Lack of evidence for risks.	The panel considered the identified benefits and lack of identified risks, as well as the consistency of the Recommendation with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Values and Preferences	Is the Recommendation consistent with the values and preferences of autistic children and their families?	Multiple converging sources of evidence from children and families in support of this Recommendation implies consistency with values and preferences.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
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Equity	What would be the impact on health equity?	Direct evidence regarding the impact on equity was not available.	The panel noted that there was no evidence that any particular group would benefit more than another and judged that it is uncertain that implementation of this Recommendation would impact health equity.	Uncertain
Acceptability	Is the Recommendation likely to be acceptable to children and families?	Multiple converging sources of evidence from children and families supporting this Recommendation implies acceptability.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes

	Is the Recommendation likely to be acceptable to practitioners?	Multiple converging sources of evidence from practitioners and/or organisations supporting this Recommendation implies acceptability.	The panel noted consistency with broader research evidence, professional standards, national regulations, and/or international conventions.	Yes
Feasibility	Is implementing the Recommendation likely to be feasible for practitioners?	Direct evidence for feasibility was not available.	The panel considered that feasibility is implied based on evidence from practitioners and/or organisations in support of this Recommendation, but noted the lack of direct evidence.	Probably yes

References

Alonso-Coello, P., Schünemann, H. J., Moberg, J., Brignardello-Petersen, R., Akl, E. A., Davoli, M., ... & GRADE Working Group. (2016). GRADE Evidence to Decision (EtD) frameworks: a systematic and transparent approach to making well informed healthcare choices. 1: Introduction. *British Medical Journal, 353*, i2016.

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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