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AUTHERAPIES

Upgrading competences for choosing evidence-based therapies for people with autism, their relatives and their key professionals

Policy Brief

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Author:

Clara Beser Ramada (European Platform for Rehabilitation), with contributions from all Autherapies project partners

Project partners:

The Association of Educational programmes OpenEurope (Spain); European Platform for Rehabilitation (Belgium); Istituto dei Sordi di Torino (Italy); Medical University of Silesia (Poland); Fundació Villablanca (Spain)

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1. Executive Summary

Despite growing awareness and legal recognition of the rights of autistic persons across Europe, significant policy gaps persist in ensuring access to evidence-based interventions and the ability of autistic individuals to make informed decisions about their care. Analysis conducted by the AUTHERAPIES project in Spain, Italy, and Poland reveals a lack of legally binding frameworks banning pseudo-therapies, limited access to reliable information on validated interventions, and insufficient mandatory training for professionals, particularly outside the healthcare sector. These shortcomings are compounded by regional disparities and non-binding strategies that fail to guarantee consistency or enforcement.

To address these issues, this policy brief proposes comprehensive recommendations at EU, national, and local levels. Key actions include harmonizing EU guidelines on autism interventions, funding public awareness campaigns, and creating a multilingual EU platform on evidence-based interventions. National governments are urged to adopt supported decision-making frameworks, regulate therapeutic advertising, establish official registries of validated interventions, and mandate cross-sectoral training on evidence-based interventions for autism. Locally, inclusive practices in service delivery, digital accessibility, and collaboration with autistic-led organizations are essential for effective implementation. The AUTHERAPIES project stands ready to support these efforts by offering a data-base and training that promote an informed choice of interventions and empower autistic individuals and their families across Europe.

2. Introduction

Several studies[1] indicate that 1 in 100 people is autistic, a number that has increased rapidly in the past 30 years. This rapid increase is due, among other factors, to greater awareness of health professionals, parents and the general population, as well as changes in diagnostic criteria and early detection[2].

Autism is a set of heterogeneous neurodevelopmental conditions characterized by differences in social interaction, communication, and behaviour[3]. Moreover, autism[4] presents with a wide range of intellectual, linguistic, and functional abilities, leading to significant variability among individuals. Some individuals require minimal support in their daily lives, while others need substantial assistance to navigate their environment.

In parallel, research[5] underlines one concerning trend in Europe: the widespread use of interventions for autism that are not based on evidence and that can even be dangerous. Although different institutions in Europe have prepared documents that include sections with evidence-based interventions for autism[6], these documents suffer from several drawbacks: their development and availability are not at the level of other initiatives launched Australia or the United States[7], and they use scientific language, making it difficult for autistic persons, their families and even professionals outside the health sector to understand their content.

The **AUTHERAPIES[8] project** aims to overcome these challenges. AUTHERAPIES is an ERASMUS+ funded project focused on critically examining, improving, and promoting evidence-based interventions for autistic persons. The project's main outcomes include the development of:

- A comprehensive database of evidence-based interventions[9].
- A training course to strengthen the competencies of autistic individuals, their families and healthcare and education professionals or students in identifying and selecting appropriate evidence-based interventions[10].

Moreover, through this policy brief, AUTHERAPIES aims to contribute to policy discussions around Europe to empower autistic persons in the selection of interventions, and ensure that information on evidence-based interventions for autism is available and accessible throughout Europe. This brief firstly presents existing policy gaps at the European, national, and regional

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[1] Sources: Elsabbagh et al. 2012; Kim, Y.S. et al. 2011; ADDM 2012; Mattila et al. 2011; Saemundsen et al. 2013.

[2] Autism Europe, *Prevalence rate of Autism,* n.d, available here.

[3] World Health Organization, *Autism Fact Sheet,* 2023, available here.

[4] The latest diagnostic frameworks, including the International Classification of Diseases (ICD-11) (available here) and the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) (available here) recognize autism as a spectrum disorder, rather than a single, uniform condition.

[5] Source : Christon et. al. 2010

[6] Examples: Fuentes, J., et al, 2020 ; National Institute for Health and Care Excellence, 2021.

[7] In Australia, raisingchildren.net.au, supported by the Australian Government, provides a guide of interventions for autistic children (available here). In the United States, the National Autism Center published a parents' guide on evidence-based practice and autism (available here).

[8] AUTHERAPIES project website available here.

[9] AUTHERAPIES database of autism interventions available here.

