

Tracking and Evaluating a Supported Employment Internship Programme for Autistic Adults without a Learning Disability

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Thesis submitted for the degree of Doctor of Philosophy (PhD) in Psychology
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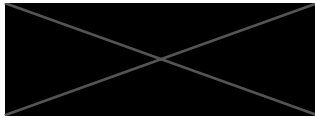
Declaration

I, Maria Ashworth, confirm that the work presented in this thesis is my own. Where information has been derived from other sources, I confirm that this has been indicated in the thesis.

The following work was carried out at IOE, UCL's Faculty of Education and Society within the Centre for Research in Autism and Education (CRAE), under the supervision of Professor Anna Remington, Dr Brett Heasman, and Professor Laura Crane.

The UK autism education and employment charity Ambitious about Autism funded this doctoral research, and they developed and delivered Employ Autism. This work was supported by Ambitious about Autism, via Autistica, grant number 7275.

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Abstract

There is an established employment gap for autistic people. Many autistic individuals express a desire to work but have low employment rates compared to people with and without other disabilities. (Un)employment has a wide influence on autistic people's financial security and well-being. Poor support during the transition from education to adulthood is a key barrier to employment; it limits the opportunities for autistic young people to gain crucial experience and skills for future employment. Supported employment initiatives with work experience (e.g., internships) can improve autistic people's employment outcomes. However, few supported employment initiatives have been evaluated. Of those that have been evaluated, many are not accessible to autistic people without a learning disability who are not in education.

This thesis presents the first evaluation of a UK-based supported employment initiative for autistic people aged 18 years and older without a learning disability, *Employ Autism*. The first chapter provides a general introduction to autism and an overview of the literature pertaining to employment outcomes, barriers, and support. The second chapter provides additional background on the context of the research setting, the *Employ Autism* initiative, and the rationale for the design of the evaluation. Across the subsequent three chapters, I present my mixed methods approach to evaluate *Employ Autism*. Chapter 3 (Study 1) evaluates the effectiveness of *Employ Autism*'s autism training on employers' autism knowledge and commitment to inclusion in the workplace. Chapter 4 (Study 2) presents the thematic analysis used to explore the interns', employers', and parents' qualitative experiences of *Employ Autism*. Chapter 5 (Study 3) examined how the interns' employment and wider outcomes (e.g., quality of life) changed up to two years post-internship. Finally, Chapter 6 provides a discussion of the main findings from my doctoral research, including recommendations for practice and future research.

Impact Statement

(Un)employment has a wide—and potentially damaging—impact on autistic people's lives and well-being. Given this, autistic individuals and members of the wider autistic community repeatedly identify employment as a priority area for research (Roche et al., 2021). Supported employment initiatives can improve employment outcomes for autistic people. However, literature reviews consistently call for more comprehensive evaluations of supported employment initiatives to ensure they are evidence-based and useful for autistic people (Baker-Ericzén et al., 2022; Hedley, Uljarević, Cameron, et al., 2017). My doctoral research contributes to calls in research and practice by offering an evidence-base for a new supported employment initiative for autistic people in the UK, Employ Autism.

The evidence from my doctoral research has been widely disseminated amongst academic audiences via peer-reviewed journal articles and conferences. The results from Study 1 (Chapter 3) were presented online at the Autistica Research Festival in 2022 (see recording at Autistica, 2022) and at a poster session at the Autism Europe International Congress in Poland, 2022. A version of Chapter 3 was published in the journal *Neurodiversity*, in April 2024. The results from Study 2 (Chapter 4) were presented at a poster session at the International Society for Autism Research (INSAR) conference in Sweden, 2023, and as an oral presentation at the *Psyched in Education* conference at IOE, UCL in London, 2023. A version of Chapter 4 was published in the journal *Autism*, in November 2023. The results from Study 3 (Chapter 5) were presented at a poster session at the INSAR conference in Australia, 2024, and as an oral presentation at the *Psyched in Education* conference at IOE, UCL in London, 2024. A version of Chapter 5 has been submitted for peer review in the journal *Neurodiversity*.

My doctoral research is also impactful outside of academia. Ambitious about Autism (the charity that developed Employ Autism) funded this doctoral research and intend to use the

insights to directly inform the development of the Employ Autism framework for national dissemination. My research informed a public engagement event for potential employers and public policy makers, exploring the reach and impact of Employ Autism at the House of Lords in July 2023. The evidence from Study 1 contributed to the Buckland Review of Employment (Department for Work and Pensions, 2024) to inform recommendations to government and employers about how to improve autistic people's employment outcomes. The findings from my doctoral research have also been written as an accessible lay summary in a public facing report for Ambitious about Autism. This report will be widely disseminated to key stakeholders in the transition to employment process (e.g., autistic people, employers, parents, education and career practitioners) and to policymakers, to inform knowledge and practice on improving employment support for autistic people. Such insights can also be used to inform the development of other supported employment initiatives to support more autistic people in future.

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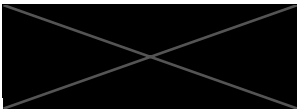
AR, BH, LC, and I were responsible for the study's conception and design. I took the lead in participant recruitment, data collection, and data analysis. AR, BH, and LC assisted me in planning the data analysis. I authored the manuscript, while AR, BH, and LC provided feedback through an iterative review process.

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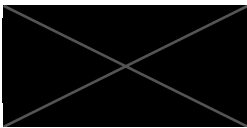
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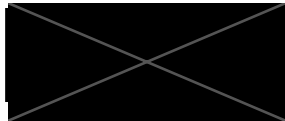
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Terminology

Debate exists over the terminology used in relation to autism. The Diagnostic and Statistical Manual defines 'autism spectrum disorder' by 'impaired' social interaction, communication, and restricted, repetitive, and stereotyped patterns of behaviour, interests or activities including hyper- or hypo reactivity to sensory input (DSM-5-TR, American Psychiatric Association, 2022). However, many autistic people and the wider autistic community criticise such definitions for pathologising autism and disregarding areas of strength and ability (Farahar, 2022). Moreover, research yields mixed results about whether identity-first language (IFL; i.e., autistic person) or person-first language (PFL; i.e., person with autism) is preferred, and by whom (Flowers et al., 2023). There is no unanimous preference within and between the language preferences of self-advocates, parents, family and friends, and professionals. However, many autistic adults in English speaking countries prefer IFL over PFL because autism is perceived as intrinsic to and inseparable from one's identity (Bury et al., 2023; Keating et al., 2023; Kenny et al., 2016; Lei et al., 2021). Therefore, in line with best practice guidelines to (a) avoid deficit-based, ableist language, and (b) recognise the preferences of autistic individuals (Bottema-Beutel, Kapp, et al., 2021), I will use the term 'autism' and will use IFL throughout this thesis. I acknowledge, however, that this might not be the preferred terminology for all autistic people or members of the autistic community, and for those who speak different languages and/or who are from different cultures (Buijsman et al., 2022). Similarly, I will interchangeably use the terms "Predominant Neurotype" (PNT; Beardon, 2017, p. 14) and "non-autistic" to refer to people who do not identify as autistic. In doing this, I aim to dissuade assumptions that a non-autistic person is [neuro]typical, and respectfully acknowledge the imbalanced dynamics between majority and minority groups of neurotypes (Bottema-Beutel, Kapp, et al., 2021).

Chapter 1: General Introduction

There is an employment gap for autistic people: the proportion of autistic people in employment is lower than the proportion of those who want to work (e.g., 29% versus 77% in the United Kingdom (UK), respectively; National Autistic Society, 2016; Office for National Statistics, 2022, 2023). Poor employment outcomes have a wide influence on autistic individuals' well-being (Goldfarb et al., 2023; Hedley, Uljarević, & Hedley, 2017a; Raymaker et al., 2023; Walsh et al., 2014). As such, it is important to understand how to effectively support employment outcomes to close the employment gap.

One way to address this issue is to consider the transition from education to employment. In this area, supported employment initiatives with a work experience component have been shown to be effective at improving employment rates (Baker-Ericzén, Fitch, et al., 2018; Hedley, Uljarević, & Hedley, 2017b; Schall, Wehman, et al., 2020). However, very few of these initiatives have been evaluated. This thesis provides the first evaluation of a supported employment initiative in the UK for autistic adults aged 18 years and above without a learning disability (LD).

In the present chapter, I will give an overview of autism and discuss two paradigms through which to understand and support autistic people: the medical and neurodiversity paradigms. Next, I provide an overview of the literature related to the challenges faced in the transition to adulthood for autistic people. I will also outline the literature on employment outcomes and the barriers to employment for autistic people. Following this, I will describe the types of external services available to autistic people to support employment outcomes. Finally, I will outline the evidence for the effectiveness of supported employment initiatives with work experience.

Autism

Autism is a lifelong neurodevelopmental disability that affects the way people experience the world (Autistic Self Advocacy Network, 2020). Approximately 1% – 4% of the population are diagnosed as autistic and there is a median worldwide prevalence of 1 in 100 (see Zeidan et al., 2022 for a review). Autism is defined by differences from the PNT in (1) social interaction and communication and (2) restricted and repetitive behaviours and interests (RRBIs), including hyper- or hypo reactivity to sensory input (American Psychiatric Association, 2022a). These differences may affect how autistic people experience employment and their employment outcomes. As such, each area is considered more detail next.

First, differences in social communication and social interaction often present as difficulties in recognising and understanding verbal and non-verbal cues from people and wider social contexts. For example, autistic people may use pragmatic language, eye gaze, and expressive facial and gestural body language differently compared to the PNT (de Marchena et al., 2019; Faso et al., 2015; Frazier et al., 2017; Sng et al., 2020). These differences can also cause challenges for autistic people integrating their own verbal and non-verbal communication in social interactions (Prelock & Nelson, 2012). Such differences have been typically framed as deficits when referenced to benchmarks of the PNT (Kapp et al., 2013). However, social communication can be particularly challenging for autistic people when they interact with the PNT who have a different framework of norms and expectations of social behaviour (Heasman & Gillespie, 2018, 2019b).

Milton's (2012) Double Empathy Problem (DEP) argues that breakdowns in communication between autistic people and the PNT are not solely attributable to the autistic person. Communication and interaction difficulties are a mutual, interpersonal problem because both parties experience troubles understanding each other, resulting in a mismatch in their

communication (Milton et al., 2022). For example, research has shown that PNT participants incorrectly interpreted autistic people's behaviour and mental states from videos of facial expressions, demonstrating how being misunderstood can make social communication difficult for autistic people (Sheppard et al., 2016). Breakdowns in communication can be uncomfortable for both parties, but are particularly unusual for the PNT who have likely had fewer experiences of such disjuncture (Milton, 2012).

Emerging research in support of the DEP found that a group of autistic people shared information with each other as successfully as a group of non-autistic people did with other non-autistic people (Crompton, Ropar, et al., 2020). In another study, pairs of autistic people had higher self- and observer-rated rapport compared to mixed autistic and non-autistic pairs (Crompton, Sharp, et al., 2020). Similarly, autistic people have been found to create distinct shared understanding with other autistic people that could lead to rapid rapport (Heasman & Gillespie, 2019). Autistic people say they feel more comfortable with other autistic people because they feel more understood (Crompton, Hallett, et al., 2020). This evidence suggests autistic people do not have 'impaired' social communication and interaction as specified by the DSM-5-TR. Instead, autistic people may have a different and specific style of social interaction that does not impede communication with someone of the same neurotype and facilitates good reciprocal understanding (Crompton, Sharp, et al., 2020; Davis & Crompton, 2021).

The DEP has been criticised for having a poor derivation chain from theory to empirical data; its imprecise definition causes problems measuring, contextualising, and making statistical predications about it (Livingston et al., 2024). As such, the authors caution against the DEP's application to research and practice without first strengthening its definition and empirical data. However, while it is valuable to develop further evidence about the DEP, such criticisms may undermine and discredit a theory that is (a) in its infancy, and (b) coined by an autistic person to explain the autistic experience first-hand (Sasson, 2024). The DEP may be held to an unfair

standard compared to other, older theories (e.g., theory of mind) that are also poorly defined, pathologise, and dehumanise autistic people (Botha, 2024). Indeed, the insights from the research and first-hand accounts from autistic people suggest better recognition of the DEP has the potential to positively impact interactions between autistic people and non-autistic people.

However, autistic people continue to experience the negative consequences of being misunderstood by a largely non-autistic society. The repercussions of breakdowns in communication between autistic and non-autistic people can have a wide, negative impact for the inclusion of autistic people in social, educational, and work settings (Davis & Crompton, 2021). Indeed, misunderstandings with colleagues and supervisors (e.g., receiving vague deadlines) and social expectations of the workplace (e.g., small talk and networking) are often cited as a barrier to employment (Harmuth et al., 2018; Lorenz et al., 2016; Remington & Pellicano, 2019; Vincent, 2020). Miscommunications can contribute to discrimination and bullying within the workplace, poor mental health, and can lead to job termination (Pezzimenti et al., 2024; Raymaker et al., 2023).

The second key area of difference for autistic people is RRBIs. These behaviours and interests can vary in complex ways between autistic people depending on their age, sex, cognitive level, and co-occurring mental health conditions (Jasim & Perry, 2023; Uljarević et al., 2022). Such behaviours are broad and variable in type, frequency of occurrence, and whether they are under voluntary control or not. They can include repetitive movement or manipulation of body parts or objects (i.e., stereotypic behaviour), an inclination for sameness and ritualised, compulsive behaviour (e.g., repeating and performing behaviours according to a rule), and narrow interests (Bodfish et al., 2000; Lam & Aman, 2007). While such behaviours are often more prevalent and pronounced in autistic populations, they are also present in populations of people with other neurodevelopmental differences, genetic conditions and the PNT (Cho et al., 2017; Leekam et al., 2011).

Repetitive behaviours can be a type of sensory responsivity and/or coping mechanism to sensory stimuli (Schulz & Stevenson, 2020). Indeed, many autistic people have reframed repetitive behaviours as *stimming*: a self-stimulating behaviour that can be beneficial to self-regulate, distract from and manage overwhelming environments and emotional distress (Kapp et al., 2019; Kim & Bottema-Beutel, 2019). For some autistic individuals, repetitive behaviours can also be advantageous for attention to detail and better endurance with repetitive tasks in a workplace (Bury et al., 2021). However, such behaviours have also been described as having a negative impact in relation to time management, inflexibility, mild self-injury (e.g., by skin-picking or self-biting), and feelings of hopelessness, anxiety, self-consciousness, pressure, and shame from trying to stop or repress their stims (Charlton et al., 2021; Collis et al., 2022). Such behaviours are also associated with increased rates of co-occurring mental health conditions such as anxiety (García-Villamizar & Rojahn, 2015; Jasim & Perry, 2023). These more negative examples can cause challenges for individuals who need to follow workplace routines or rules, cope with changes to work tasks, manage workloads, and maintain employment (Bury et al., 2020).

Differences in sensory processing are a type of RRBI. Autistic people may have an over- ('hyper') or under- ('hypo') ability to detect sensory stimuli (i.e., different *sensory sensitivity*), and different behavioural or affective reactions to a sensory stimuli (i.e., different *sensory responsivity*; Sapey-Triomphe et al., 2023; Schulz & Stevenson, 2020). These processing differences can affect all the sensory modalities: sight, sound, touch, taste, smell, and proprioception (the sense for self-movement and position; Baum et al., 2015). For example, an autistic individual might be able to hear sounds from far away, notice lights flickering, or smell perfume at a distance that non-autistic people would not. Differences in sensory processing can greatly affect autistic people's daily lives, including their experiences of employment.

For example, sensory sensitivity has been related to excellent attention to detail and an increased ability to process information at any given time (Baron-Cohen et al., 2009; Brinkert & Remington, 2020). Increased perceptual capacity and its associated creativity, focus, and memory can be particularly advantageous in a workplace and desirable for employers (Cope & Remington, 2022). However, while some sensory experiences can be extremely pleasurable for autistic individuals (e.g., experiencing music and the feeling of certain textures), such sensitivity can also be distressing, uncomfortable, and even painful (Belek, 2019; Robertson & Simmons, 2015). For example, autistic people report difficulties with some work settings such as open plan offices due to sensitivities to noise and being unable to filter out and focus on one colleagues' speech at a time, and/or flickering fluorescent lights in offices (Harmuth et al., 2018; Lorenz et al., 2016; Petty et al., 2023; Vincent, 2020). Such aspects of work environments can be stressful and distracting, and can make it increasingly hard for an autistic individual to focus on work-related tasks or requirements (Petty et al., 2023). Negative sensory experiences can lead to overload, shutdown, and/or meltdown whereby autistic individuals can become intensely overwhelmed, withdraw from triggering environments, and can feel out of control of their behaviour (Belek, 2019; Jones et al., 2003; Lewis & Stevens, 2023).

Heterogeneity of Autism

Autism is a heterogeneous developmental difference. Autistic people experience the world in a range of ways, present various characteristics differently, and vary in their daily support needs. The DSM's term autism 'spectrum' highlights this diversity to encompass genetic variations, developmental behaviours, cognitive processes, and varied responses to support and outcomes (Happé et al., 2006; Lombardo et al., 2019). Relatedly, this spectrum does not follow a linear range from 'low' to 'high functioning' autism. Instead, it should be viewed as circular, where an autistic person has different abilities in different areas (Crosman, 2019).