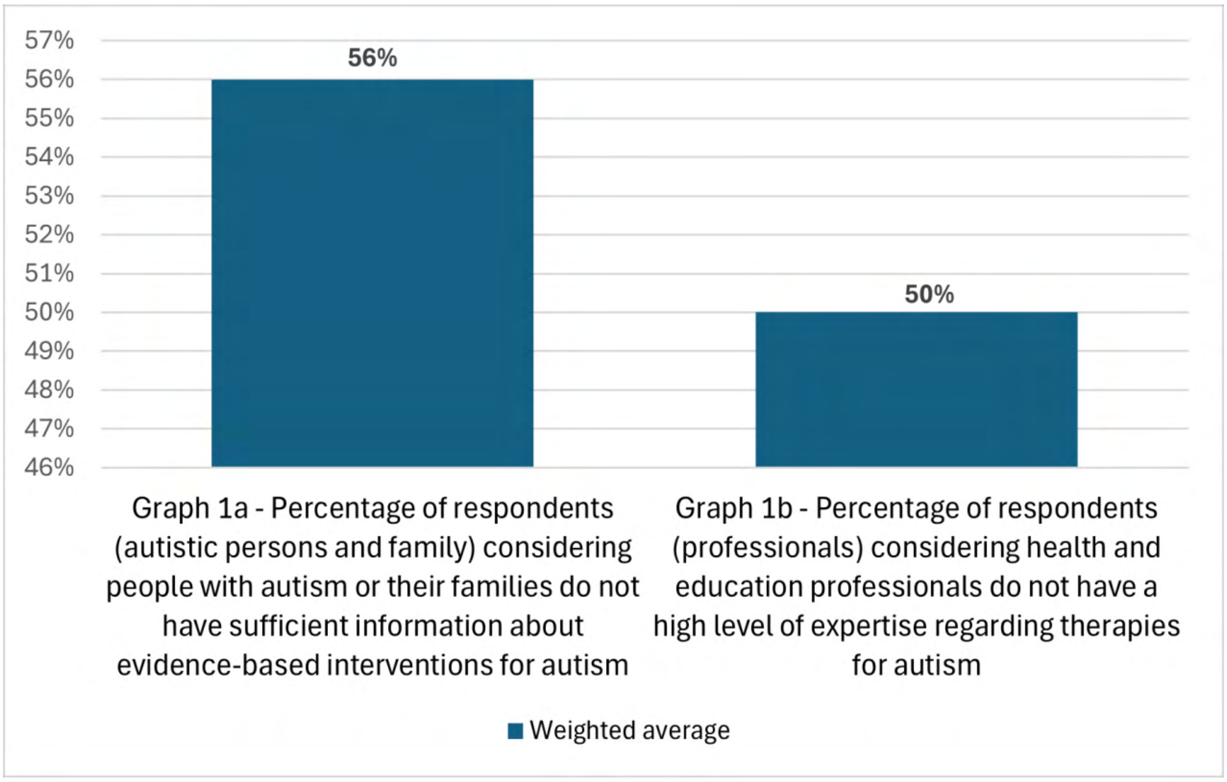
[10] AUTHERAPIES training modules available here.

level, followed by a set of recommendations to overcome them. Finally, the policy brief presents a set of conclusions, and underlines the role of AUTHERAPIES as a policy tool.

3. Analysis and Policy Gaps

a. Analysis of survey data

Between October 2022 and February 2023, the AUTHERAPIES project partners distributed a survey among 94 autistic persons, family-members of autistic persons and organisations representing autistic persons and their families, as well as 335 professionals in the healthcare and education sector working with autistic persons, all of them located in Spain, Italy and Poland. Although this survey is not representative of the whole of the EU, it is still helpful to underline some existing gaps at the policy level regarding evidence-based interventions for autism.



According to Graph 1a, **56% of the surveyed autistic persons and their families consider they do not have sufficient information about evidence-based interventions for autism**. This underscores the need for action to ensure that autistic persons and their families have sufficient information about evidence-based interventions for autism.

Additionally, **50% of surveyed healthcare and education professionals working with autistic persons consider that they do not have a high level of expertise regarding interventions for autism**. This gap in the expertise from professionals on interventions for autism, recognised across Europe by research[11], is concerning as it may hinder the access of autistic persons and their families to information regarding evidence-based interventions.

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[11] Source: Carulla et. al. 2015.

b. Review of national and EU policy frameworks

Between March and June 2025, AUTHERAPIES partners mapped out, with the support of national experts, the policy landscapes related to the self-determination of autistic persons regarding their interventions, and the availability and accessibility of information on evidence-based interventions at the European Union (EU) and national level – specifically for Spain, Italy, Poland, and Greece, which are synthesised in Table 1.

Table 1 – Mapping of existing EU, National and regional-level policies

	Spain	Italy	Poland	Greece	EU
Policies enabling Autistic persons to decide on their interventions.	Yes	Yes	No**	No**	No
Policies forbidding the use of pseudo-therapies on autistic people.	No**	No**	No**	No**	No
Policies ensuring the availability and accessibility of information on evidence-based interventions for autistic people and their families.	No*	Yes	No*	No*	No
Policies ensuring the availability and accessibility of information on evidence-based interventions for professionals working with autistic people.	No*	Yes	No*	No*	No

*Non-binding actions in place
** Other actions in place

b.1. EU level

At the European level, in 1996, the European Parliament adopted the **European Charter for Persons with Autism**[12], which, within other calls, recognises the right of autistic people to appropriate counselling and healthcare. Moreover, the **EU Ratified in 2010 the UN Convention on the rights of Persons with disabilities (UNCRPD)**[13], and all EU Member States have signed and ratified the convention. It is worth noting that Article 25 of the UNCRPD binds signatories to recognise the right of persons with disabilities, including autistic persons, to the highest attainable standard of health without discrimination on the basis of disability[14]. Moreover, Article 4 states that state parties shall promote the training of professionals and staff working with persons with disabilities in the rights recognised by the convention.

In 2015, the European Parliament adopted a **Written Declaration on Autism[15]** which called on the European Commission and the Council of the EU to adopt an EU Strategy for Autism that would: support accurate detection and diagnosis across Europe; **promote evidence-based interventions and support for all ages**; foster research and prevalence studies; and

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[12] Autism Europe, *European Charter for Persons with Autism*, 1996, available here.
[13] United Nations, *European Convention for the Rights of Persons with Disabilities (UNCRPD)*, 2006, available here.
[14] In particular, UNCRPD Article 25.d requires healthcare professionals to provide care of the same quality to persons with disabilities as to others, raising awareness of the needs of persons with disabilities through training and ethical standards.
[15] European Parliament, *Written Declaration on Autism,* 2015, available here.

encourage the exchange of best practices. However, **this did not materialise in an EU Strategy for Autism.**

The **EU Strategy for the Rights of Persons with Disabilities** (2021-2030)[16], published in 2021 and with the objective of implementing the UN CRPD, contains only limited actions to address the situation of autistic persons. Although the strategy introduced initiatives on accessibility, enjoying EU rights, independent living, equal access and non-discrimination, – including to healthcare as well as safety and protection – **it did not include any specific initiatives on autism, nor the availability and accessibility of evidence-based interventions.**

In 2023, the European Parliament adopted a **resolution to harmonise the rights of autistic people across the EU**[17]. This resolution:

- Acknowledges, within other key points, **the lack of EU guidelines on evidence- and rights-based interventions for autism.**
- Calls on the Member States to reform guardianship systems to allow the exercise of legal capacity by autistic persons, giving them access to supported decision-making systems, while ensuring that adequate safeguards are in place;
- Calls on **the Member States to develop access to reasonable accommodation in all facets of healthcare and diagnosis**, with the aim of ensuring that autistic persons enjoy equal access to both physical and psychological healthcare;
- Asks Member States to **foster the training of professionals on autism across all sectors of society**, such as the education, health, social, transport and justice sectors, by embedding mandatory autism training in their respective curricula, with the active involvement of autistic persons, their families and representative organisations;

Under the current EU mandate, in September 2024, European Commission President Ursula von der Leyen announced a commitment to work towards a **'common approach' to autism** at the EU level as indicated in the mission letter to the Commissioner for Health, Olivér Várhelyi[18]. Nevertheless, **work on this file has not yet started within the European Commission**.

All in all, there is currently **a lack of harmonised EU guidelines** regarding the self-determination of autistic persons regarding their interventions, banning the use of pseudo-therapies for autism, and ensuring the availability and accessibility of information about evidence-based interventions for autistic persons, their families and professionals.

b.2. National and regional level

At the national and regional level, both **Spain and Italy** have legally-binding **policies in place enabling Autistic persons to decide on their interventions**. In **Spain**, both the General

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[16] European Commission, *Strategy for the Rights of Persons with Disabilities*, 2021, available here.

[17] European Parliament, *European Parliament Resolution on harmonising the rights of autistic persons*, 2023, available here.