These variations in areas of strength, weakness, and daily support needs can affect how autistic people engage with employment.

There is a wide range of intellectual quotient (IQ) scores within the autistic population. IQ scores of approximately 70 or below are considered below average and are typically associated with a co-occurring LD that affects mental abilities in conceptual, social, and practical adaptive functioning (see Appendix A for a full operationalisation of LD in this thesis; American Psychiatric Association, 2022). Earlier studies found 70% of autistic people had a below average IQ of below 70, but recent data estimate this is closer to 30% (Wolff, Eberlein, et al., 2022; Wolff, Stroth, et al., 2022). Epidemiological studies found 31% - 55%, 28 - 44%, and 3% of autistic children had IQs in the below average (IQ < 70), average (IQ 85 – 115), and above average IQs (IQ < 85 - 115), respectively (Baio, 2018; Charman et al., 2011). Clinical studies estimated 23% - 38%, 22% - 45%, and 32% - 40%, of autistic children and adults had IQs in the same ranges (Mayes & Calhoun, 2003; Rommelse et al., 2015; Wolff, Eberlein, et al., 2022).

IQ has been incorporated into categorisations of autism. For example, to be diagnosed with *Asperger syndrome* (often used synonymously with '*high functioning autism*'), an individual must have had no early language delay and have no cognitive developmental delay (i.e., a 'normal' or above average IQ; Asperger, 1944; Hosseini & Molla, 2024; Mirkovic & Gérardin, 2019). More recently, the term *profound autism* has been used to describe autistic people with high, complex support needs (IQ \leq 50 and/or minimal or inconsistent speech; Lord et al., 2022). However, autistic people can have diverse IQ profiles, such as low nonverbal but high verbal IQs, which complicates simplistic categorisation (Courchesne et al., 2022; Kapp, 2023; Plesa Skwerer et al., 2016; Tager-Flusberg & Kasari, 2013). Such categories often fail to reflect individual abilities or support needs (Kapp, 2023).

The term 'high functioning' implies low support needs and better outcomes. However, research shows IQ is not a valid proxy for 'good' adaptive behaviour (i.e., social and practical skills for every day functioning) because it is often lower than an individual's IQ and changes with age (Alvares et al., 2020; Chatham et al., 2018; Farmer et al., 2018; Pathak et al., 2019; Szatmari et al., 2015). Indeed, autistic individuals with average or above average IQs can struggle to cope with different aspects of everyday functioning (e.g., due to the challenges related to the autistic experience such as sensory overload), and can therefore have significant, changing support needs in different settings including the workplace. Incorrectly assuming such autistic people do not need support can be disproportionately damaging for this group as they are often overlooked for support in various settings, including employment (den Houting, 2019; Kapp, 2023).

Autistic people can also vary in their communication differences, ranging from 'functional speech' (i.e., using six or more words; Mirenda, 2013) to nonverbal communication (i.e., not speaking or not speaking to communicate; Anderson et al., 2007; DiStefano et al., 2016; Tager-Flusberg et al., 2005). Crucially, communication differences are not static and can fluctuate over an individual's life and in different contexts. Autistic people with functional speech may use it intermittently, unreliably, or insufficiently, and its use is influenced by stress, sensory overload, cooccurring conditions, and context (Zisk & Dalton, 2019). Consequently, differences in verbal communication can limit jobs autistic people can apply for. In addition, stressful and inappropriate working environments can impact functional speech and an individual's ability to complete tasks that require verbal communication with supervisors and colleagues.

There are high rates of cooccurring developmental (e.g., LD), medical, and mental health conditions in the autistic population (Levy et al., 2010; Rosen et al., 2018). For example, approximately 28% of the wider autistic population have been found to have an additional diagnosis of attention deficit/hyperactivity disorder (ADHD; Lai et al., 2019). Autistic individuals

often have medical issues such as somatic, sleep-wake, and gastrointestinal problems (Micai et al., 2023). Additionally, rates of mental health conditions such as anxiety (13%) and depression (9%) are higher in the autistic population compared to the general population (Lai et al., 2019). The intersecting needs from such cooccurring conditions can affect the types of jobs autistic people can pursue, depending on which organisations are prepared and equipped to provide the necessary support for safe employment.

Paradigms of Autism

Autism was first described by Grunya Efimovna Sukhareva in 1926 (Posar & Visconti, 2017), followed by Psychiatrist, Kanner, in 1943, and paediatrician, Asperger, in 1944. Since its first written descriptions, autism has mostly been understood within a medical paradigm. However, the psychobiosocial model, the social model, and the neurodiversity paradigm offer alternative views of autism. The assumptions of different paradigms have consequences for how people learn about autism and how knowledge and support is applied in different settings, including the workplace (Pellicano & den Houting, 2022). Therefore, within the scope of the current thesis, the following section discusses the medical and neurodiversity views as two contrasting paradigms for understanding and supporting autistic people.

The Medical Paradigm

The medical paradigm views disability as biological, physical, and/or cognitive impairments that cause deficient functioning compared to what is accepted as 'typical/normal' for 'healthy' people (Haegele & Hodge, 2016; Marks, 1997). As such, disability is perceived as undesirable. Through a medical paradigm, treatments or interventions aim to 'fix' a disabled individual by eliminating or ameliorating impairments so that the individual functions more like the accepted norm (Akhtar & Jaswal, 2013; Bingham et al., 2013; Brittain, 2004; Marks, 1997; Pellicano & den Houting, 2022). In line with this view, the DSM-5-TR and International

Classification of Functioning, Disability, and Health define autism as a 'disorder' and list 'symptoms' as 'persistent deficits' (American Psychiatric Association, 2022a; World Health Organisation, n.d.). Moreover, a large proportion of autism research has focused on identifying genetic and neurobiological markers and cognitive mechanisms of autism to inform interventions for more 'typical' development (Dawson, 2008; Pellicano et al., 2014b; Pellicano & den Houting, 2022).

Medical approaches in research have supported some important advancements in knowledge about autism. For example, such research has developed the understanding of autism from a narrow definition to a wider set of diagnostic criteria, and from being viewed as child-specific to a lifelong developmental difference (Happé & Frith, 2020). However, despite extensive research, there is no unanimously accepted biological and/or cognitive framework of autism (Fletcher-Watson & Happé, 2019). Indeed, there are key issues with the medical paradigm.

First, the medical paradigm's focus on deficits can promote stigmatised perceptions that autistic people are inherently impaired and lacking in comparison to the PNT (Pellicano & den Houting, 2022). This view is often internalised by autistic people, resulting in negative self-perceptions and poor mental health (e.g., Cribb et al., 2019; Hull et al., 2017; Humphrey & Lewis, 2008). Second, this model (a) burdens the autistic individual to change and (b) disregards contextual factors that could be instrumental for effective support (Pellicano & den Houting, 2022). For example, addressing an autistic person's difficulties with loud, bright, and inhospitable sensory working environments through a medical lens would ignore solutions such as allowing the individual to wear headphones or work remotely. Third, the medical paradigm prioritises the influence of medical professionals over the lived experiences of autistic people (Pellicano & den Houting, 2022). This narrow perspective impacts how autism is understood in

scientific and popular culture, and whether research and resources are directed towards areas of priority for autistic people (Pellicano et al., 2014b).

The Neurodiversity Paradigm

The neurodiversity paradigm was established collectively by autistic advocates from the broader social disability rights movement in the 1990s (Botha et al., 2024). The medical and neurodiversity paradigms of autism both acknowledge underlying biological causes. However, while the medical paradigm condemns biological factors as impairments to eliminate, the neurodiversity paradigm accepts them as differences (Akhtar & Jaswal, 2013; Jaarsma & Welin, 2012; Kapp et al., 2013).

Neurodiversity denotes “the range of natural diversity that exists in human development” (Pellicano & den Houting, 2022, p. 386). This definition includes typical development and development outside of a ‘typical’ range of the majority of the population (i.e., neurodivergent development, like autism and ADHD). The neurodiversity paradigm has two key assumptions. First, typical and neurodivergent development are equally valuable and both contribute to a healthy, diverse biological and cultural ecosystem (Amundson, 2000; Pellicano & den Houting, 2022). Second, all people should be treated with dignity and respect, regardless of any neurodivergence or level/complexity of support needed (Pellicano & den Houting, 2022). Contrary to the medical paradigm, autistic characteristics are not viewed as clinical impairments to correct. Instead, autism is considered a natural variation and autistic characteristics (both strengths and challenges) are often viewed as central to an autistic person’s identity (Kapp et al., 2013).

Within the neurodiversity paradigm, autism and support for autistic people is also understood through a social model of disability. The social model argues that disability (e.g., autism) is not due to any impaired characteristic; rather disability is a result of poor

environmental adaptations for physical, cognitive and emotional differences (Oliver, 1996, 2013). This view is not appropriate for all disabilities (e.g., that cannot be alleviated through environmental accommodations), but often reflects the autistic experience of disability (den Houting, 2019). The neurodiversity paradigm and social model align in recognising the necessity of support services that address physical, social, and attitudinal environmental changes rather than addressing autistic characteristics to make autistic people more 'normal' (den Houting, 2019). For example, support to address the employment gap for autistic people should change workplace environments and attitudinal barriers, rather than 'training' autistic individuals to adhere to inhospitable working environments.

The neurodiversity paradigm has advantages for conceptualising autism and autism research (Pellicano & den Houting, 2022). First, the neurodiversity narrative encourages the consideration of broader contexts to identify effective support for autistic people. Second, this paradigm recognises autistic people as unique and valuable. This validation supports a broader conceptualisation of values and goals beyond a neuronormative standard. Moreover, adopting this view in autism research facilitates a safer, more inclusive space for autistic people to lead and codesign research. Improved inclusion helps research prioritise areas of importance for autistic communities and contribute more effectively towards improving the lives of autistic people and their families. The current research aligns with the neurodiversity paradigm of autism (see Chapter 2 for more information on positionality). The remainder of the thesis will explore autistic people's transition from education into adulthood and employment within this paradigmatic context.

Transition to Adulthood

The transition to adulthood has traditionally involved milestones of completing education, engaging with postsecondary education, obtaining employment, living independently, engaging

with the community, and forming fulfilling personal relationships (Cepa & Furstenberg, 2021; Wehman, 2006). Extensive research has found that autistic individuals often have worse outcomes than non-autistic people on such milestones, including worse rates of postsecondary education, independent living, and employment (Friedman et al., 2013; Ghanouni et al., 2021; Gray et al., 2014; Henninger & Taylor, 2013; Howlin et al., 2004, 2004; Shattuck et al., 2012; Steinhausen et al., 2016; Wehman et al., 2014). However, such outcomes have mostly been measured against the standards and goals of the PNT, and autistic young people have been found to have different conceptions of how these outcomes relate to their well-being (Pellicano et al., 2020). From an autistic perspective, a 'successful' transition to adulthood is more complex and involves the adjustment of goals around PNT reference points depending on areas of needs and ability (Sosnowy et al., 2018). While there are certainly issues in operationalising milestones by PNT norms, interrelated factors such as a poor person-environment fit, uncertain parental roles, and a lack of comprehensive, integrated specialist services are repeatedly identified as lacking areas for autistic people's transition into adulthood (Anderson et al., 2018; Vincent & Fabri, 2020).

Autistic people encounter a number of challenges in their transition from childhood and education to adulthood (Kapp et al., 2011). For example, autistic people can find it harder to navigate the increasingly complex social demands of adolescence. Those without a LD may become more aware of their differences from the PNT (Locke et al., 2010). For example, autistic adolescents without a LD have reported perceiving their 'normal' selves negatively, feeling worthless and unconfident, and being socially excluded and made to feel "unnatural" by their PNT peers (Crane et al., 2019, p. 484). Relatedly, autistic people also experience high rates of bullying and peer victimisation during adolescence (Cappadocia et al., 2012; Fisher & Taylor, 2016). These challenges can have a cyclical impact of increased anxiety, loneliness, and difficulty building peer networks (Locke et al., 2010; White et al., 2009).

Different educational institutions offer varying types, quantities and qualities of support, which can affect autistic students' preparedness for their transition to adulthood and employment. For example, schools for people with special educational needs and disabilities (SEND) often have tailored, dedicated support built into their curriculum, including specific vocational work experience (Holwerda et al., 2013). State funded mainstream schools can lack the resources to provide individualised, autism-specific support, whereas private schools likely have more financial capacity and legislative autonomy for tailored provision (Nwoko et al., 2022; Thomas et al., 2023). Many autistic young people are home-schooled due to inadequate education provision, but families of these young people have reduced access to educational and financial support for resources (O'Hagan et al., 2021). International evidence suggests more autistic people are attending university (Bakker et al., 2019, 2023; Jackson et al., 2018). However, there are also inconsistent levels of professional support for autistic students at universities, and poorer support has been associated with worsening mental health and increased dropout rates (Gurbuz et al., 2019; Scott & Sedgewick, 2021). Such differences in the provision of appropriate support for autistic people throughout education can be related to a lack of knowledge and confidence in among education practitioners (Able et al., 2015; Vincent & Ralston, 2020). Furthermore, families with a higher socio-economic status can have better access to supports, social networks, and opportunities for vocational experiences for their young person throughout education (Pillay & Brownlow, 2017; Shattuck et al., 2012).

Autistic people experience a distinct reduction in support once they leave education and move into more fragmented post-education health, social, and employment care system (Friedman et al., 2013; Wehman et al., 2014). A lack of comprehensive, integrated services is a key barrier to autistic individual's transition to adulthood; many autistic people do not know what support is available and how to access it (Anderson et al., 2018). The sudden decline in support has been described as "[dropping] off the end of a cliff" (Beresford et al., 2013, p. 173).

This change can be particularly problematic for autistic people without a LD who are often perceived as too 'normal' to be autistic and may therefore be overlooked for support (Crane et al., 2019). For example, autistic people without a LD were found to receive less support services, have more unmet service needs, and were three times more likely to have no access to daytime activities (e.g., workshops, charity engagements, or employment) compared to peers with a LD (Shattuck et al., 2011; Taylor & Seltzer, 2011b, 2011a). Relatedly, autistic students without a LD reported insufficient and stressful post-16 support in mainstream UK settings that provided fewer opportunities compared to their non-autistic peers, and discouraged them from further education (Crane et al., 2022). Given the disparities in support for autistic people without a LD, it is crucial for research to prioritise evaluating support schemes tailored to this group, such as supported employment initiatives. This focus will contribute to a better understanding about providing for this neglected demographic during the transition from education into adulthood.

Policy is also an influential factor in the services afforded to autistic people transitioning into adulthood and finding employment (Vincent & Fabri, 2020). In 2014, the UK's Children and Families Act introduced the special educational needs and disabilities (SEND) Code of Practice to improve the system of support for children and young people with SEND (Department for Education, 2014b). In theory, the reforms enabled a more holistic approach to support across education, health, and social care. They also extended the age for accessing support services from 19 up to (potentially) the age of 25 years, acknowledging the importance of ongoing support into adulthood (Norwich & Eaton, 2015). Multiple stakeholders have reported barriers to accessing support. For instance, education practitioners reported bureaucratic issues implementing the changes alongside budget cuts (Crane et al., 2021; Hellawell, 2017; Palikara et al., 2018). Autistic young people and parents also reported poor ongoing support after

compulsory education finished and during the transition into adulthood (Crane et al., 2022, 2023).

Parents of autistic people outside of the UK report similarly serious concerns about the lack of services afforded to autistic adults (Cribb et al., 2019). While parents hope for their young person's independence, they also express uncertainty and anxiety about their future (Chen et al., 2019). As such, parents play a key role in autistic people's transition to adulthood. For example, parents often adopt a deeply involved and responsible role in supporting and advocating for their young person (Crane et al., 2023; Hatfield et al., 2017; Sosnowy et al., 2018; Vincent & Fabri, 2020). Moreover, parents' support and expectations of their young person's future can influence employment outcomes through exposure to opportunities that may improve transition preparedness (Carter et al., 2011; Chiang et al., 2012; Doren et al., 2012; Holmes et al., 2018, 2018; Kirby, 2016). Autistic young people have emphasised the vitality of their parents in securing support, and those without parental support note negative impacts on their education and transition experiences (Crane et al., 2022). Considering parents' involvement during the transition to adulthood and employment, it is worthwhile incorporating their views on targeted support, such as supported employment initiatives.

Overall, the transition to adulthood is fraught with challenges for autistic people, including increasing social demands of adolescence, mental health issues, and differences and reductions in systemic and social support during and after education. These factors can affect an autistic individual's preparedness to meet adult milestones such as obtaining employment; a topic considered next.

Employment for Autistic People

Although employment is not desirable or appropriate for all autistic people, many autistic adults are able to—and want to—work (Baldwin et al., 2014; Hendricks, 2010). Indeed, in the

UK, approximately 77% of autistic people want to work (National Autistic Society, 2016). Despite this desire, in the UK and many western countries, autistic people have low employment rates (27 – 33%) compared to people without a disability (75 – 80%; Australian Bureau of Statistics, 2019; Beenstock et al., 2021; Office for National Statistics, 2022, 2023; Public Health Agency of Canada, 2020; Roux et al., 2021). In the UK, autistic people have the second lowest employment rates (29%) of all disability groups, including people with mental health conditions, progressive illnesses, and physical disabilities (Office for National Statistics, 2023). Additionally, data from the Higher Education Statistical Agency in the UK show autistic university graduates have worse employment rates and lower income compared to other disabled and non-disabled people (Vincent & Ralston, 2023).