[18] Ursula von der Leyen, *Mission Letter for Olivér Várhelyi,* 2024, available here

Law on the Rights of persons with Disabilities (Royal Legislative Decree 1/2013)[19] and the Law 8/2021 on Support for Persons with Disabilities in the Exercise of their Legal Capacity[20] recognise respectively the right of persons with disabilities, and of autistic individuals to decide about their interventions, with appropriate support mechanisms in place. Moreover, one of the guiding principles of the First Action Plan for the Spanish Strategy on Autism Spectrum Disorders (2023-2027)[21] is the respect for autonomy and decision-making capacity of autistic individuals, particularly regarding interventions and support. Several policies at the regional level also apply this guiding principle[22]. In **Italy**, Law 134/2015 on the diagnosis, treatment and qualification of people with autism spectrum disorders and families[23] is a key milestone as it is based on the principle of empowerment, i.e. the ability of autistic persons to make conscious decisions about lives, including the choice of intervention. Additionally, Law 227/21[24] was launched to fully implement the UN Convention on the Rights of Persons with Disabilities in Italy. Legislative Decree 62/2024[25], implementing law 227/21, identifies the "Personalized and Participatory Individual Life Project" for Independent Living as a tool that allows persons with disabilities, including autistic persons, to exercise their rights with the appropriate supports at any age[26]. In **Poland**, no autism-specific law requires clinicians to include autistic persons in the decision on their interventions, but the overarching policy framework strongly encourages a person-centred approach. This includes the Patient's Rights Act[27], guaranteeing every patient the right to informed consent for intervention, extending to autistic persons, and the Polish Strategy for Persons with Disabilities 2021-2030[28], which mandates public institutions at all levels to enable persons with disabilities to exercise self-determination. Similarly, **Greece**, does not have any autism-specific laws, but Law 4368/2016[29] includes within its list of rights of recipients of Health Services the right to self-determination and of informed consent for all patients. However, Greek organisations such as the NET, representing Greek service providers to persons with disabilities and autistic persons, note that patients with disabilities, and specifically autistic patients, experience a serious divide in the provision of primary and secondary health care services, public and/or private.

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[19] *Spanish General Law on the Rights of Persons with Disabilities and their Social Inclusion (Royal Legislative Decree 1/2013)*, available here.

[20] *Spanish Law 8/2021 on Support for Persons with Disabilities in the Exercise of their Legal Capacity*, available here.

[21] *First Action Plan for the Spanish Strategy on Autism Spectrum Disorders (2023-2027)*, 2024, available here.

[22] For instance, in Catalonia, the *Comprehensive Plan for the Care of persons with ASD published in 2013* (available here), and in Andalusia, the *2019 Healthcare Guide for People with ASD* (available here), which respectively include the promotion of adapted informed consent procedures, and promote the use of visual supports, cognitive accessibility, and respect for individual choices.

[23] *Italian Law 134/2015 on Provisions on the diagnosis, treatment, and habilitation of persons with autism spectrum disorders and on support for families*, 2015, available here.

[24] *Italian Law 227/21 on the Authorisation to the Government concerning disability*, 2021, available here.

[25] *Legislative Decree 62/2024 on the Definition of disability status, baseline assessment, reasonable accommodation, and multidimensional evaluation for the development and implementation of the individualized, personalized, and participatory life project*, 2024, available here.

[26] However, the Italian government has postponed by one year (to 1 January 2027) the full application of Legislative Decree 62/2024, extending the piloting of the tools developed within the decree by one year. It is unclear why such piloting ends one year later while the deadline for additions and corrections of the decree remains 30 June 2026.

[27] *Polish Act of 6 November 2008 on Patient's Rights and the Patients' Ombudsman,* 2009, available here.

[28] *Polish Strategy for Persons with Disabilities 2021-2030*, 2021, available here.

[29] More information on Law 4368/2016 available here.

It is worth noting that **no legally binding policies banning the use of pseudo-therapies on autistic people** exist at the Spanish, Italian, Polish and Greek levels. The four countries have nevertheless developed strategies to restrict their use, such as **national or regional initiatives to prevent misleading advertising of pseudo-therapies**[30;31;32;33]. Moreover, both in Spain and Poland, **health authorities have issued statements warning against harmful interventions that were targeted towards autistic persons**[34].

With regards to **policies ensuring availability and accessibility of information on evidence-based interventions for autistic people and their families**, only **Italy** established **legally binding measures**: Law 134/2015[35] includes within its regional autism policy actions to encourage projects dedicated to training and supporting families who care for autistic people is included. In **Spain**, different non-binding policy initiatives are in place, such as the first Action Plan[36] of the Spanish Strategy on Autism Spectrum Disorders (2023–2027)[37], which emphasizes the dissemination of evidence-based knowledge about autism and the reporting of pseudo-therapies, but does not propose concrete laws. In parallel, the Plan for the Protection of Health Against Pseudo-therapies[38], includes actions to disseminate scientific knowledge related to pseudo-therapies through communication actions targeting, within other groups, general public, and adapting the information to each group's needs[39]. As for **Poland**,

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[30] The *Spanish General Advertising* (available here) and *Unfair Competition* (available here) laws prohibit misleading or false advertising, including the promotion of interventions without scientific evidence. In 2018 the Spanish Ministries of Health and Science proposed a Plan for the Protection of Health Against Pseudo-therapies (available here), which, within other measures, includes legislative proposals to strengthen the prevention of misleading advertising of pseudo-therapies.