Existing employment statistics are likely to be an underestimation due to undiagnosed and/or undisclosed autistic people in employment, alongside methodological limitations that prevent inclusive data collection (Memcott, 2021, 2022, 2023). Nevertheless, they highlight a stark employment gap between autistic people who want to work and autistic people who do work. Moreover, for those in employment, many autistic people are underemployed (i.e., they are overqualified/overeducated for the job they have), underpaid, or malemployed (i.e., their skillset does not suit their job; Chen et al., 2015; Hedley et al., 2017; Romoser, 2000). These outcomes are problematic for sustained employment. Many autistic adults encounter difficulties maintaining a job and can lose their jobs or disengage from employment permanently (Taylor & DaWalt, 2017; Taylor & Mailick, 2014).

(Un)employment can have a wide influence on an autistic individual's life and wellbeing. First, employment impacts an autistic individual's financial security, and therefore their independence (Brouwers et al., 2023; Raymaker et al., 2023). Families of autistic people express concern about what will happen to their autistic relatives once they can no longer support them (Van Bourgondien et al., 2014). Beyond its economic impact, employment can be

beneficial for people's general wellbeing by providing structure and improving self-confidence and autonomy (Clarke et al., 2021; Goldfarb et al., 2023). Successful employment can contribute to a better quality of life by supporting a sense of purpose and enabling opportunities to participate in the community, develop friendships and peer networks (Brouwers et al., 2023; Hedley et al., 2018; Raymaker et al., 2023). On the other hand, unemployment and job dissatisfaction (e.g., due to under- or malemployment) can negatively influence autistic individuals' stress levels, mental and physical health, and quality of life (Barneveld et al., 2014; Faragher et al., 2005; Hedley, Uljarević, & Hedley, 2017b; Müller et al., 2003; Paul & Moser, 2009; Walsh et al., 2014). The vast influence of (un)employment means autistic people and their families consistently identify this topic as a research priority (see Roche et al., 2021 for review).

Barriers (and Facilitators) to Employment

There are several aspects of employment that can unintentionally prevent autistic people from finding and keeping a job. These aspects can be related to socio-cultural perspectives and policies, practice, and interpersonal barriers that influence one another to create inaccessible and often hostile working environments for autistic people (Vincent & Fabri, 2020).

Autism Stigma. Autism stigma and a related lack of understanding about autism are repeatedly identified as key barriers to employment for autistic people (e.g., Black et al., 2020; Dreaver et al., 2020; Erickson et al., 2014; Harmuth et al., 2018; Scott et al., 2019; Unger, 2002). Goffman's (1963) seminal definition states stigma is a perceived "deeply discrediting" attribute by which someone is reduced "from a whole and usual person to a tainted, discounted one" (p. 3). More recent descriptions of stigma suggest there are multiple components involved whereby difference from a dominant, powerful group is labelled negatively. This separation from a powerful 'us' to a lesser 'them' leads to status loss and discrimination of the minority group (Link & Phelan, 2001). Autistic people can experience high levels of stigma from non-autistic people. Non-autistic people rate people with more autistic traits less favourably, uphold negative

stereotypes about them (i.e., more awkward, less attractive, and less warm) and have reduced intentions to interact with such individuals (Morrison et al., 2020; Sasson et al., 2017; Sasson & Morrison, 2019a). Moreover, autistic people consistently report encountering stigma from non-autistic people in different contexts throughout their lives (Botha et al., 2022; Botha & Frost, 2020; Han et al., 2022), highlighting the prevalence and pervasiveness of autism stigma.

Autistic adults identify employers as the most challenging barrier to gaining employment due to their lack of understanding and autism stigma, and the subsequent repercussions for the employment process (Black et al., 2020). For example, employers can favour non-autistic job applicants over autistic job applicants (Ameri et al., 2018). Reluctance to hire autistic people can stem from stigmatised views that autistic employees lack key workplace skills, are unproductive, and require need costly and time-consuming adjustments, supervision, and training (Cimera & Cowan, 2009; Ezerins et al., 2023; Hartnett et al., 2011). On the contrary, evidence shows that autistic employees do not incur additional costs and are assets to organisations (Scott et al., 2017). Nevertheless, employers' lack of accurate knowledge also contributes to their low self-efficacy in managing and supporting neurodivergent employees, which also affects this group's perceived employability (Richards et al., 2019).

Autism Disclosure. Autism related stigma contributes to complex, personal decisions about disclosing an autism diagnosis/identity in the workplace. Disclosing an autism diagnosis can increase non-autistic people's understanding and approval of autistic people (Flower et al., 2021; Heasman & Gillespie, 2019b; Sasson et al., 2017). As such, disclosure can be a way to

obtain valuable workplace adjustments¹, safety, and legal protections that can significantly improve the experience of employment (Romualdez, Walker, et al., 2021). However, many autistic people choose not to disclose their autistic identity at work. Disclosure can expose autistic people to problematic autism stereotypes from employers/colleagues (e.g., ‘autistic people will be good at all data related tasks’, or ‘autistic people will not be competent’) as well as discrimination (Romualdez, Walker, et al., 2021; Sarrett, 2017). Many autistic people choose to *camouflage* or *mask* (i.e., hide or conceal their autistic characteristics to appear more like the PNT) to avoid stigma and discrimination at work, but camouflaging has negative consequences for mental health and burnout (Bradley et al., 2021; Cook et al., 2021; Raymaker et al., 2023). Some autistic individuals may unintentionally disclose their autistic identity because other people pick up on particular behaviour, and/or because they are less able to camouflage some autistic characteristics (Johnson & Joshi, 2014). Other autistic people choose to disclose to certain people on a need-to-know basis, or retrospectively, after issues arose at work (Romualdez, Heasman, et al., 2021; Romualdez, Walker, et al., 2021).

Disclosure can have mixed outcomes. A survey of 283 autistic adults found that only one third of participants rated the impact of disclosing at work positively (Romualdez, Heasman, et al., 2021). Employers’ understanding of autism, acceptance, and understanding were key factors that affected autistic adults’ disclosure outcomes (Romualdez, Walker, et al., 2021). Organisations should therefore take responsibility for facilitating clear pathways for disclosure (Romualdez, Heasman, et al., 2021), should the individual want to do so.

¹ The *Autism Act 2009* and *Equality Act 2010* require UK employers to make “reasonable adjustments” for barriers in the workplace for disabled individuals, such as autistic people. The term “reasonable” adjustment is vague, so the term “workplace adjustment” is often used to specify tailored changes in a work setting (Petty et al., 2023).

Recruitment Processes. Recruitment processes pose unique challenges for autistic people. In one study, autistic adults ranked the recruitment process as the second of 357 most problematic barriers to employment, including finding job vacancies that matched their skillset and writing cover letters (Lorenz et al., 2016). Job descriptions often include vague and generic baseline criteria (e.g., 'teamwork skills') that can be difficult link to existing skills to 'sell' oneself. Additionally, such an emphasis overemphasis on social skills may be off putting for some autistic people depending on their communication differences (Davies, Heasman, et al., 2023) . Moreover, a lack of clarity on 'essential' job skills can lead autistic people to exclude themselves from jobs where they do not meet all the criteria and struggle to apply their skills and experience (Vincent, 2020).

Interviews can be particularly challenging for autistic people. Communication differences can pose challenges with understanding verbal and non-verbal communication and managing expectations and impressions when responding to interview questions (Flower et al., 2019). Restricted interview lengths can be challenging for autistic people who may need more time to process what has been asked of them and recall specific examples (Honeybourne, 2019). Additionally, unpleasant physical and social interview environments can increase an autistic candidate's stress, anxiety and sensory overwhelm (Davies, Heasman, et al., 2023; Vincent, 2020). A study examining hiring experiences found that autistic people perceived interviews and group tasks more negatively than non-autistic and other neurodivergent participants due to their reliance on social interaction (Davies, Heasman, et al., 2023). Autistic people have also highlighted difficult decisions about disclosing versus hiding their authentic selves in hiring processes and the risk of autism stigma impacting employers' hiring decisions (Davies, Heasman, et al., 2023; Vincent, 2020). Indeed, in a simulated interview, non-autistic candidates were rated more positively on first impressions, employability, and endorsement, and were 'hired' more frequently than autistic candidates (Flower et al., 2021).

Hiring processes disadvantage autistic people, but autistic, otherwise neurodivergent, and non-autistic people agree that jobs over-prioritise social skills and suggest that hiring processes need to focus on key skills that are truly essential to the job (Davies et al., 2023). Davies and colleagues (2023) also recommended that hiring processes should be more flexible to improve accessibility, and employers should offer adjustments like sending interview questions beforehand to all candidates to ensure no one is overlooked.

Autistic Differences. As explored in the 'Autism' section of this chapter, different aspects of autistic individual's characteristics mean working environments can be inhospitable. Communication differences and the DEP can lead to misunderstandings with employers and colleagues, which can have further negative repercussions for engaging with tasks and work teams. Autistic adults, family members, service providers and researchers rated communication differences as the most difficult barrier to maintaining employment, whereas employers felt it was their own (lack of) autism understanding (Black et al., 2020). The authors suggest that this discrepancy may reflect employers' lack of understanding about autistic people's communication differences, further highlighting how autistic employees are misunderstood in the workplace. Changes to communication such as clear, written instructions, transparent communication of expectations, reduced requirement for social interactions, and flexible and hybrid working may address this barrier (Black et al., 2019; Hayward et al., 2019a; Petty et al., 2023).

Differences in repetitive movement, thinking, and sensory processes can affect how autistic people interact with and experience work environments. For example, an adherence to routine can mean a last-minute reprioritisation of tasks is extremely stressful for an autistic individual. Moreover, sensory sensitivity to bright, loud, open-plan offices could also lead to sensory overload and cumulative physical and psychological consequences such as extreme fatigue and stress (Belek, 2019). Modifications such as employers' compliance to a schedule,

changing office lighting, allowing employees to use wear headphones, and enabling hybrid or remote working might be beneficial for some autistic employees (Black et al., 2019; Hedley et al., 2018; Petty et al., 2023).

Employment Support

Various barriers hinder employment opportunities for autistic people, including autism stigma, unsuitable recruitment processes, (mis)communication differences, and environmentally inhospitable workplaces. These factors often interact to influence employment outcomes, including the type, quality, and appropriateness of work experience autistic people have to support further or re-employment (Harmuth et al., 2018). There are broad recommendations to address employment outcomes by improving employer understanding and implementing clear pathways for workplace adjustments (e.g., Black et al., 2020; Dreaver et al., 2020; Lorenz et al., 2016; Petty et al., 2023; Romualdez, Heasman, et al., 2021; Romualdez, Walker, et al., 2021). However, additional external employment support services are available to assist autistic people in overcoming barriers to employment and job retention.

The next section of this chapter outlines the types of external support services relevant to autistic people during the transition from education into employment, including skill-based interventions, sheltered, and supported employment. I will provide an overview of the existing evidence about supported employment initiatives to provide the necessary context for the initiative that this thesis evaluates.

Skill-based or 'behavioural interventions' focus on the development of workplace skills for autistic people through group-based, one-to-one, or technological aides (e.g., virtual technologies through an application). These services teach interview skills, social skills for interaction (e.g., initiating and maintaining conversations), coping, building social networks, and managing disagreements. Reviews by Baker-Ericzén et al. (2022) and Hedley, Uljarević,

Cameron, et al. (2017) found that research into skill-based interventions reported improvements in such operationalisations of workplace skills, but there was little evidence about how they generalised to a real workplace or how they affected competitive employment outcomes. Developing specific social and workplace skills may be valuable for some autistic individuals to gain and maintain employment (Black et al., 2020). However, this focus places the onus on the autistic individual to change their behaviour to align with the PNT. It may be ethical and helpful to consider what environmental modifications could be made to support inclusion and acceptance in the workplace.

Two other key systems of employment services are *sheltered* and *supported employment*. Sheltered employment aims to improve employment outcomes by preparing the individual for competitive employment through an initial protected, facility-based programme. The programmes place emphasis on prevocational activities to prepare the individual for work (e.g., workshops for soft skills and work habits), and include group work placements for below minimum wage and recreational activities. Such programmes have been popular for young people and adults with learning and physical disabilities, including autistic people with a LD (Braddock et al., 2013). A study compared two matched groups of 215 autistic employees: a former sheltered employment group and a former supported employment group. The groups had similar employment rates, but those who had been in sheltered employment earned 32% less than those in supported employment (Cimera et al., 2012). The authors suggested that sheltered employment may be less beneficial for autistic people compared to supported employment. However, supported and/or competitive employment may not be suitable for everyone (e.g., autistic people with high support needs and/or a LD).

The supported employment model aims to help autistic people find and keep competitive employment through work experience in competitive or integrated settings (e.g., internships). Work experiences are tailored to the individual's inclinations, strengths, and prior work

experience (Mavranouzouli et al., 2013). Unlike sheltered employment, which focuses on prevocational training, supported employment initiatives help individuals find and apply for suitable jobs and offers individualised support throughout their employment experience (Bond et al., 2001). The staff providing such support are often called *job coaches*. Some initiatives may also provide training for employers, so they are best placed to support autistic employees in the work environments.

There is evidence that supported employment schemes are beneficial for autistic people in several ways. For example, evaluations of initiatives *Project SEARCH*, *TEACCH Supported Employment*, and *Prospects* in the US and UK reported encouraging employment (66% - 96%) and retention rates (80%) up to 40-months after participation (Howlin et al., 2005; Keel et al., 1997; Mawhood & Howlin, 1999; Schall et al., 2020; Schall et al., 2015; Wehman et al., 2017, 2020). Similarly, autistic young adults who engaged with the Australian *DXC Dandelion Program* had low unemployment rates (12.5%), increased income, worked more hours, and improved daily living skills (Hedley et al., 2019, 2023; Spoor, Bury, et al., 2021). Qualitative evaluations and case studies of other supported employment initiatives have shown participants to have improved wellbeing, independence and self-confidence, alongside the development of key skills for further employment and community engagement (Arikawa et al., 2013; Burt et al., 1991; Flower et al., 2019; García-Villamizar et al., 2002; Hedley et al., 2018; Hillier et al., 2007; Lee et al., 2019a; Remington et al., 2021; Remington & Pellicano, 2019; Romualdez et al., 2020).

Despite promising findings on certain metrics of successful outcomes, reviews of supported employment initiatives have identified gaps both in practice and research (Baker-Ericzén et al., 2022; Hedley, Uljarević, Cameron, et al., 2017; Nicholas et al., 2015, 2018). Specifically, these reviews criticise supported employment initiatives for not providing comprehensive support to meet the diverse accessibility needs of autistic people. They also highlight the need for more long-term support to maintain employment – not just to find it. More

broadly, the reviews stress the necessity of more vocational opportunities for autistic people through supported employment initiatives. Few supported employment initiatives have been evaluated, leading to widespread calls for the development of more evidence-based initiatives. The current research addresses these gaps by providing the first evaluation of a new supported employment initiative, Employ Autism. This evaluation answers calls from policy and research by offering insights to develop replicable frameworks and recommendations for practice to advance employment support for autistic people (Baker-Ericzén et al., 2022).

Conclusions

Autistic people experience poor employment outcomes compared to people with and without other disabilities. Poor employment outcomes can have further negative repercussions for individuals such as financial (in)security and general well-being, so it is important to understand and support autistic people throughout their employment trajectory. The transition to adulthood can pose unique barriers to employment for autistic people. This is especially the case for autistic people without a LD who experience an even greater reduction in support after education compared to their autistic peers with a LD. Employment itself poses further barriers for autistic people through inhospitable working environments, autism stigma, and inaccessible recruitment processes. Supported employment initiatives with work experience have been shown to be beneficial for improving autistic individual's employment outcomes and supporting the development of key skills for further employment. However, despite a need for more supported vocational opportunities for autistic people, few initiatives have been evaluated.

This thesis aims to address the gaps in the literature through a comprehensive evaluation of a new UK supported employment initiative for autistic people aged 18 years and above without a LD. Through my doctoral research, I aimed to build an understanding and evidence base of effective practices in supporting employment outcomes for autistic people, and

how they impact the key stakeholders involved in the transition into employment (i.e., autistic people, employers, and parents/caregivers). More specific aims are presented in Chapter 2.

Chapter 2: Context and Research Design

It is important to situate this thesis within its broader context. Knowledge is produced through an intersection of factors related to the topic (i.e., the topic of the thesis) and the knowledge producer (i.e., me), including context, politics, and social identity (Akena, 2012). Recognising the contextual factors of knowledge production is important because research has a real-world impact. When a dominant group produces and imposes knowledge, it can often harm marginalised groups who have different contexts for their own knowledge (Akena, 2012). Examining the circumstances in which knowledge is produced leads to a better understanding of what is 'legitimate' knowledge (Mannheim, 1936). This understanding influences the knowledge that is used and applied in real-world contexts across different communities.