[31] In Italy, some trainings and information events to detect and counter the advertising of pseudo-therapies take place at the regional and local level, often in cooperation with associations of parents of autistic persons (examples from ANGSA available here, from CICAP available here, and from Centro Studi Erickson available here).

[32] According to *Poland's 1993 Act on Combating Unfair Competition* (available here) and *2007 Act on Counteracting Unfair Market Practices* (available here), it is illegal to make misleading claims about treating diseases, which extends to autism therapies, and they are enforced by the Polish Office of Competition and Consumer Protection (UOKiK). For instance, the UOKiK has penalised firms for pseudoscientific autism-related marketing, such as a company in Poznán that ran fake medical tests to sell magnetic mattresses as a cure-all (more information available here).

[33] In Greece, general laws such as the Code of Medical Ethics, Law 3418/2005, (more information available here) prohibit the application of unproven or harmful interventions by healthcare professionals, and consumer protection laws (such as Law 2251/1994 on Consumer Protection) (available here) ban misleading advertisements and unsubstantiated health claims.

[34] The Spanish Agency for Medicines and Health Products (AEMPS) has banned products such as MMS (Miracle Mineral Solution), falsely promoted as a "cure" for autism, due to their severe adverse health effects (more information on the ban available here). In Poland, the Main Sanitary Inspector (GIS) also issued public warnings against MMS, warning that it is meant for disinfecting water, not for ingestion, and has no medical use (more information available here).

[35] *Italian Law 134/2015 on Provisions on the diagnosis, treatment, and habilitation of persons with autism spectrum disorders and on support for families*, 2015, available here.

[36] This Action Plan, published in 2024 by the Spanish Centre for Autism outlines specific actions to implement the objectives defined in the Spanish Strategy on Autism Spectrum Disorders.

[37] *Spanish Strategy on Autism Spectrum Disorders, 2024*, available here.

[38] *Spanish plan for the protection of health against pseudo-therapies,* 2018, available here.

[39] The information disseminated will be based on reports from the Spanish Network of Agencies for Health Technology Assessment and National Health System Benefits (REDETS), which is responsible for preparing documents that systematically compile all existing scientific knowledge and evidence about pseudo-therapies.

the country ratified in 2013 the European Autism Charter[40], and in 2021, the Polish Parliament passed a resolution calling for an autism strategy[41]. Both non-binding documents urged authorities to ensure availability of information about evidence-based interventions. Moreover, the "Za Życiem" program[42] (2017–present), which aims to integrate persons with disabilities, including autistic persons, and to support their families, established a network of early intervention coordination centres in each county to provide families with guidance – including on evidence-based interventions, and pseudo-therapies to avoid. In **Greece**, no legal requirements exist and, even though in 2021 the Ministry of Labor and Social Affairs worked on a Comprehensive Plan for Autism[43] including actions to improve access to information and services for autistic people and their families, its implementation remains fragmented. Additionally, the National Strategy for the Rights of Persons with Disabilities 2024-2030[44] does not include measures on the information on evidence-based interventions for autistic persons and their families.

Spain, Poland and Italy have promoted **awareness-raising campaigns** to inform autistic persons and their families about evidence-based interventions and pseudo-therapies. The **Spanish and Polish governments have done so directly** through the #ConPrueba campaign[45] in the former, and World Autism Awareness Day campaigns[46] in the latter. Additionally, the website of the Polish Office of the Government Plenipotentiary for Persons with Disabilities[47] hosts resources on evidence-based interventions for autism. Moreover, in the three countries, **civil society organisations have also raised awareness on the topic**, such as Fundacja Synapsis[48]; Autismo España[49] and Spanish Committee of Representatives of Persons with Disabilities (CERMI) in Spain[50]; and the Italian Autism Foundation (FIA)[51], and

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[40] *Polish Parliament opinion on the draft resolution regarding the ratification of the European Autism Charter*, 2013, available here.

[41] More information on Polish Parliament resolution for an autism strategy available here.

[42] More information on the Za Zyciem program available here.

[43] More information about the *Greek Comprehensive plan for Autism* available here.