Knowledge production is a highly disputed issue in autism research. Autistic people, parents, practitioners, and academics often have different views and claims around expertise about autism. Indeed, autistic people claim best expertise from their lived experience, but their views are often overlooked in favour of those from more dominant groups, such as practitioners (Botha, 2021; Milton, 2014; Milton & Bracher, 2013; Pellicano & den Houting, 2022). Given the importance of (a) acknowledging context when producing knowledge and (b) knowledge production in autism research, this chapter will provide a comprehensive account of the context surrounding this doctoral research. This chapter aims to enhance transparency, to allow a better understanding and application of knowledge presented in this thesis.

This chapter will illustrate the development and implementation of the doctoral research, focusing on the broad context and decisions (specific discussions about research methods and procedure can be found within each chapter's methodology). First, I will present the research focus—Employ Autism—and explain how the PhD research came about. Then, I will describe the project's overall aims and design, alongside the theoretical underpinnings for my research approach. As well as discussing participatory research in relation to the current investigation, I

will introduce my positionality, discuss conflicts of interest, and explain how I aimed to address these issues. Finally, I provide a timeline of the research and an overview of the thesis structure.

Research Focus

Employ Autism

Ambitious about Autism (AaA) is a UK-based autism education and employment charity. They aim to help autistic children and young people have their voices heard, and to ensure they are authentically included and supported in education and employment (Ambitious about Autism, n.d.). The charity run a variety of services including education provisions, employability programmes, training and consultancy courses, youth networks, policy campaigns, and commissions research on relevant topics. In addition, AaA have a Youth Council comprising a group of autistic young people aged 15 – 25 years ('Youth Patrons') who report to the charity's board of trustees and feedback on AaA's work.

Autistic Youth Patrons at AaA ran a campaign, *Employ Autism*, to emphasise employment inequalities for autistic young people. They identified a lack of work experience opportunities as a key barrier to accessing employment (Ambitious about Autism, 2016). In response, two work experience programmes were developed: (1) Autism Exchange, offering paid work experience for autistic people aged 18 years and older, and (2) Supported Internships, in collaboration with DFN Project SEARCH, providing unpaid work experience for autistic people between the ages of 16 – 25 with an Education Health and Care plan². The

² An Education Health and Care plan is a legal document that details a child or young person's special educational, health and social care needs (Department for Education, 2014b).

supported employment initiative Employ Autism (EA) was developed from the Autism Exchange programme, with the aim of being implemented nationwide.

EA is a strength-based supported employment initiative that was developed in collaboration with AaA's autistic youth council and experts-by-experience, including educators, career guidance professionals, training providers, and employers. EA aims to provide work experience opportunities for autistic people aged 18 years and older, who do not have a LD, to build confidence during their transition into employment. To achieve this goal, EA creates zero-cost partnerships with organisations from different sectors across the UK to provide paid, entry-level internships of varying durations (from a few weeks to a year). Interns and host employers receive tailored support throughout the internship process. Full details of the EA process are presented in Table 1.

Table 1*The Employ Autism Process for (Potential) Interns and Employers*

Stage	Employer	Intern
Recruiting organisations to Employ Autism	<ul style="list-style-type: none"> • Ambitious about Autism (AaA) promotes Employ Autism via various marketing and networking strategies both online and in person events with potential host organisations. • The organisation volunteers to join EA, and begins liaising with staff at AaA to setup the internship. 	<ul style="list-style-type: none"> • Not applicable.
Pre-application	<ul style="list-style-type: none"> • Employers attend online training hosted by AaA, <i>Understanding Autism in the Workplace</i>, that aims to equip employers with knowledge about autism and provide practical ways to support their interns and make their workplace more inclusive. 	<ul style="list-style-type: none"> • Roles are advertised on the AaA website and sent to those signed up to the EA mailing list. • Questions about the role and application process can be emailed to a specific email address and someone from the AaA team can help. • An optional pre-application meeting can be arranged with someone the team to discuss suitability to the role, and/or get advice on

CVs and the application task.

Application

- Employers are offered tailored resources, support, and expertise from the team at AaA to make the interview process and any application task appropriate and accessible.
- The AaA team is available for any questions regarding the application form and information about the application task.

Interview

- All applicants receive feedback on their application whether they are successful or not, and unsuccessful applicants are offered a meeting with a careers advisor to discuss the feedback.
 - For candidates offered an interview, the AaA team can help with preparation in-person or virtually.
 - Interview questions and one-page profiles of the interviewer are shared with the candidate ahead of the interview.
 - The candidate meets with a member of the team to develop a 'candidate profile', a document shared with the line manager and other interviewer that highlights strengths, interests, and
- Employers share interview questions with candidates, interview the candidates, review the quality of any tasks set for the application, and decide on the successful candidate/s.

any workplace
adjustments required.

- During the internship**
- Employers provide workplace adjustments with the support of staff at AaA who can help the employers implement the adjustment appropriately. Examples of workplace adjustments include changes to working hours, logistics (e.g., how to travel into the office), communication preferences (e.g., written versus oral communication), reduced social obligation, changes to equipment, changes to the role, changes to clothing or appearance, the physical environment, flexible working location, or changes to supports (e.g., information resources, mentors).
 - The team at AaA is available throughout the internship to offer support by answering questions from employers or providing relevant advice or information.
 - There is a pre-placement call a week before the internship starts to ensure the young person has everything they need and to answer any questions.

- The AaA team can also act as a liaison between the intern and the employer/s for any issues, such as requesting or implementing workplace adjustments.
- The team at AaA is available for questions or extra assistance for the onboarding process, for regular (but not mandatory) check ins with the intern throughout the placement, and can assist with requesting workplace adjustments or liaising other issues the young people are not comfortable discussing with their line manager.
- At the end of the internship, there is a final check-in with the team from AaA to review the time on the internship.
- The young people are offered access to careers meeting with a careers' advisor.

After the internship

The Doctoral Research

In 2019, AaA approached the UCL Centre for Research in Autism and Education (CRAE) about conducting an independent three-year longitudinal evaluation of EA. This proposition was linked to one of CRAE's ongoing projects, the Discover Autism Research and Employment (DARE) initiative, in collaboration with autism research charity, Autistica. DARE works with UK-based organisations to understand the experiences of autistic employees and to build a longitudinal evidence base to better understand the factors related to the autism employment gap.

CRAE suggested to AaA that an evaluation of EA could be a PhD project that draws upon some of the infrastructure for gathering data and developing insights originally established by DARE. Members of the CRAE and DARE teams (Brett Heasman, Laura Crane, and Anna Remington) led/supported the development of a proposal for funding for a named student (me) to conduct such a PhD project over four years under their supervision. The supervisory team integrated a broad premise of the work within the project proposal, so I would have sufficient scope for further input and design of the project during the PhD. AaA accepted the proposal, and the necessary processes and plans were undertaken for the PhD to start in September 2020 and to finish in August 2024.

Project Aims. The project supports a broader aim for AaA; to use evaluation evidence to drive a final design and framework of EA that can be disseminated and replicated nationally. However, my doctoral research had more comprehensive aims that were developed relative to the current literature and gaps in knowledge surrounding autism, employment, and the transition into employment. These aims were to:

1. Track and evaluate EA to determine whether it facilitates an effective transition from education to employment for autistic people without a LD.

2. Enhance knowledge and practice about supported employment work experience initiatives for autistic people without a LD transitioning into employment.
 - a. Explore factors that facilitate engagement with supported employment initiatives for autistic people without a LD.
 - b. Explore barriers to engagement with supported employment initiatives for autistic people without a LD.
3. Follow the long-term outcomes of EA interns beyond the conclusion of the initiative.

Each study in this thesis supports one or more of the primary aims and also has its own specific and focused objectives. Further details on these links are presented in Table 2.

Table 2*Project Aims and Chapters*

	Study 1/ Chapter 3: Evaluating Autism Training for Employers	Study 3/ Chapter 4: Interns', Employers', and Parents' Experiences of EA	Study 3/ Chapter 5: Longitudinal Outcomes
1. Track and evaluate EA to determine whether it facilitates an effective transition from education to employment for autistic people without a LD.		✓	✓
2. Enhance knowledge and practice about supported employment work experience initiatives for autistic people without a LD transitioning into employment.	✓	✓	✓
a. Explore factors that facilitate engagement with supported employment initiatives for autistic people without a LD.		✓	✓
b. Explore barriers to engagement with supported employment initiatives for autistic people without a LD.		✓	✓
3. Follow the long-term outcomes of EA interns beyond the conclusion of the initiative.			✓

Ethics

The Department of Psychology and Human Development at IOE, UCL's Faculty of Education and Society, granted ethical approval for the project and all its forms of data collection at once. In line with the four principles of the British Psychological Society's Code of

Ethics and Conduct—respect, competence, responsibility, and integrity (British Psychological Society, 2021)—this chapter highlights ethical considerations for my doctoral research throughout. However, I will highlight some key considerations that are not otherwise mentioned first.

Informed consent was gained from participants before they took part in any element of the research. To gain this, potential participants received information about the research, its aims, and the research process (see Appendix B1 and B2 for informed consent forms for the overall research and interviews, respectively). Participants had the opportunity to ask any questions before consent was obtained, and it was made clear to participants that they were free to withdraw from the study at any time, without having to provide justification and without prejudice. Assent was monitored throughout the research process, including when following up with participants for repeat surveys and in interviews.

To maintain confidentiality, each participant was assigned a 10-didigit ID to use for survey completion to pseudonymise their data. Data were stored on encrypted, password protected drives in line with UCL's Data Policy, and in a separate location from the one containing the name-ID number associations. To mitigate the potential that participants may be identifiable from their responses to questionnaires, I made every effort to ensure that responses were non-identifiable (e.g., by removing specific names of people or places and pronouns from quotes).

The research did not involve risks (physical, psychological, legal, social) beyond those normally encountered by the participants in their life outside of research participation. However, data collection involved questionnaires on mental health, previous workplace experiences to date and current employment culture. These topics could potentially open areas for concern for participants. To mitigate this risk, I prepared participants before each questionnaire about the

content of the questionnaire by providing accessible definitions of the topics. Second, participants were reminded of their right to withdraw or not answer questions should they feel uncomfortable. I also provided my contact details prior to all questionnaires if participants would like to discuss any aspect of the questionnaire further. In the event of any distress, I was prepared to signpost participants to sources for further support, including the National Autistic Society and Samaritans helplines. Since participation in the study may have raised concerns for interns or employers about any potential impact on their employment, it was made explicit that data would not be shared with anyone in any identifiable way (e.g., employers did not receive any information about their interns and vice versa).

Design and Methodology

This doctoral research adopted a quasi-experimental approach, and I implemented a mixed-methods, multi-informant methodology with a longitudinal element. There were three participant groups across three studies: (1) autistic adults aged 18 years and older without a LD enrolled on an EA internship (hereafter referred to as 'interns'), (2) employers hosting the internships (e.g., line managers, heads of department, and members of the interns' wider teams), and (3) parents of the interns. Participants' involvement in the research was voluntary, and EA internships and associated support was not contingent on taking part in the research. See Table 3 for an overview of the research process for each participant group. The section after Table 3 explains the rationale and key factors that guided the design and methodology of my doctoral research.

Table 3

Research Process for Each Participant Group and Where Measures are Considered in the Thesis

Overall Stage	Specific Stage	Participant group					
		Interns		Employers		Parents	
		Measure	Chapter	Measure	Chapter	Measure	Chapter
Before EA Internship	Informed consent and study sign-up	<ul style="list-style-type: none"> All participants read the study information and provide their informed consent to take part in the research. 					
	Employers' Autism training			<ul style="list-style-type: none"> Surveys completed before and after Autism training 	Chapter 3: Evaluating Autism Training for Employers		
	Just before internship	<ul style="list-style-type: none"> IQ assessment Social Responsiveness Scale Employment survey* Daily Living Skills* General Self-Efficacy* Quality of Life* Mental Health* 	Chapter 5: Longitudinal Outcomes				

After EA Internship	Immediately After the Internship	<ul style="list-style-type: none"> • Interview 	Chapter 4: Interns', Employers', and Parents' Experiences of EA	<ul style="list-style-type: none"> • Interview 	Chapter 4: Interns', Employers', and Parents' Experiences of EA	<ul style="list-style-type: none"> • Interview 	Chapter 4: Interns', Employers', and Parents' Experiences of EA
	Every six months from end of internship until August 2023	<ul style="list-style-type: none"> • Repeat surveys* 	Chapter 5: Longitudinal Outcomes				

Note. *Participants repeat these measures every six months until data collection finishes.

Quasi-Experimental Approach

A quasi-experimental design is an observational study that aims to determine a programme's real-world influence. This design is different to a randomised control trial (RCT) in which participants are randomly allocated to an experimental group that engages with the programme or to a control group that does not engage with the programme. In a quasi-experimental design, participants self-select for an established programme (Maciejewski, 2020).

A quasi-experimental design was deemed appropriate for the current research setting, partially due to pragmatic reasons. The independent nature of EA meant that autistic people would apply to internships of their own fruition; it was not a compulsory internship via an educational institution. Similarly, organisations and employers would also partner with EA by self-selection. As such, it was not feasible to randomly assign participants to an experiment or control group as per an RCT. Moreover, although RCTs are considered the gold standard to determine causal effects of interventions, an RCT may have been inappropriate in this context and raised ethical issues (White, 2013). Specifically, randomly assigning some autistic individuals or employers to a group that does not receive EA's potentially widely beneficial support could negatively impact real outcomes for that group. These ethical issues could be overcome by having a wait-list control group whereby participants are connected with EA after a set amount of time or once its effectiveness had been established. However, this was not feasible in my doctoral research due to restricted timelines and resources.

A quasi-experimental design can also pose ethical issues. First, participants may be naively subjected to a time-consuming initiative before it has a robust evidence base. Once evidence has been established, it could reveal that the initiative relates to negative outcomes and was damaging for those involved. Second, quasi-experimental designs may have a self-selection bias whereby elected participants differ systematically from those who did not elect to

engage with the initiative. Third, in a quasi-experimental design the researcher has little to no control over how systematically the initiative is delivered. These factors threaten the generalisability of a quasi-experimental study's findings and its internal validity (Flannelly et al., 2018; Maciejewski, 2020). Moreover, the observational nature of a quasi-experimental design cannot determine efficacy (i.e., whether an intervention produces expected results in perfect circumstances; Gartlehner et al., 2006). Nevertheless, it is important to evaluate EA in the 'real world' contexts in which it is/will be delivered to support good ecological validity. As such, a quasi-experimental evaluation was more suitable to examine EA's real-world influence on those that elected to engage with it.

The Omission of a Comparison Group

There are few studies assessing the effectiveness of supported employment initiatives for autistic people that include a control group (i.e., when the researcher exercises 'control' over the group's activities) or comparison group (i.e., the researcher has no 'control' over the group; (Boucher & Bowler, 2008) to reliably establish the causal effects of such initiatives (Hedley, Uljarević, Cameron, et al., 2017). Although a control or comparison group is not a prerequisite for a quasi-experimental design (Maciejewski, 2020), I originally intended to collect data from a comparison group of autistic people aged 18 years and older who were not involved with EA, to address this gap in the literature and strengthen my evaluation's internal validity (see Appendix C for research aims with a comparison group). However, two contextual factors informed a decision to omit a comparison group from the project.

First, it was difficult to recruit comparison participants. After 18 months of repeatedly advertising via CRAE's wide social media network, adapting study information for recruitment, and contacting every branch of the National Autistic Society in the UK, only six comparison participants signed up to the study. The lack of engagement may have been because the

research required a substantial commitment over several years without the added incentive of being involved in EA and its associated evaluation. Additionally, due to funding constraints, I was only able to offer £10 compensation, which was likely not adequate compensation for such a commitment.

Second, there was a clear selection bias in that mainly young White women with a high level of education volunteered to be comparison participants. Inspection of the data suggested that the demographic variables of this sample differed from EA participants, which raised an issue around matching the groups. Comparison or control groups should be similar on as many variables as possible (e.g., sex, ethnicity, age etc.) in order to establish the effect of the phenomena under investigation while minimising the influence of individual factors (Bland & Altman, 1994; Maciejewski, 2020). Matching groups can be problematic in autism research due to the heterogeneity of autism (Jarrold & Brock, 2004). As such, introducing additional confounding variables via a poorly matched comparison group would undermine my ability to determine the isolated effect of EA on long-term outcomes. For example, if positive outcomes were observed for both the comparison group and the EA group, it would be difficult to determine whether (a) EA had little long-term influence and autistic people would achieve the same outcomes without EA experience, or (b) the comparison group's outcomes were due to systemic, intersecting privileges afforded to them as highly educated, White women.

The small and mismatched comparison group informed a decision to concentrate resources on recruiting participants and maximising completion rates within the limited evaluation timeframe. The research was still able to meet its overarching aims without a comparison group, by providing a detailed evaluation of EA and following the long-term outcomes. The comparison participants that were recruited were paid, but also informed of the

decision to not collect further data from this group. I also shared information with them about EA and how they could find out more and sign up to the initiative.

Experiential Expertise

Autistic people are central to the topic of this thesis, as the group who experience the barriers and consequences of any poor transitions into employment. Therefore, this doctoral research had to involve interns with lived experience of engaging with EA. This goal was particularly pertinent given the overarching aim to explore factors that could inform decisions about development of supported employment initiatives for autistic people.

The disability rights movement 'Nothing About Us, Without Us' (Charlton, 1998) stressed that decisions about a group of people should not be made without the participation and representation of the affected group. Indeed, Collins and Evans (2002) argued that people with lived experience have valuable expertise to contribute to scientific research, informing decisions that affect their community. Outside the field of autism, studies have shown that capturing a group's lived experience can improve the relevance, quality, and validity of data in areas such as mental health (Goodare & Lockwood, 1999; Honey et al., 2020). The same arguments have been applied to autism research (Carrington et al., 2016; Grinker et al., 2012). Autistic people have been shown to be experts of their own experience generally, with important insights to contribute to autism research (Botha, 2021; Fletcher-Watson et al., 2019; Gillespie-Lynch et al., 2017; Higgins et al., 2021; Milton, 2014).

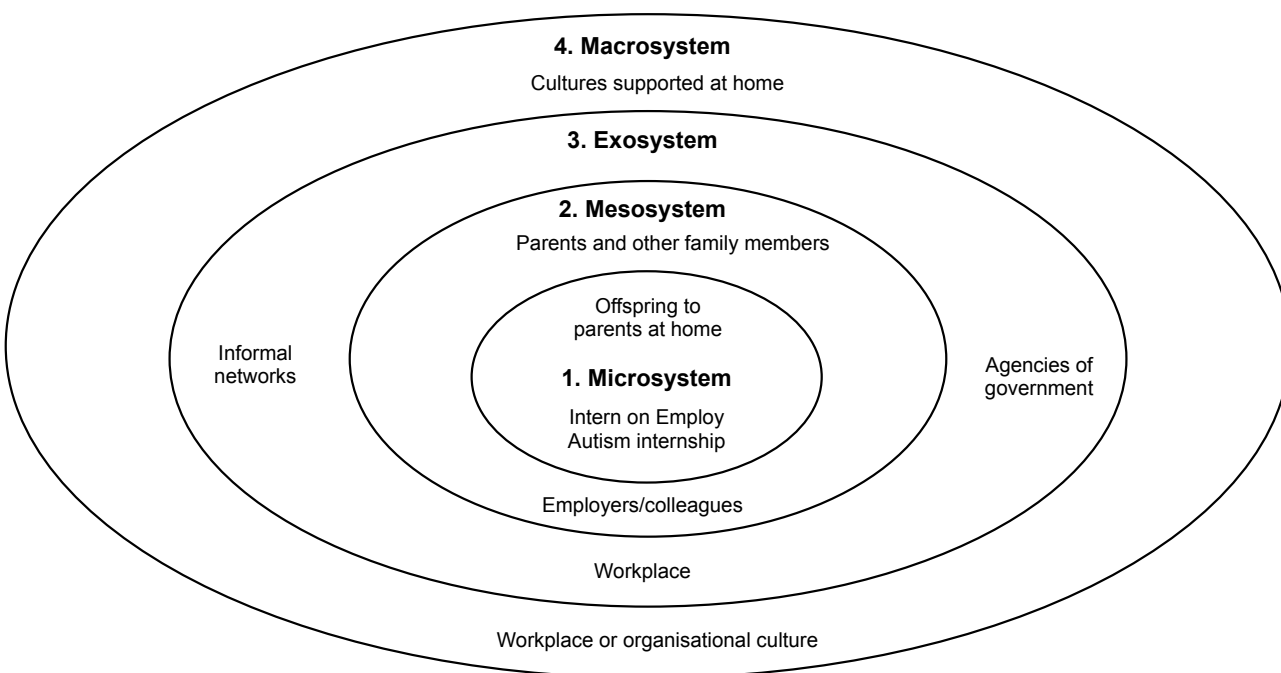
Multi-Informant

I incorporated a multi-informant perspective to gain a comprehensive, holistic understanding of the transition from education to employment. According to Bronfenbrenner's (1977) ecological model of development, the autistic people involved in my doctoral research are central to a set of four nested environmental systems that interact with the individual and

influence their lifelong development (see Figure 1). Therefore, I collected data from key people involved in systems and environments of the process: autistic people, employers, and parents.

Figure 1

Interns' Ecological Model of Development



At the first *microsystem* level, an individual is influenced by their immediate *containing settings* where they occupy specific roles. Having already established the autistic person/intern as central to this doctoral research, their relevant containing settings include the internship/workplace (where they occupy a role as an intern/employee), and home and/or family (where they might occupy a role as offspring). Next, the *mesosystem* involves the relationships the individual has with people in their key containing settings (e.g., the autistic individual's employers/co-workers and family members/parents). The next level, the *exosystem*, includes the social structures that encompass immediate containing settings (e.g., workplace, informal networks, and agencies of government). Finally, *macrosystems* are prototypes of cultures and

subcultures in which micro-, meso-, and exosystems manifest (e.g., workplace or organisational culture). Employers and/or parents can be influential for an autistic individual at every level of the ecological model and should therefore be considered when evaluating initiatives affected by their input. See Chapter 1 for a discussion on the relevance of parents in autistic individual's transition to employment.

Collecting data from multiple sources is a form of *data triangulation*, which can contribute to the validity of research by (a) forming a more complete picture of the topic, and (b) identifying areas of difference and strengthening arguments where findings converge (Erzberger & Prein, 1997; Farmer et al., 2006). Indeed, responses and perspectives about autism-related research questions can differ between stakeholder groups (Pellicano et al., 2014c). However, findings that autistic adults, family members, employers, service providers, and researchers had different perspectives on key employment facilitators and barriers for autistic adults encourages more transparent communication between stakeholders (Black et al., 2020). Collecting data from interns, employers, and parents can provide a more nuanced understanding of the complex topics and interacting environments surrounding employment for autistic people. This evidence could also inform more specific recommendations for supported employment initiatives, making these recommendations more relevant to a broader range of stakeholder groups.

Mixed Methodology

I used a mixed-methodology to provide a comprehensive and holistic evidence base for EA. Mixed-methodology research benefits from the advantages of more generalisable quantitative research results, as well as the more detailed and nuanced qualitative results (Tashakkori & Creswell, 2007; Zhang & Creswell, 2013). 'Mixing' approaches to data collection and analysis supports a more comprehensive understanding of complex social phenomena, enables a topic to be viewed through multiple lenses, and encourages more relevant responses

to multiple stakeholder groups (Creswell, 1999; Rossman & Wilson, 1994). Therefore, in line with Creswell's (1999) rationale, I used mixed methodology to gain more information and build upon the results from each method.

Participants completed different quantitative and qualitative measures depending on what studies they were involved in, including standardised measures, Likert-scale and bespoke questionnaires, and oral explanations of their experience. The methods of data collection and analysis were determined by the specific research questions and the associated topic within each study (Downward & Mearman, 2007). Nevertheless, all methods contributed cumulatively to the thesis' overarching aims regarding the transition to employment for autistic people, to enhance knowledge and practice about supported employment initiatives.

Measures

I used a combination of standardised measures, established surveys, bespoke questions, and qualitative interview schedules. Measures were selected depending on their scientific validity and relevance to the study's topic and aims. However, I was also reflexive about how the measures may or may not align with a neurodiversity-affirming approach, and how they affected participants' experiences of taking part in research (Nicolaidis et al., 2019). For example, I aimed to select surveys with well-established internal reliability and those frequently used in related research to enhance comparability and reproducibility. Relatedly, I included standardised measures of IQ, autism characteristics, and daily living skills to objectively describe my participants' demographics and support transparent knowledge production. However, I was cognisant that these standardised measures include comparison to a PNT population 'norm' that may not be applicable to an autistic population. As such, I was conscious to use these measures as indicators, without making sweeping generalisations or assumptions. In addition, when selecting and developing the measures, I considered whether

they used deficit-based language and how they might be received by the participants completing them.

A Longitudinal Approach

I used a longitudinal design for Study 3 (presented in Chapter 5) to support the thesis' third overarching aim, to follow the long-term outcomes of EA interns beyond the conclusion of the EA initiative. Longitudinal designs examine associations between changes over time on outcome measures of interest via repeated testing on at least two time points (Teti, 2008). This approach enabled me to focus on interns' intra-individual change over time. A cross-sectional design would examine changes between different participants at various stages of the EA process (i.e., interindividual change), but such comparisons would have introduced multiple confounding issues from different participant characteristics and matching participant groups (McCall, 1977). Although it is inappropriate to conclude causality of the EA from my quasi-experimental project with no comparison or control group, the longitudinal design enabled me to explore the potential influences of intra-individual change through some control over time. I was able to note the antecedent event (i.e., EA) and track and compare the following outcomes to make reasonable speculations about the potential relationships between EA and its potential impact on long-term outcomes (Teti, 2008).

COVID-19

The early stages of preparation and data collection coincided with the UK's second wave of the coronavirus disease (COVID-19) pandemic and the related government-issued national restrictions. Specifically, there was social distancing and restrictions on social contact, mandated working from home, closure of schools and non-essential shops, two national lockdowns (November – December 2020 and January – March 2021), and gradual easing of restrictions until July 2021. The pandemic compounded preexisting bureaucratic delays for the

start of the internships as plans were made amidst an uncertainty of changing broader restrictions, and this situation therefore also delayed the start of data collection.

Worldwide, the COVID-19 pandemic meant that many organisations transitioned to remote or hybrid working, and the same practice was applied to most EA internships during the initial period of strict restrictions (see Appendix D for a breakdown of internship formats in Study 2 and 3). Autistic people have requested remote participation as a reasonable adjustment for employment years prior to the pandemic (Cassidy et al., 2020), so this change did not pose any issues for internship engagement or data collection. Moreover, the organisational changes to infrastructures, policy, and procedures to enable working from home increased workplace accessibility for many disabled people (Fuentes & Lindsay, 2023; Mellifont, 2022). Commonly reported barriers to work such as commuting and using public transport, controlling the work schedule around energy levels, and managing the social and communication elements of work were less relevant for remote working (Black et al., 2020; Holland, 2021; Linden & Milchus, 2014; Scott et al., 2015). As such, it is important to emphasise that the interns' evaluations of EA may be more positive than they may have been without the contextual setting of a pandemic, but this is difficult to establish without a comparison group.

The pandemic did not affect the research design and methodology. All research measures and assessments were intended to be completed via online surveys or Zoom, to support accessibility for participants engaged with EA across the UK. Indeed, remote psychological and cognitive testing yields ecologically valid, comparable results to in-person testing (Ashworth et al., 2021; Parrish et al., 2021; Wright, 2020). Similarly, remote interviews are a recommended option for inclusive research with autistic participants to facilitate optimal comfort and security (Nicolaidis et al., 2019).

Participatory Working

Autism research and investment into autism research has grown dramatically (Cervantes et al., 2021). However, a discrepancy between the topics where funding is mostly channelled (i.e. the biology of autism) and the research priorities voiced by the autistic community (i.e. practical services, social, and emotional issues) highlights the need to refocus research on topics that matter most to autistic people to ensure research is relevant and useful (Cervantes et al., 2021; den Houting & Pellicano, 2019; Pellicano et al., 2014c). To address this, *participatory research* can ensure research and its outputs are more relevant, effectively translate into practice, and support positive outcomes for the autistic community (Fletcher-Watson et al., 2019; Pellicano et al., 2014a).

Participatory research collectively refers to the various methods and practices to include people from the community in research (Cargo & Mercer, 2008). Crucially, participatory work acknowledges the imbalance of power between researcher and participant, and contributes to a goal of conducting research *with* the community, instead of *on*, *about* or *for* them (Cornwall & Jewkes, 1995; Fletcher-Watson et al., 2019; Long et al., 2017; Nelson & Wright, 1995). Arnstein's (1969) metaphorical *ladder of participation* conceptualised 'citizen' participation, increasing in power from (1) no power or 'nonparticipation' (manipulation and therapy), (2) 'degrees of tokenism' (informing, consultation, and placation), to (3) devolved power or 'degrees of citizen power' (partnership, delegated power, and citizen control). However, the ladder's rigid hierarchy and its focus on citizen power as the pinnacle of participation does not account for community members who do not want to be involved in research at the 'top' level. Additionally, this model also does not acknowledge inclusive research processes and participant experience as a valid goal of community involvement (Tritter & McCallum, 2006). Indeed, there is no one way to do participatory research and it will depend on the nature of the study and the resources

available. For example, participatory autism research can include: supporting an authentic autistic research agenda, leadership by autistic researchers, partnerships with people from the community as co-creators, community engagement, consulting with people from the community, and inclusive, more accessible research processes (Fletcher-Watson et al., 2019).

My doctoral research includes some elements of participatory research, but it was limited in several areas. EA was designed based on community need and developed with autistic people and my doctoral research addresses a key research priority within the autistic community, employment and the transition to adulthood (e.g., Davies et al., 2023; Roche et al., 2021). However, my doctoral research was not co-produced with autistic people. AaA had a scope for the evaluation based on the existing DARE project, so the general infrastructure for gathering data was somewhat predetermined without autistic input. The original proposal for funding included a costed option to employ an autistic research assistant to work on the project, but eventually AaA were not able to commit to funding this at the time. Nevertheless, without community involvement via coproduction of the research, I aimed to incorporate elements of participatory working into the project via a more dynamic view of participation.

Specifically, I incorporated participation via consultation with two autistic adults to review the interview guidelines and schedules to ensure the questions were appropriate, clear, and precise. As a supportive infrastructure is a key aspect of participatory work (Fletcher-Watson et al., 2019), the consultants were paid appropriately for their contribution (see Chapter 4 for more detail about working with the consultants). Budget restrictions also limited how many participants could be paid appropriately for their input, so employers and parents were not included as consultants for the interview schedules (although one mother was a proxy reporter for her son who was an autistic consultant).

I also aimed to make participation more inclusive and accessible by including several actions from Nicolaidis et al.'s (2019) practice-based guidelines for the inclusion of autistic adults in research as study participants. For example, I endeavoured to make the consent process as accessible as possible by using simple language and I reduced participant burden by using online consent. Participants were also offered multiple ways of participating in all aspects of the research (e.g., the option to complete surveys by telephone or online) and synchronous and asynchronous ways of participating in the interviews by oral or written communication. I provided specific information on each stage of the research process ahead of time and provided an overall project timeline. Where surveys were used, I added prefaces to explain the relevant context and provided definitions for key terms. All stages of the research process included an option to ask questions or request adjustments via a given email address. In following these guidelines, I incorporated flexibility, adaptability, and channels for listening throughout the research process to support key participatory practices of empathy and respect (Fletcher-Watson et al., 2019, 2021). Finally, my doctoral research will be written as an accessible public facing report to be disseminated by AaA to the participants, people within the wider autistic community, and policymakers to support community engagement.

Positionality Statement

It is important to reflect on my positionality in relation to the current research, (i.e., the lens through which I view the world and the stance I adopt about the social and political context within the research). My positionality includes my philosophical perspective, potential influences on the research, intergroup-status in relation to the research participants, and how these factors affect the research process and outcomes (Holmes, 2020; Savin-Baden & Major, 2013). Positioning myself within a social and political context both separate to and within the research

acknowledges the boundaries of knowledge, facilitates better understanding for readers to interpret the research, and supports higher quality research (Horsburgh, 2003; Jafar, 2018).

A philosophical perspective is the set of assumptions that determine how a researcher designs and conducts research and interprets the results, and provides social science with a theoretical method to process knowledge and be self-aware of the researcher's influence (Moon & Blackman, 2014; Spirkin, 1975). Ontology (i.e., 'the study of being' or "what exists for people to know") and epistemology (i.e., 'the study of knowledge' or "how people create knowledge and what is possible to know; Moon & Blackman, 2014, p. 1170) comprise the two main branches in philosophy and generate numerous philosophical positions.

In my doctoral research, I adopt a perspective of *critical realism*. This perspective combines a realist ontological view (i.e., objects, events, and mechanisms exist independently of personal beliefs) with a relative or constructivist epistemological view (i.e., our understanding of reality is constructed subjectively from an individual's perspective); it is impossible to discover one complete 'truth' as there are numerous equally valid views of the truth (Maxwell, 2012). Through this philosophy, I acknowledge that the interns, employers, and parents present multiple perspectives between and within groups and each perspective is equally valid. Individual views are not assumed to be objectively representative of reality. Instead, I assume that views are constructed by participants' personal characteristics, experiences, and positionality in a wider social and political context. Similarly, I play an active role in collecting and interpreting the data, which is subject to influence of my own constructed view of reality.

To support high quality and trustworthy research, it is crucial for the researcher to acknowledge and state their professional and social background, and their potential influences on the research (Attia & Edge, 2017; Horsburgh, 2003). My higher education background is in psychology; I completed an undergraduate Bachelor of Science (with honours) degree in

Psychology in 2015, followed by a postgraduate master's degree in Social and Applied Psychology in 2016. These degrees included modules in cognitive, biological, social, and developmental psychology. After graduating in 2016, I worked for three years as a Research Assistant (RA) on projects relating to developmental psychology and special education for autistic children and children with Williams syndrome and Down syndrome. These roles involved interacting with autistic children, their parents, and education professionals about their views of special education in the UK, and the transition from primary to secondary school. I learnt first-hand from autistic children about the barriers they faced in school and developed greater empathy about their ongoing battle for support. I have also volunteered with several mental health related charities where I worked one-to-one with young people and adults with mental health conditions and/or special educational needs.