[44] *A Greece with Everyone for All: National Strategy for the Rights of Persons with Disabilities 2024-2030*, 2024, available here.

[45] A governmental initiative aiming to educate citizens on non-evidence-based practices and promote informed health decisions, although not specific for autism. More information available here.

[46] Around April 2 each year, Polish ministries run public campaigns emphasizing science-based approaches to autism. For instance, the Ministry of Health (MoH) has participated in the "Polska na Niebiesko" (Poland in Blue) campaign. On World Autism Awareness Day 2018, the MoH lit its building blue and promoted the slogan "Autyzm. Poznaj zanim ocenisz" ("Autism – learn before you judge"). The campaign message focused on understanding autism and supporting proven interventions, rather than stigma or fake "cures." (More information on the campaign available here). In 2022, the Ministry of Education and Science (MEiN) issued a statement underscoring that autism is lifelong but "with appropriate therapeutic methods one can reduce its severity" (more information available here).

[47] Website of the Polish Office of the Government Plenipotentiary for Persons with Disabilities available here.

[48] For instance, Fundacja SYNAPSIS published an extensive information package for professionals and parents in 2022 summarising legal rights and evidence-based support methods for autism. Information package available here.

[49] Information about a call by Autismo España and CERMI against pseudo-therapies, and an event about the dangers on pseudo therapies available here and here respectively.

[50] Article by CERMI on pseudo-therapies' impact on persons with disabilities available here.

[51] Since 2015, the FIA has been committed to funding research projects aimed at identifying autism spectrum disorders at an increasingly early stage and to promoting evidence-based clinical intervention supported by experts from the scientific community.

National Association of Parents of People with Autism (ANGSA)[52] in Italy. In **Greece**, the National Strategy for the Rights of Persons with Disabilities 2024-2030 includes initiatives of awareness raising in society[53], although not specifically on evidence-based interventions.

Legally binding policies ensuring availability and accessibility of information on evidence-based interventions for professionals working with autistic people exist only in **Italy**, where Law 134/2015[54] includes within its regional autism policy actions the training of health workers on assessment tools and pathways based on the best available scientific evidence. However, **Spain**'s Health Protection Plan Against Pseudo-therapies proposes non-binding measures such as incorporating the principles of scientific knowledge and evidence into university training programs for healthcare professionals. In **Greece**, although Continuing Professional Development (CPD) is mandated by Law 5029/2023[55] for education and healthcare professionals, with emphasis on inclusive education and disability support, no specific measures are included on evidence-based interventions for Autism. Additionally, in **Poland[56], Italy[57], and Spain[58]**, **medical guidelines have been published at the national and regional level to promote evidence-based interventions for Autism and to discourage pseudo-treatments**. In these three countries, it is possible to note a **lack of focus on training or awareness-raising among other professionals working with autistic persons**, e.g. in the education sector.

In sum, despite some progress in recognising the right of autistic persons to make decisions about their intervention, significant **policy gaps** persist across Spain, Italy, Poland, and Greece which highlight the urgent need for **comprehensive, enforceable frameworks** to ensure protection, access to reliable information on evidence-based interventions for autism, and cross-sectoral professional training for professionals working with autistic people.

Moreover, **regional disparities persist in Spain, Poland, Italy and Greece**, undermining the effectiveness of existing policies. In **Poland**, a uniform national framework coexists with stark differences in service availability and provision of information between rural and urban areas. While major cities offer autism resource centres[59], rural communities often lack such infrastructure, and government-led online tools are hindered by uneven internet access and

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[52] ANGSA manages Telefono Blu, a free telephone line funded by FIA to support and guide the families of children and adults with Autism. The number is answered by qualified professionals to listen to the doubts and problems that families of people with autism experience and it is also possible to contact by email. More information available here.

[53] E.g. Event for World Autism Day 2025 organised by the Ministry of Social Cohesion and Family available here.

[54] *Italian Law 134/2015 on Provisions on the diagnosis, treatment, and habilitation of persons with autism spectrum disorders and on support for families*, 2015, available here.

[55] *Law 5029/2023 - "Living Harmoniously Together - Breaking the Silence": Regulations for the prevention and treatment of violence and bullying in schools and other provisions*, 2023, available here.

[56] Polish medical guidelines for autism (developed by expert panels) explicitly list which interventions are evidence-based and caution that others are discredited. An example is available here.

[57] The Italian National Institute of Health (ISS) updated in 2023 the Guidelines on the diagnosis and treatment of autism spectrum disorder in children, adolescents and adults. (more information here)

[58] Example of medical guidelines in the Basque Country, Spain: Reviriego et. al, 2022

[59] For example, Warsaw has 12 Specialist Consultation Points (SPK) for Autism (more information available here), and an Autism Consultation Centre can be found in Krakow (more information available here).

digital literacy[60]. In **Spain**, the absence of enforcement mechanisms implies that the implementation of national policies promoting access to evidence-based interventions varies widely between regions, with dissemination actions and professional training remaining inconsistent. **Italy** also shows significant disparities across regions[61] and a fragmented service delivery for autistic persons[62], resulting in uneven access to information on and access to evidence-based interventions. In **Greece** there is an overall lack of national and regional policies on evidence-based interventions for Autism, but important regional disparities exist: urban centres like Athens and Thessaloniki benefit from proximity to major hospitals, universities, and active NGOs, while rural areas experience a lack of specialists, access to any structured information services, assessments, and interventions.

4. Policy Recommendations

a. At the EU level

Considering the policy gaps observed in the previous section, new actions in the EU strategy for the rights of persons with disabilities (2021-2030)[63], and the upcoming EU Common Approach on Autism represent key policy opportunities.

Furthermore, the following policy recommendations are proposed at the EU level:

- **An EU-wide ban of harmful and dangerous interventions for autism**, as included in the AUTHERAPIES Database[64].
- **Regulatory Harmonisation**: Establish common guidelines to ensure that all Member States offer evidence-based interventions that are accessible and freely, informedly chosen.
- **Development of European guidelines on the availability of information** regarding evidence-based interventions for autism, based on systematic reviews and current meta-analyses.
- **Public Awareness:** To enable the dissemination and availability of information regarding evidence-based interventions for autism, the EU should **fund public awareness-raising campaigns on the importance of evidence-based interventions**, and **support organisations of autistic persons, their families, and professionals** that actively disseminate such information[65].

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[60] According to 2024 data, Poland has achieved 44.3% basic digital skills coverage, which is below the EU average of 55.6% (more information available here).

[61] The Italian Constitution provides to the Regions competence in matters of planning and organization of health and social services (art. 117) (more information available here).

[62] Example of service fragmentation for autistic persons in Italy: Borgi et. al, 2019. This disparity is also visible in a map of services for autistic persons available here.

[63] On March 11 and 12 2025, the UN Committee on the Rights of Persons with Disabilities held a dialogue with the European Union on the implementation of the UN CRPD. On 21 March 2025, the Committee issued concluding observations from the dialogue, available here, calling for further action at the EU-level to guarantee the rights of autistic people, including new targeted actions within the second half of the EU Strategy for the rights of persons with disabilities (2021-2030). In parallel, Autism Europe published an Alternative Report to the UN Committee's Concluding Observations, available here, which calls the European Commission to adopt actions for the next half of the Strategy targeting the diverse needs of people with disabilities, including autistic people.

[64] AUTHERAPIES database of autism interventions available here.

[65] The conclusions from the UN Committee on the Rights of Persons with Disabilities call the EU to raise awareness about the rights of persons with disabilities, including autistic persons. It also

- **Dedicated Funding:** As recommended by the UN Committee on the Rights of Persons with Disabilities[66], the EU should ensure that investments of the European Social Fund + (ESF+) address structural inequalities faced by autistic persons. Such inequalities include the difficulty to find accessible information of evidence-based interventions.
- **EU platform of evidence-based interventions:** The EU could fund and coordinate a multilingual platform compiling scientifically validated interventions, targeted at families, autistic individuals, and professionals, with filters by age, severity, and comorbidities.
- **Ensure information accessibility:** the EU should publish guidelines to ensure that information about intervention options for autistic persons is available in accessible formats (easy-to-read, Braille, sign language, augmentative communication, pictograms).
- **EU-level guidelines on the training of professionals**: As recommended by the UN Committee on the Rights of Persons with Disabilities[67] and by Autism Europe[68] the EU should promote compulsory training on specific and evidence-based interventions for autism, in addition to training on ethical issues in the curricula of all the habilitation professionals.

b. At the national level

To overcome the policy gaps found at the national level, the following recommendations are proposed:

- **Moving from a medical towards a bio-psycho-social model of support for autistic persons**: While the medical model tends to focus exclusively on deficits or disorders, a bio-psycho-social model centres on the abilities and resources of autistic people, and promotes the involvement of autistic people, their families and communities in intervention and support processes.
- **Moving towards supported decision-making frameworks**: developing legislative actions that promote supported decision-making mechanisms for autistic persons regarding their interventions.
- **Personal Autonomy programs:** Offer accessible training courses for autistic persons and their families on evidence-based interventions, on their right to health, and decision-making skills. Such courses can be included within health and social care programs.
- **Professional training programs:** Mandate certified training in evidence-based interventions for all professionals working with autistic persons, including paediatricians, child psychiatrists, psychologists, and educators.
- **Informational action plans:** Develop accessible guides for autistic persons, families and professionals on recommended interventions and warnings about non-evidence-based interventions.