Professionally and personally, I was motivated to pursue opportunities that could impact real, positive change within a community. This goal led me to take up an RA position at CRAE in 2019, where I worked on projects related to participatory research, educational experiences, and post-diagnostic support before starting a PhD on what I believed was an important and impactful topic. My time at CRAE as an RA was influential professionally and personally. I resonated with the overall ethos of the centre and further developed my view of research, the value of participatory working, and how I understood autism and autistic people.

I align with a neurodiversity paradigm of autism and view autism through a social model of disability. My personal positionality can be considered in relation to insider and outsider status. Insider status refers to someone who has lived experience and knowledge of the group being researched because they share an aspect of personal biography (e.g., sex, gender, ethnicity, class), whereas outsider status refers to someone with no lived experience of the research topic (Mercer, 2007). In reality, insider/outsider status is a continuum on which

researchers can occupy multiple positions simultaneously, depending on contextual factors such as time, participant group, and research topic (Holmes, 2020; Mercer, 2007).

As neurology is an important insider/outsider determiner in the current context, I note that I do not identify as autistic, and I have no lived experience of autism. I am a White woman who has been raised in a middle-class home with two working parents and a sibling. It is important to acknowledge that I occupy a privileged position in society, which could make me an outsider compared to autistic people who are often socially marginalised and experience significant stigma and discrimination. Moreover, the current research also addresses views of parents and employers; I am neither a parent nor do I employ anybody. However, I do have familiarity of moving from the UK education system into employment, being a young adult, and working alongside autistic colleagues; all topics which the current research also addresses. Moreover, I may share more insider statuses with some participants depending on their personal biography. In this sense, I occupy insider and outsider positions in various contexts of the research.

Conflicts of Interest

A conflict of interest (COI) is a situation where researchers can benefit from particular outcomes of a study (Gorman, 2018; Institute of Medicine, 2002). Researchers may compromise the scientific integrity of a study's design, recruitment procedures, data analysis, interpretation, and reporting, to obtain benefits such as financial gain or career advancement (Bottema-Beutel, Crowley, et al., 2021; Romain, 2015). While COIs often involve finances, they can also be related to professional and personal relationships, and ideological, religious, and/or political commitments or views (Eisner, 2009; Goozner et al., 2009). Importantly, COIs exist in different states. For example, COIs can be potential (i.e., the benefits may happen in the future), actual (i.e., the benefits have occurred and continue to do so), or perceived (i.e., although there

are no potential or actual benefits, the benefits are reasonable to believe). Additionally, different COIs can influence conscious and unconscious research bias, although the presence of COIs does not necessary mean that the research is compromised (Bottema-Beutel, Crowley, et al., 2021).

Conflicts of interests are a critical topic in recent autism research. A meta-analysis of autism early-intervention research found the field to have high rates of COIs (70%) but low rates of COI disclosure (6%), demonstrating poor researcher transparency (Bottema-Beutel, Crowley, et al., 2021). Similarly, Bottema-Beutel and Crowley (2021) found high prevalence (84%) of COIs in research about applied behavioural analysis (ABA) interventions, but only 2% provided a COI disclosure statement. These findings corroborated the reports from many autistic people questioning the scientific integrity of ABA as a valid intervention. Poor COI disclosure in autism research has a significant impact on the quality of interventions and resources developed for autistic people, and autism researchers have been advised to declare COIs as best practice to improve the low standards in this research area (Dawson & Fletcher-Watson, 2021).

Therefore, in the interest of transparency, I will disclose COIs associated with this research. The PhD research is financially supported by AaA (the charity who developed the programme the research is evaluating), who funded four years of PhD tuition fees, a maintenance stipend, and a budget for other costs such as conference fees, travel, and participant expenses. As the PhD project is related to the wider DARE project that was originally funded by the UK autism research charity, Autistica, the grant was first paid to Autistica as a sub-granter. The host institution, UCL, received direct payments from Autistica on a yearly basis. UCL has paid the appropriate tuition fees every year and paid me a maintenance stipend every month until August 2024. I claimed for expenses such as conferences and travel via UCL's HR expenses policy under the relevant project budget code. The two autistic consultants

involved in developing the interview schedules were paid directly by AaA via a form, while I liaised between the two parties. I was in regular contact with staff managing EA and provided yearly insight reports and updates on the project every four months to an 'impact group' comprising EA staff, and people from other charities, universities, and youth organisations.

I am benefitting in career advancement from the financial arrangement and affiliation with the charity that provides the supported employment service being evaluated. This connection may have had the potential to influence my bias towards presenting and exaggerating positive evaluation results of EA. However, throughout the project I have adopted reflexive practices and made efforts to remain mindful of the potential influence of bias. For example, I journaled personal assumptions about the research topic, personal values and areas of known subjectivity, and identified gatekeepers and areas of role conflict (e.g., between researcher and funders) as recommended by Ahern (1999). I reflected on the elements of the research that require personal interaction with participants (particularly the interviews) and how I might have a familiarity bias towards participants I perceive as more like me. As such, I endeavoured to maintain a consistent approach to how I built rapport and interacted with participants. I was cognisant of how I felt during and after such interactions, questioning why I might have 'liked' or enjoyed one interview over another, to be aware of how this might influence my handling of their data. As detailed in the Measures section, I also maintained reflexive processes when selecting the measures and not making sweeping, generalised assumptions when interpreting the quantitative data. Additionally, whilst attending an autism conference, I reflected significantly on the power dynamics and appropriability of me, someone of the PNT, conducting autism research. I considered my responsibility to represent the findings and nuances of the topic sufficiently while remaining receptive to feedback and open to further learning.

Related to this reflexive process, I set clear boundaries with AaA about what they could and could not ask from me as a researcher (e.g., not requesting specific results), and we clearly outlined the project deliverables at the beginning of the project. I adopted the appropriate quantitative and qualitative methods for the relevant data analysis, and I reported the data analysis process to support best practice in transparency (see each chapter for details). Additionally, AaA were not involved in the data analysis, interpretation, or write up of any part of my doctoral research. Finally, COI statements were included with every chapter submitted for peer-review. These efforts do not eliminate the COI or its related influence, but may mitigate some biases to support high quality, trustworthy research that has potential inform decisions that can positively affect autistic people.

Overview

This funded doctoral research study spanned four years, starting in September 2020 and finishing in August 2024. Ethical approval was granted in October 2020. Data collection for the Understanding Autism in the Workplace training for employers started at the onset of the first training session in February 2021 and continued until September 2022. Data collection for the internships was ongoing from the first EA internship in April 2021 through 31st August 2023, including interviews conducted during the first full year of internships (April 2021 – April 2022). I stopped onboarding new participants in February 2023. I dedicated the last year of the project (September 2023 – August 2024) to data analysis for the third, longitudinal study and to the thesis write-up.

The thesis' structure follows the chronological order of data collection and the EA internship process. Study 1 (presented in Chapter 3) evaluates the impact of the EA's Understanding Autism in the Workplace an Online Autism training on employers' autism knowledge and commitment to inclusion in the workplace. Study 2 (presented in Chapter 4)

evaluates experiences of EA using qualitative interview data from the interns, employers, and parents. Study 3 (presented in Chapter 5) evaluates interns' long-term employment and wider outcomes (e.g., mental health) beyond the conclusion of their EA internships. Finally, Chapter 6 includes a discussion of the main findings and their implications knowledge and practice, acknowledges several limitations, suggests avenues for future research, and makes conclusions from the research.

Chapter 3: Evaluating Autism Training for Employers

Abstract

This Chapter is a version of a peer-reviewed published paper. The full citation for this paper is:

Ashworth, M., Heasman, B., Crane, L., & Remington, A. (2024). Evaluating the impact of an online autism training on changing employers' autism knowledge and commitment to inclusion in the workplace. *Neurodiversity*, 2, 1-14.
<https://doi.org/10.1177/27546330241249266>

A key element of the EA supported employment initiative is its joint emphasis on employers. Before hosting an EA internship, employers were required to complete EA's online training programme, *Understanding Autism in the Workplace*, to enhance their ability to support interns appropriately. The current study evaluated the effectiveness of this online autism training programme in changing employers' autism knowledge and commitment to inclusion in the workplace. Employers (N = 129) from 22 organisations in the UK completed the training with an autistic (n = 45) or non-autistic (n = 84) trainer and completed surveys measuring (a) autism knowledge and (b) commitment to inclusion in the workplace (CIW), before and after the training. Results showed that at a group level, autism knowledge and commitment to inclusion in the workplace improved from before training to after training for all participants, for both the autistic and non-autistic trainer. This latter result may be attributable to the training being co-designed by autistic people. At an individual level, however, only a minority of participants (both with an autistic and non-autistic trainer) showed a significant increase in autism knowledge (10.1%), and CIW (5.8%), suggesting autism training was more effective for some participants than others. Autism training should not be the sole initiative to address barriers to employment for autistic people but should be part of a broader package of support for employers.

Introduction

In Chapter 1, I outlined how a lack of understanding about autism and autism stigma can be a key barrier to employment for autistic people. For example, employers can be reluctant to hire autistic employees due to misconceptions about autism and stereotyped understanding about how autistic people might be in the workplace. Moreover, stigmatised attitudes mean that autistic people can face discrimination at work, causing difficult decisions around disclosing their autistic identity/diagnosis at work. Here, I evaluate how online autism training for employers can complement supported employment initiatives. More broadly, this work contributes to knowledge around autism understanding in relation to employment.

Evidence suggests that people with better autism knowledge have more positive attitudes towards autistic people (Gillespie-Lynch et al., 2015, 2017; McMahon et al., 2021; Morrison et al., 2019; Sasson & Morrison, 2019b). No research has yet assessed the relationship between employers' autism knowledge and their attitudes towards autistic employees. However, the more general effects of better autism knowledge (outlined above) suggest that current, accurate information about autism could impact employers' perceptions about autistic people in the workplace. For example, knowing about areas that can be disproportionately challenging for autistic people, areas of relative strength, and ways to make accommodations for autistic people in the working environment, could improve employers' self-efficacy and empower employers to feel more equipped to facilitate effective inclusion (Erickson et al., 2014; Hagner & Cooney, 2005; Scott et al., 2015).

Autism Training

Autism-specific training could potentially address autism-specific stereotypes that are upheld and prevalent throughout society, often perpetuated by portrayals of autistic people in mainstream media (e.g., that autistic people have 'super-human' skills such as photographic

memory, that they are not sociable and have no emotions or empathy, and that autism exists on a spectrum from 'a little bit' to 'very' autistic; Mallipeddi et al., 2024).

Numerous studies have assessed the impact of autism training on autism knowledge in different groups of participants, although largely in non-autistic US-based college students. Gillespie-Lynch and colleagues (2015), for example, developed and evaluated online autism training (an asynchronous PowerPoint presentation with comprehension and engagement checks) for non-autistic university students in the US, which was designed to improve their acceptance of, and help them better understand and support, their autistic peers. Their results demonstrated a significant group-level change in average scores for autism knowledge and stigma, reflecting improved autism knowledge and reduced stigma. Using the same training materials, these group-level changes were replicated with other student populations, in different countries and cultures including Lebanon, Québec, and Japan (Gillespie-Lynch et al., 2022; Obeid et al., 2015; Saade et al., 2021; Someki et al., 2018). Beyond university students, online autism training has also been shown to have an impact on professional groups. For example, such training has been shown to improve autism knowledge and autism screening and diagnosis rates in medical physicians (see review by Clarke & Fung, 2022), and improve post-secondary educators' autism knowledge and reduced stigma – changes that were maintained (albeit with some attenuation) one month after online training (Waisman et al., 2023). This training was also more effective at increasing autism knowledge compared to an active control training, or compared to groups who received no training (Ha et al., 2022; Jones et al., 2021).

Although research suggests that online autism training can be effective at improving autism knowledge and other outcome measures such as stigma, there is a dearth of literature that examines how autism training impacts behavioural applications of such knowledge. Pre- and post-training survey studies could also include measures more closely related to

behaviour, such as intention to apply their knowledge and change specific behaviours in real-life settings.

Moreover, previous work has tended to draw conclusions from group-level analyses: comparing a group's average scores on various measures before and after training. Few studies have examined how outcome measures vary on an individual level. Of those that did, the focus was predominantly on factors associated with differences in baseline (i.e. pre-training) scores. For example, several studies have shown that variables such as country, gender, prior contact with autistic people, type of university major/degree, higher social dominance orientation and less implicit bias are related to pre-training autism stigma and knowledge scores (Gillespie-Lynch et al., 2015, 2022; Obeid et al., 2015; Saade et al., 2021; Someki et al., 2018; Waisman et al., 2023). To my knowledge, no research has conducted individual-level analyses to examine the extent of change in scores for each participant pre- to post-training. Individual-level analyses could provide a more meaningful picture of an online training's impact – clarifying whether a majority of participants show a significant change pre- to post-training, or whether any group-level differences are driven solely by changes experienced by a small number of participants. As such, in the present study I evaluate the impact of an online autism training programme on knowledge and commitment to inclusion, at both group- and individual-levels, for employers in the UK.

Interventions for Employers

There is limited evidence, at a group or individual-level, about whether interventions are effective at improving autism knowledge for employers, or whether they facilitate the inclusion of disabled people in the workplace (Erickson et al., 2014; Hedley, Uljarević, Cameron, et al., 2017). A small number of studies have used interviews and questionnaires to examine employers' perceptions of autistic employees, and to identify factors related to autism

employment outcomes (for reviews see Hedley et al., 2017 and Rashid et al., 2017), but there is a dearth of literature directly assessing the effectiveness of autism-specific interventions for employers. One study by Scott and colleagues (2018) assessed employers' attitudinal changes after using the *Integrated Employment Success Tool*; a manual for employers to improve their skills for hiring and supporting autistic colleagues in the workplace by increasing understanding about autism, highlighting strengths of autistic individuals, and outlining possible environmental challenges and workplace adjustments that could be made. However, after 12 weeks there was no difference between those who did and did not use the manual in relation to their self-efficacy in implementing autism-specific supports, or their attitudes towards employees with a disability. Another study found that a behavioural skills training programme improved the skills of four staff members who provided job training for autistic young people (Palmen et al., 2010), but these participants were not employers. There is, therefore, a need for further research to assess and identify effective autism training resources specifically designed for employers.

Autistic-Input and Expertise

It is essential to consider the role of autistic-input in autism-specific online training since prior contact with autistic people can improve attitudes and acceptance towards them, i.e., the contact hypothesis (Gardiner & Iarocci, 2014; Gillespie-Lynch et al., 2017, 2019; Nevill & White, 2011; White et al., 2019). Drawing from this finding, autistic involvement may be a valuable component of effective autism training. Autistic involvement is especially important considering the ethical imperative to ensure autistic representation in autism-related topics; to promote empowerment and to ensure "nothing about us without us" (Charlton, 1998), but also in view of autistic people's expertise about autism due to their lived experience (Gillespie-Lynch et al., 2017). Indeed, some effective online trainings were developed in collaboration with autistic people, and/or have included autistic people (e.g., autistic university students, PhD candidates, and academics) in the training via videos and/or reciting person-first narratives (Gillespie-Lynch

et al., 2015; Jones et al., 2021; Waisman et al., 2023). Further, Gillespie-Lynch et al. (2022) found that autism training developed in a participatory way (i.e., working with autistic collaborators to edit content and add videos of topics) was more effective at improving autism knowledge and reducing stigma than training developed with non-autistic people. Qualitative feedback from this study's non-autistic university student participants suggested that the participatory training's effectiveness was due to having an (inter)personal element, better accessibility, and superior clarity of information.

The Current Research and Aims

I conducted an initial evaluation of AaA's mandatory online autism training programme for employers as part of the EA process before an internship started. The novel autism training, *Understanding Autism in the Workplace*, was delivered by autistic and non-autistic 'trainers'. It removes the onus from the autistic individual to focus on mitigating issues in the working environment by increasing employers' autism knowledge to dispel stereotypes, and to promote and facilitate inclusion in the workplace.

I assessed whether having an autistic or non-autistic trainer affects post-training outcomes and I evaluated the impact of the training on employers' knowledge about autism and behavioural intentions for commitment to inclusion in the workplace overall (i.e., at a group level), and for each participant (i.e., at an individual level). First, I hypothesised that autism knowledge and commitment to inclusion in the workplace post-training scores would be significantly higher for participants with an autistic trainer compared to those with a non-autistic trainer, due to the benefits of autistic expertise. Second, drawing from previous findings on the impact of online training for university students (e.g., Gillespie-Lynch et al., 2015), I hypothesised that (2a) employers' knowledge about autism and (2b) commitment to inclusion in

the workplace would improve from pre- to post-training at a group-level, but (2c) these increases may not be universal.

Method

Understanding Autism in the Workplace

The autism training, Understanding Autism in the Workplace, was established in May 2020 as part of AaA's training and consultancy services, aimed at line managers and colleagues who were recruiting, employing, and mentoring autistic professionals with EA. The training was mandatory for these individuals (referred to as 'employers') before they hosted an EA internship. Crucially, the training was developed in collaboration with autistic people, a neurodiversity consultancy group, and professionals with experience in autism training, to ensure it was comprehensive and accurate.

A detailed overview of the structure and content of the training is available in Appendix E, and I provide an overview next. In summary, one 'trainer' (an employee of AaA) led the training, discussion, and question and answer session online, supported by a 35-slide PowerPoint presentation that included text, images, and videos to help structure and illustrate points. The course focused on (a) providing relevant, accurate education about autism and neurodiversity to challenge stereotypes, and (b) what employers could do to facilitate inclusion. Specifically, the training aimed to:

- 1) explore the concept of neurodiversity and how this relates to neurotypical and neurodivergent groups;
- 2) understand how communication skills, social interaction, social imagination and sensory processing impact on autistic individuals' lives and working environment;
- 3) review intersectionality and the links with good working practice for autistic employees;
- 4) identify the talents and skill sets of autistic individuals;

- 5) explore the importance of identifying and implementing workplace adjustments to support autistic individuals; and
- 6) identify practical tips to utilise within day-to-day work practices to support an autistic individual.

The training was conducted on numerous days throughout the year to allow employees from different organisations who were partnered with EA to engage with the training at a suitable time in relation to when their internship started. The training was led by a non-autistic person until 21st September 2021, and after this date the training was led by an autistic person. Delegates were aware of the autistic trainer's diagnosis/identity; however, the diagnosis status of the non-autistic trainer remained ambiguous to them.

Design

A within-subjects quasi-experimental design was used to examine autism knowledge and commitment to inclusion in the workplace between at two time points. There was a between subject factor, *trainer*, to assess any differences in outcomes depending on whether the participants had an autistic or non-autistic person leading the training session. The independent variable was *time* (before and after autism training), and the dependent variables were (1) *autism knowledge scores* and (2) *commitment to inclusion in the workplace scores*.

Participants

Recruitment

Participants were line managers and other employees of organisations partnered with EA that worked with or supported autistic young people in internships. AaA sent such individuals standardised information from the research team which stated that EA was being independently evaluated, and to invite them to be involved in the research. If participants volunteered to take part in the research, they provided informed consent before completing the pre-training survey.

Characteristics

One-hundred and twenty-nine participants from 22 UK-based organisations completed both the pre- and post-training survey; 84 participants did the training with a non-autistic trainer, and 45 did the training with an autistic trainer. Most participants (95.3%) worked full-time at the organisations with which they were affiliated, with 4.7% employed part-time. The most common age category was 26–35 years, and most participants were White British. The most common highest level of education was a bachelor's degree. All participants lived in the UK, but as the training was online, they were dispersed throughout the country, with the largest percentage based in London (see Table 4 for a further breakdown of participants' demographics).

Table 4*Participants' Demographics*

	Autistic trainer		Non-autistic trainer	
	n	%	n	%
Gender				
Man (including trans man)	15	33.33	32	38.10
Woman (including trans woman)	28	62.22	51	60.71
Prefer to self-describe	1	2.22	0	0.00
Prefer not to say	0	0.00	1	1.19
Missing	1	2.22	0	0.00
Age category				
18-25	1	2.22	12	14.29
26-35	13	28.89	34	40.48
36-45	18	40.00	16	19.05
46-55	8	17.78	17	20.24
56-65	4	8.89	5	5.95
Missing	1	2.22	0	0.000
Ethnicity				
White British	37	82.22	64	76.19
White Irish	1	2.22	3	3.57
Any other White background	2	4.44	9	10.71
White and Black Caribbean	0	0.00	1	1.19
Indian	1	2.22	2	2.38
Pakistani	0	0.00	1	1.19
Any other Asian background	0	0.00	1	1.19
African	0	0.00	1	1.19
Caribbean	2	4.44	0	0.00
Any other Mixed/Multiple ethnic background	1	2.22	1	1.19

Any other ethnic group	0	0.00	1	1.19
Missing	1	2.22	0	0.00

Highest level of education

No formal qualifications	0	0.00	1	1.19
GNVQ	0	0.00	1	1.19
GCSEs	3	6.67	8	9.52
A/AS-level	4	8.89	10	11.91
BTEC	3	6.67	0	0.00
HND	3	6.67	2	2.38
Foundation Degree	1	2.22	3	3.57
Diploma of Higher Education	2	4.44	0	0.00
Bachelor's Degree	11	24.44	34	40.48
Post-Graduate Certificate	1	2.22	3	3.57
Post Graduate Diploma	2	4.44	0	0.00
Master's Degree	11	24.44	20	23.81
Doctorate	3	6.67	2	2.38
Missing	1	2.22	0	0.00

Region

South East	13	28.89	15	17.86
London	15	33.33	36	42.86
North West	4	8.89	4	4.76
East of England	6	13.33	2	2.38
West Midlands	0	0.00	6	7.14
South West	2	4.44	8	9.52
Yorkshire and the Humber	1	2.22	3	3.57
East Midlands	0	0.00	2	2.38
North East	1	2.22	1	1.19
Scotland	1	2.22	4	4.76
Wales	1	2.22	3	3.57

Missing	1	2.22	0	0.00
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The most common income range was £30,000-£39,999 and participants were from a range of organisations, including information technology, finance, marketing, recruitment, and (most commonly) departments in the public sector. Appendix F provides a detailed breakdown of participants' employment demographics by trainer type.

Measures

I used two measures to evaluate how employers' autism knowledge and commitment to inclusion changed before and after the training: the Autism Awareness Scale and the Commitment to Inclusion in the Workplace Questionnaire (see Appendix G for scale items).

Autism Awareness Scale

To replicate previous research on the effect of autism training, the current study adapted Gillespie-Lynch and colleagues' (2015) Autism Awareness scale to assess autism knowledge³. Participants rated 12 statements about autism on a 5-point Likert scale ranging from -2 (*strongly disagree*) to 2 (*strongly agree*) to indicate to what extent they agreed with the accuracy of the statement. Items 2, 3, 5, 7, 9, 11 and 12 were reverse coded. Item 13, "People with autism have empathy"⁴, was removed for the current study due to the subjectivity of defining and measuring empathy, which confuses what would be considered an 'accurate' answer to the item. Responses

³ While this measure is called the Autism 'Awareness' Scale, it assesses autism knowledge (i.e., the facts and information one holds about autism) rather than awareness (i.e., feelings or thoughts about autism). The Autism Awareness Scale was originally developed by Stone (1987), then adapted by Heidgerken et al. (2005).

⁴ Although the current study advocates for identity first language, the Autism Awareness Scale uses person first language. As such, person first language is used only when referencing the Autism Awareness scale.

were summed to yield a composite autism knowledge score, which could range from -24 through 0 to 24. Higher scores indicate better knowledge about autism. Internal consistency of this adapted version of the Autism Awareness Scale was good, $\alpha = .80$; higher than the internal reliability established in Gillespie-Lynch et al.'s (2015) paper ($\alpha = .56$), and in the paper establishing the psychometric properties of the original Autism Survey ($\alpha = .66$; Campbell et al., 1996).

Commitment to Inclusion in the Workplace Questionnaire (CIWQ)

The CIWQ (Brosnan, 2021) was used to assess the impact of the training on participants' approach to inclusion in the workplace. Participants indicated how committed their organisation was to five areas of inclusion on a 4-point Likert scale: 0 (*no commitments in this area*), 1 (*committed to making improvements in this area*), 2 (*confident in our inclusive practices in this area*) to 3 (*leading in this area, promoting inclusion in other organisations*). Responses were summed to yield a commitment to inclusion score, which ranged from 0 to 15. Higher scores reflected greater commitment to inclusion in the workplace. Internal consistency of the CIWQ was good, $\alpha = .90$.

Procedure

If the employers volunteered to participate in the research after being sent the information by AaA, they were directed to an online survey (powered by Qualtrics) to provide informed consent and demographic information. At the end of this survey, participants were issued with a randomly generated 10-digit ID to be used to complete the pre- and post-training surveys (also powered by Qualtrics) pseudo-anonymously. Providing informed consent and completing the demographic information took approximately 10 minutes.

After completing the first informed consent and demographics survey, and before they took part in the autism training, participants completed another online survey comprising two

measures: (a) the Autism Awareness Scale, and (b) the CIWQ. Next, participants engaged with the 3-hour autism training via Zoom. Finally, participants completed a post-training survey that was identical to the pre-training survey. The pre- and post-training surveys each took approximately five minutes to complete.

Data analysis

Assumption checks

Independent *t*-tests (or non-parametric equivalents) were used to determine the trainer groups' equivalency before the training, and Levene's tests assessed each measure's homogeneity of variance at each timepoint.

Group-level analysis

Mixed ANOVAs with a repeated measures factor, time (pre- and post- training), and a between subject factor, trainer (non-autistic or autistic), were used to compare participants' composite autism knowledge and commitment to inclusion in the workplace scores before and after training. Post hoc paired samples *t*-tests were used to identify any specific significant differences.

Where data were not normally distributed, non-parametric tests were used. Specifically, Wilcoxon Signed-Rank test with a Bonferroni adjusted alpha level of .004 per test (.05/12) to correct for type 1 error was used to assess changes in each item of the Autism Awareness Scale before and after training. Similarly, a Wilcoxon Signed-Rank test with a Bonferroni adjusted alpha level of .01 per test (.05/5) was used to assess changes in each item of the CIWQ before and after training.

Individual-level analysis

Impact of Autistic vs. Non-Autistic Trainer. Chi-square analyses were used to determine whether there was a difference between the autistic versus non-autistic trainer

groups in (a) the proportion of participants whose post-training scores increased, decreased, or stayed the same at an absolute level, and (b) those that changed significance according to the Reliable Change Index.

Reliable Change Index Analysis. The Reliable Change Index (RCI; Jacobson & Truax, 1992; Zahra et al., 2016; Zahra & Hedge, 2010) assessed the extent of change pre- to post-training on the autism knowledge and CIWQ measures at an individual-level, its direction, and determine how much change was statistically reliable. The RCI was calculated using equation 1.

$$RCI = \frac{x_2 - x_1}{\sqrt{2(s\sqrt{1 - r_{xx}})^2}}$$

(1)

In equation 1, x_1 and x_2 represent an individual participants' score pre- and post-training, respectively, for either the autism knowledge or CIWQ measure, s is the standard deviation of all participants' scores pre-training, and r_{xx} indicates measure's test-retest reliability. When RCI scores are greater than 1.96, it is unlikely that the change in scores is because of the variability of the measure, and the change is considered statistically significant and reliable at the $p < .05$ level.

Results

Autism Awareness Scale

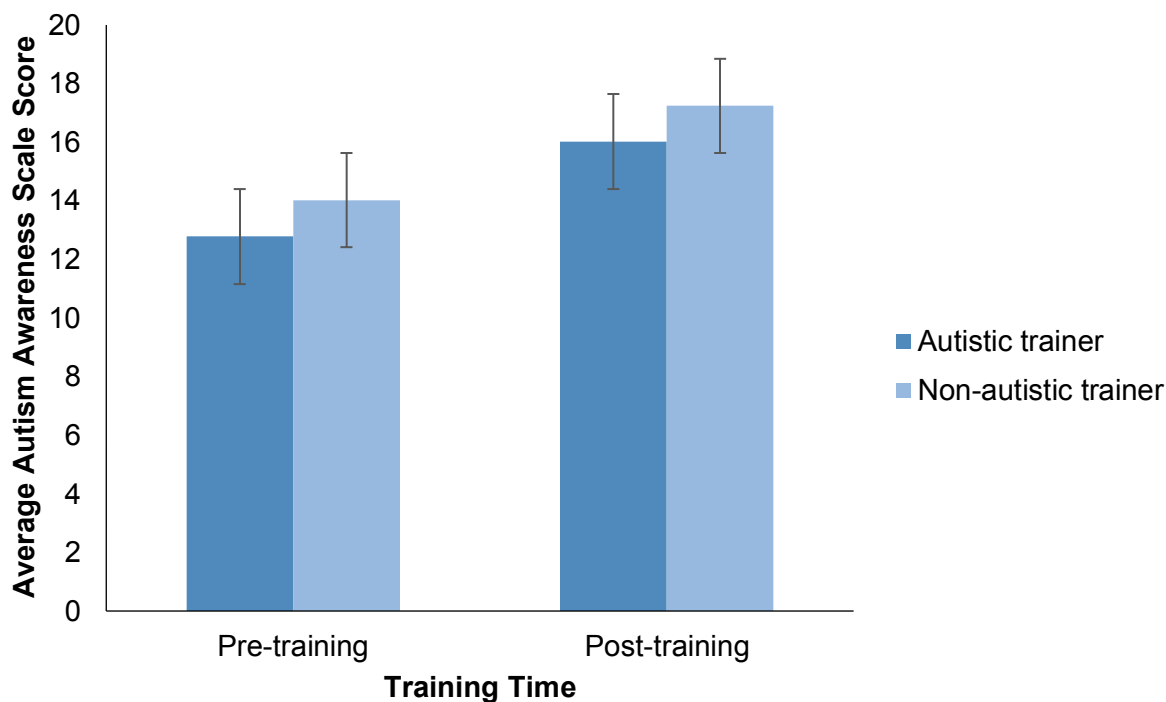
There was no significant difference between the autistic and non-autistic trainer groups' pre-training autism awareness scores, $t(127) = 1.38$, $p = .17$, $d = .26$, and Levene's test showed equality of variances for the pre- and post- scores (both $ps < .71$).

Group-level analysis of Autism Awareness scale

Contrary to the first hypothesis regarding differences in outcomes based on trainer group, there was no significant interaction between time and trainer, $F(1, 127) = .001, p = .97, \eta^2 = 2.05$, and no between subjects effect for trainer, $F(1, 127) = 2.42, p = .12, \eta^2 = .01$ (see Figure 2 for average scores by time and trainer type).

Figure 2

Average Composite Autism Awareness Scale Scores Before and After Training by Trainer Type



However, in line with hypothesis 2a, there was a main effect for time, $F(1, 127) = 67.31$, $p < .001$, $\eta^2 = .09$. As there was no effect for whether participants had an autistic or non-autistic trainer, the participant groups were collapsed and a post-hoc paired samples t -test showed autism knowledge increased from pre-training ($M = 13.59$, $SE = 0.43$, range: 0 – 23) to post-training ($M = 16.82$, $SE = 0.43$, range: 1 – 24), $t(128) = -8.2$, $p < .001$, $d = -.68$. Follow-up tests to assess changes in specific questions of the Autism Survey showed that knowledge increased from pre-training to post-training on 9 out of the 12 items (see Appendix G).

Individual-level analysis of Autism Awareness scale

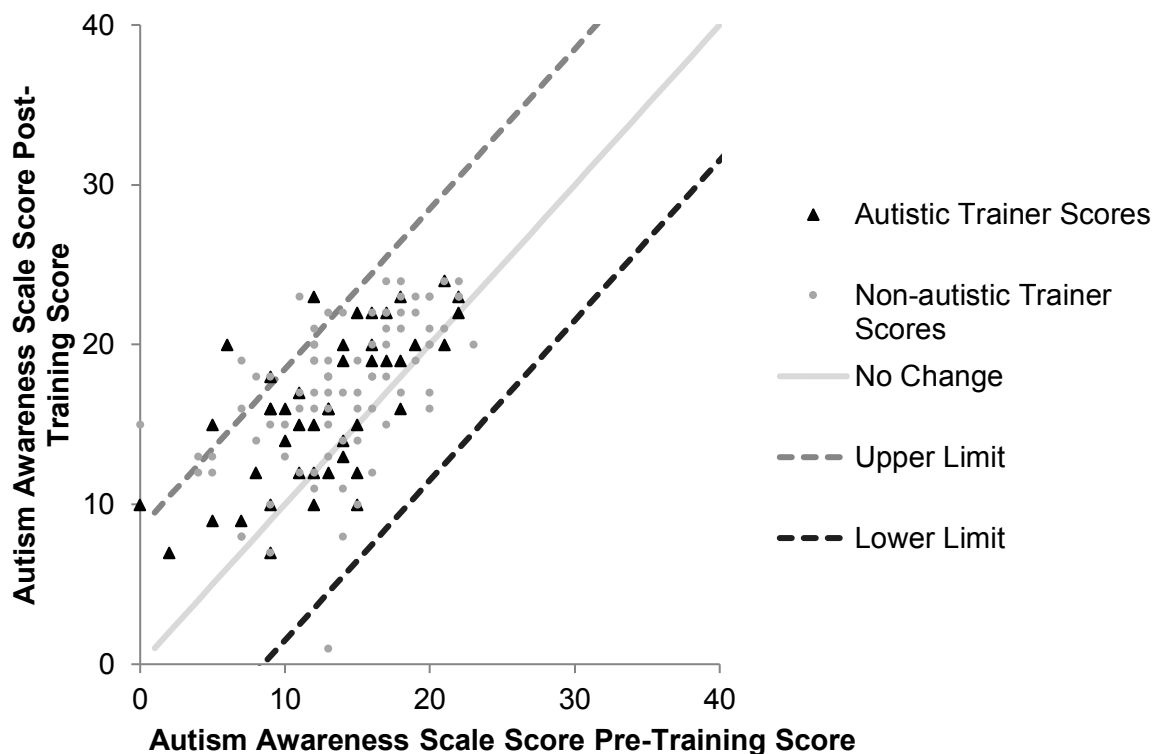
Impact of Autistic vs. Non-Autistic Trainer. Chi-square analyses showed no significant differences between the autistic versus non-autistic trainer groups in the proportion of participants whose autism knowledge scores increased, decreased, or stayed the same at an

absolute level, nor those that changed significance according to the RCI (all $ps > .05$), so the groups are presented together for subsequent individual-level analyses (see Appendix H for full analyses).