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underlines that the EU should closely consult and actively involve organizations of persons with disabilities, including autistic persons.

[66] UN Committee on the rights of persons with disabilities, *Concluding Observations*, 2025, available here.

[67] UN Committee on the rights of persons with disabilities, *Concluding Observations*, 2025, available here.

[68] Autism Europe, *Alternative Report,* 2025, available here.

- **Official registry of evidence-based interventions:** Create and maintain a public, expert-validated and accessible registry specifying which interventions have proven efficacy for autism.
- **Ensure information accessibility:** any information about intervention options for autistic persons issued by national institutions should be available in accessible formats (easy-to-read, Braille, sign language, augmentative communication, pictograms). Additionally, public websites providing information about autism and evidence-based interventions comply with accessibility standards.
- **Ethical and clinical supervision:** Create bioethics committees to monitor the adequacy of interventions offered and ensure that the person's will and preferences are respected.
- **Regulation of therapeutic advertising:** Strictly regulate the advertising of therapeutic services to prevent the promotion of pseudoscientific or unvalidated interventions.
- **Ensure minimum service standards:** to prevent disparities across regions regarding service provision to autistic persons, national legislations should ensure countrywide minimum service standards, including the availability of evidence-based interventions and information about them.

c. At the regional and local level

The following recommendations at the regional and local level aim to support the implementation of the national recommendations proposed above:

- **Moving towards supported decision-making frameworks**: one action to implement supported decision-making could be incorporating a neutral support figure (e.g. case manager, patient's advocate or assistant) bridging the communication between clinicians and autistic patients, and who can translate the autistic person's needs, further including them in the decision-making about their interventions.
- **Inclusive practices in hospitals and healthcare centres:** Require protocols for adapting information and supporting decision-making within public and affiliated healthcare services (e.g. easy-to-read consent forms).
- **Information and orientation centres:** Establish local service points where autistic persons and their families can receive guidance on validated interventions, with staff trained in accessible communication.
- **Awareness-raising campaigns:** Launch local campaigns to empower autistic persons regarding their right to decide over their bodies and interventions.
- **Regional Authorities online resources hub:** Regional authorities should provide an online resources hub with links to key information about evidence-based interventions for autistic persons.
- **Dissemination through public services:** Ensure that schools, healthcare centres, and social service offices can provide updated and accessible materials on evidence-based interventions, available for free.
- **Ensure information accessibility:** any information about intervention options for autistic persons issued by regional or local institutions should be available in accessible formats (easy-to-read, Braille, sign language, augmentative communication, pictograms). Additionally, public websites providing information about autism and evidence-based interventions comply with accessibility standards.

- **Collaboration with associations of autistic persons and their families:** Fund joint projects with third-sector organizations to co-create and distribute informational materials adapted to different cognitive and linguistic profiles.
- **Participation in service design:** Involve autistic persons in the design, planning, and evaluation of health services.

5. Conclusions

This Policy Brief has shown that policy gaps exist at the European, national, regional and local levels with regards to the self-determination of autistic persons regarding their interventions, and ensuring the availability and accessibility of information on evidence-based interventions for autistic persons, their families and professionals working with autistic persons.

The recommendations gathered aim to provide clear guidance on how to ensure that the right of autistic persons to choose their interventions is respected, and to guarantee that information about evidence-based interventions is available and accessible for key sectors of the population: autistic persons, their families and professionals working with autistic persons.

Moreover, the AUTHERAPIES project and its outputs– the autism interventions database, and the training modules on evidence-based interventions – could become important policy tools to provide accurate guidance and training on evidence-based interventions for autism at the European, national and local levels. If the project was to be extended, promising actions could be developed:

- Disseminating the AUTHERAPIES project through public campaigns.
- Expanding the number of languages in which the website, database, and training materials are available.
- Establishing an independent scientific committee to ensure its updating and rigor.
- Funding the adaptation of AUTHERAPIES to multiple accessible formats: easy-to-read, explanatory videos, pictogram synthesis, or augmentative systems for autistic people who use alternative communication.
- Incorporating AUTHERAPIES as part of the mandatory resources available in early intervention centres, child and adolescent mental health units, special education centres, and school guidance services.
- Provide training to healthcare, education, and social care professionals on how to use AUTHERAPIES to guide families in making informed decisions.

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