Reliable Change Index Analysis. Autism knowledge scores increased in 96 participants (74.42%) decreased in 21 participants (16.28%) and stayed the same in 12 participants (9.3%). In line with hypothesis 2c, the RCI showed that of 129 participants (both with an autistic and non-autistic trainer), 13 (10.1%) showed reliable increases in their autism knowledge scores pre- to post-training, and one participant showed a significant decrease in their score (see Figure 3).

Figure 3

Scatterplot Showing Participants' Pre- and Post-Training Autism Awareness Scale Scores



Note. In Figure 3, participants above the 'No Change' line (i.e., $y=x$) showed an increase in scores and participants below this line showed a decrease in scores. Scores between the 'Upper Limit' and 'Lower Limit' lines show unreliable changes, and scores above or below these lines show reliable changes (i.e., $RCI < 1.96$).

Commitment to Inclusion in the Workplace Questionnaire (CIWQ)

There was no significant difference between the autistic and non-autistic trainer groups' pre-training CIWQ scores ($z = 1, 858, p = .182, r = .15$), and Levene's test showed equality of variances for the pre- and post- scores (both $ps < .78$).

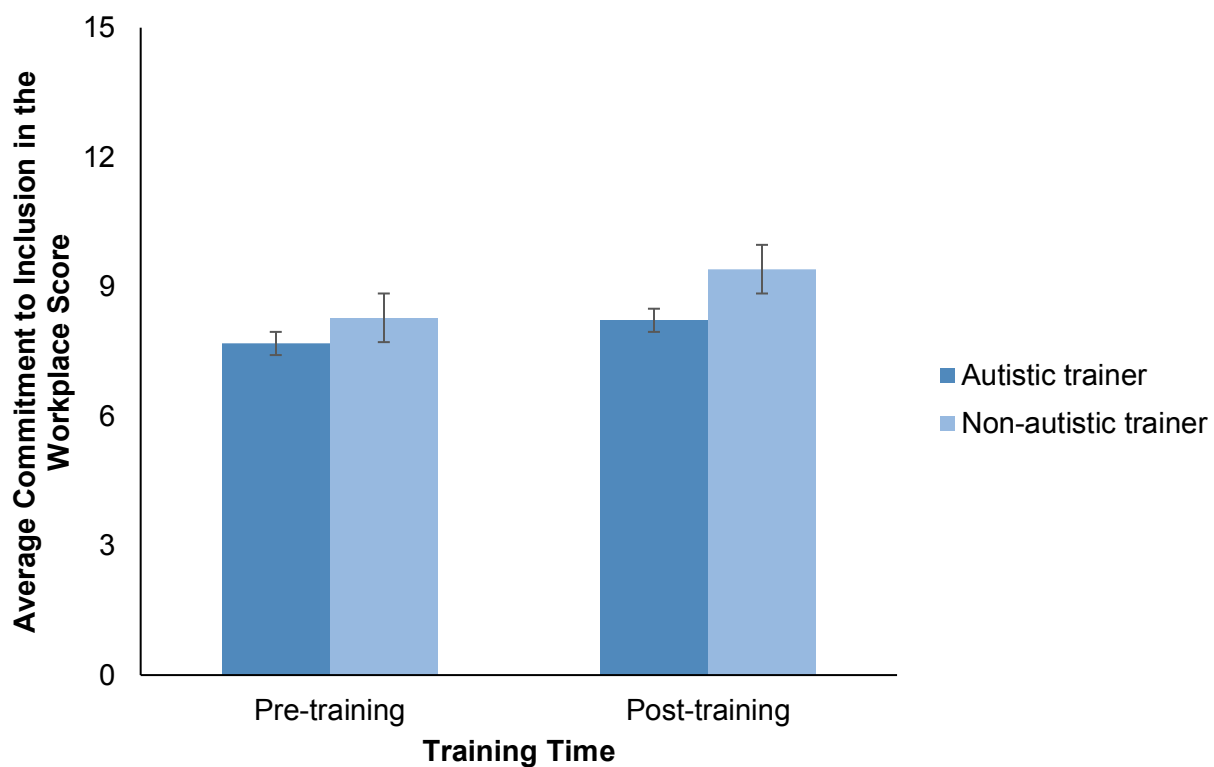
Group-level analysis of CIWQ

Contrary to the first hypothesis regarding differences in outcomes based on trainer group, there was no significant interaction between time and trainer, $F(1, 118) = 1.86, p = .18, \eta^2$

= .002, and no between subjects effect for trainer, $F(1, 118) = 2.69$, $p = .10$, $\eta^2 = .02$ (see Figure 4 for average scores by time and trainer type).

Figure 4

Average Composite Commitment to Inclusion in the Workplace Scores Before and After Training by Trainer Type



However, in line with hypothesis 2b, there was a main effect for time, $F(1, 118) = 14.81$, $p < .001$, $\eta^2 = .02$. As there was no effect for whether participants had an autistic or non-autistic trainer, participant groups were collapsed and a post-hoc paired samples t -test showed commitment to inclusion in the workplace increased from pre-training ($M = 8.12$, $SE = 0.28$, range: 0 – 15) to post-training ($M = 8.95$, $SE = 0.28$, range: 0 – 15), $t(119) = -4.50$, $p < .001$, $d = -.41$. Follow-up tests to assess changes on individual items indicated that three areas of commitment to inclusion increased from pre- to post-training: (1) inclusive and accessible recruitment, (2) communicating vacancies, and (3) providing workplace adjustments (see Appendix G).

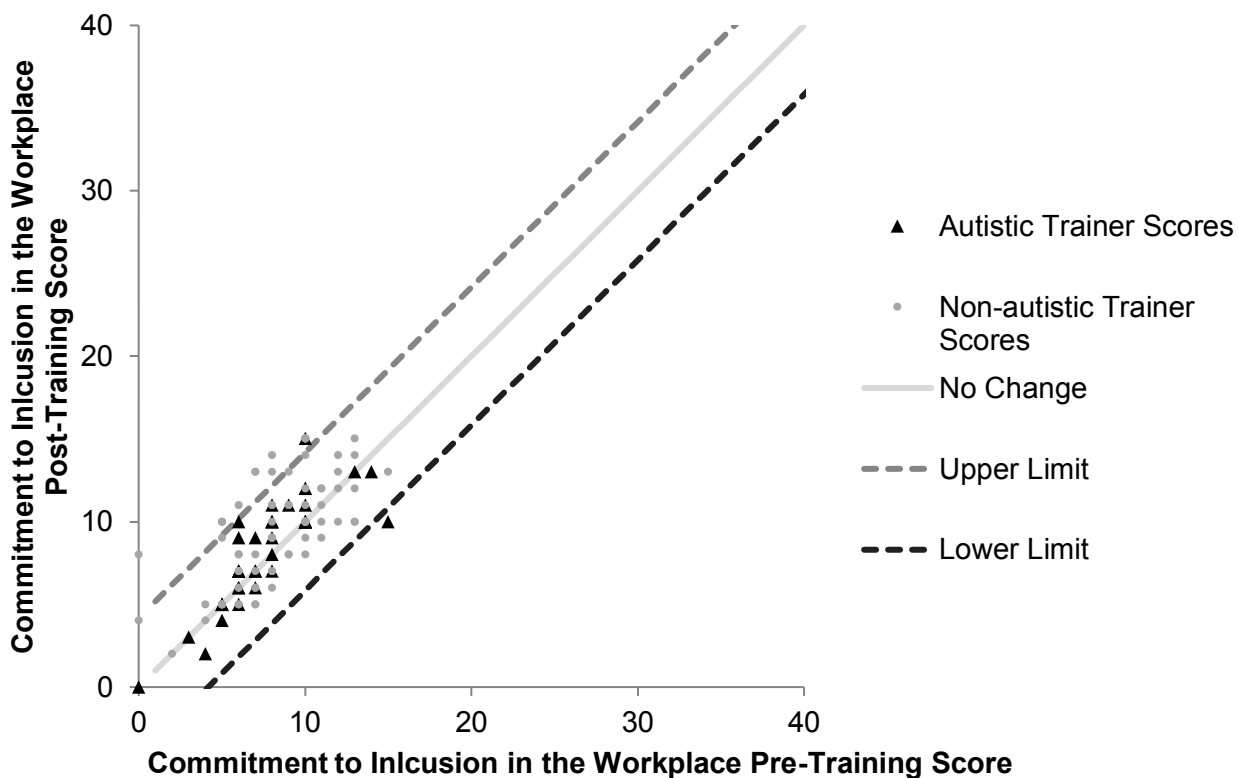
Individual-level analysis of CIWQ

Impact of Autistic vs. Non-Autistic Trainer. Chi-square analyses showed no significant differences between the autistic versus non-autistic trainer groups in the proportion of participants whose CIWQ scores increased, decreased, or stayed the same at an absolute level, nor those that changed significance according to the RCI (all $ps > .05$), so the groups are presented together for subsequent individual-level analyses (see Appendix H for full analyses).

Reliable Change Index Analysis. Commitment to inclusion in the workplace scores increased in 55 participants (45.83%), decreased in 28 participants (23.33%), and stayed the same in 37 participants (30.83%). In line with hypothesis 2c, the RCI showed that of 120 participants (both with an autistic and non-autistic trainer), seven (5.8%) showed reliable increases in their CIWQ scores pre- to post-training, and one participant showed a significant decrease in their score (see Figure 5).

Figure 5

Scatterplot Showing Participants' Pre- and Post-Training Commitment to Inclusion in the Workplace Scores



Note. In Figure 5, participants above the 'No Change' line (i.e., $y=x$) showed an increase in scores and participants below this line showed a decrease in scores. Scores between the 'Upper Limit' and 'Lower Limit' lines show unreliable changes, and scores above or below these lines show reliable changes (i.e., $RCI < 1.96$).

Discussion

This initial evaluation of an online autism training for employers demonstrated that, at a group level, autism knowledge and commitment to inclusion in the workplace improved post-training, irrespective of whether the trainer was autistic or non-autistic. Analysis at an individual level, however, revealed that the change in scores for each measure was reliable only for a small minority of participants, both with an autistic and a non-autistic trainer. These findings represent the first evaluation of autism training for employers at a group and individual level and have conceptual implications for understanding the existing literature on autism training, and practical implications for supporting employment for autistic people.

Contrary to the first prediction, there were no significant differences in level of change for autism knowledge or commitment to inclusion in the workplace scores depending on whether participants had an autistic or non-autistic trainer: participants' scores in both the autistic and non-autistic trainer groups increased significantly post-training at a group level, and there were similar proportions of significant changes between trainer type at an individual level. These findings appear to contradict the contact hypothesis, which suggests that quality interpersonal interaction with an autistic person may have facilitated better understanding (Allport, 1954; Paluck et al., 2019). However, the remote delivery mode may have violated conditions for the contact hypothesis to be effectual because minimal interaction occurred on an 'equal' status as the trainer held more power and authority in the training context.

Further, the lack of difference between trainer type may be because the training was co-designed by autistic people so the structure and content of the training benefitted from autistic input irrespective of whether the trainer was autistic or not, akin to Gillespie-Lynch et al.'s (2022) participatory autism training. Importantly, these findings do not negate the importance of autistic representation, which is vital. Indeed, autistic people's lived experience means they are

best placed to teach others about autism and may encourage positive development and progressive ideology about autism (Gillespie-Lynch et al., 2017). If training programmes are designed with autistic input (as the current training was), aspects of the DEP may be ameliorated to support better understanding of autistic people among any group that undergoes such training. Nevertheless, evidence in support of the DEP (e.g., Crompton, Ropar, et al., 2020; Crompton, Sharp, et al., 2020; Heasman & Gillespie, 2019) suggests communication differences may arise depending on whether trainers and training delegates share the same neurotype (i.e., whether autistic delegates had an autistic trainer and non-autistic delegates had a non-autistic trainer). Drawing from the DEP, matched neurotype delegate-trainer pairs may have facilitated more effective communication and learning, leading to better outcomes as measured in this study. Unfortunately, no data were available on the delegates' diagnostic statuses, and the non-autistic trainer's neurotype remained ambiguous to the delegates, but further research could explore how the DEP might influence autism training delivery. If learning varies based on the neurotype match between trainers and delegates, incorporating more understanding checks into training sessions could help clarify any areas where there has been a breakdown in understanding.

In line with the second prediction, the current study demonstrated group-level increases in employers' autism knowledge and commitment to inclusion in the workplace following online training. Larger effect sizes for the change in autism knowledge compared to changes in commitment to inclusion in the workplace are also consistent with previous literature (e.g., Gillespie-Lynch et al., 2015; Staniland & Byrne, 2013) that online training is more effective at changing knowledge compared to behaviour-related constructs. Nevertheless, there were significant improvements in employers' commitment to inclusive recruitment, communicating vacancies, and providing workplace adjustments in the current study, perhaps because the

training demonstrated or confirmed to the employers their self-efficacy and capacity to address these aspects of inclusion in the workplace.

However, individual-level analyses revealed that training did not yield reliable changes for autism knowledge and commitment to inclusion in the workplace for the majority of participants with an autistic or non-autistic trainer. These findings provide the first evidence that reflects the extent to which autism training is effective for each participant, and challenge our existing understanding of the effectiveness of online training that has been based on research exclusively focused on group-level analyses (i.e., online autism training improves groups of participants' autism knowledge and stigma; Clarke & Fung, 2022; Gillespie-Lynch et al., 2015; Obeid et al., 2015; Saade et al., 2021; Someki et al., 2018b; Waisman et al., 2023). My individual-level findings suggest the aforementioned group-based research may overestimate the effectiveness of online autism training. Indeed, further scrutiny of their distribution statistics suggest they might have had similar variability in scores to the current study. For example, Gillespie-Lynch et al. (2022) reported large standard deviations for the average autism knowledge scores pre- ($M = 22.4$; $SD = 10.8$) and post-training ($M = 31.6$; $SD = 14.9$), suggesting variability in the changes demonstrated by individual participants. I assert that a new approach to evaluating the effectiveness of interventions, such as online autism training, is needed. Future research in this area should include individual-level analyses to determine the full extent of a training programme's impact on different groups of people and investigate factors that influence individual score changes. This approach will be crucial to provide more reliable recommendations of an intervention's utility and to understand which audiences would benefit most from online training.

Practical Implications

Thus far, group-level evidence about autism training's effectiveness supports its wide use with various audiences. Contrarily, my finding that online autism training is more effective for some participants than others suggests online autism training should be promoted and applied tentatively, with a clear caveat that it should not be relied upon as the only way to help employers support their autistic employees. These findings support a holistic approach to address employment outcomes for autistic people. Indeed, prior research has suggested that diversity training is insufficient by itself (Alhejji et al., 2016) and that autism training is a "first step" (p. 3533) for improving autism knowledge and related stigma (Obeid et al., 2015). Although employers' autism knowledge is an important foundational factor for good workplace inclusion, other aspects such as a suitable work environment and good person-job match are also key for employers to successfully support autistic employees (Dreaver et al., 2020a).

Certainly, online training is an accessible, low-cost way to deliver autism training as it eliminates the cost of room hire and removes the need for trainers or delegates to travel, so has better geographical reach to engage more people (Clarke & Fung, 2022; Gillespie-Lynch et al., 2015). As such, online autism training for people such as employers may still be worthwhile as a starting point to learn about creating more inclusive settings. Importantly, however, autism training for employers should be accompanied by a broader package of support initiatives produced by autistic people, or at the very least, with significant autistic input, to maximise employers' learning and appropriate application of knowledge in the workplace.

Encouragingly, the current training is delivered as supplemental to several other supports offered by EA, including tailored applied help in changing recruitment and onboarding practices, implementing workplace adjustments, and liaising between the autistic interns and employers to support good two-way understanding. It is crucial resources are also focused on

these practical ways to support employers to apply behaviour changes in the real-world, and the current research provides key evidence used to justify EA's continued development.

Limitations

While my findings offer insights into the outcomes of employer training, and how these are measured, there are several limitations that should be considered. First, there may be a sampling bias because, although there were similar proportions between trainer groups, the participants were mostly White women, which may limit the generalisability of these findings to a more diverse population. Similarly, the employers taking part had already committed to host internships linked with AaA, so the training may have had a different effect on a group of employers with less pre-existing commitment to neurodiversity and inclusion. In line with this suggestion, participants' baseline autism knowledge was seen to be high, evidenced by an average total score of 13.59 on a scale from -24 through 0 to 24, as compared to previous research with university students whose baseline knowledge scores as assessed by different adaptations of the Autism Survey were 7.6 and 38.5 on scales from -26 to 26 and 17 to 55, respectively (Gillespie-Lynch et al., 2015; Tipton & Blacher, 2014). This explanation may also contribute to why there was a reliable change for a smaller proportion of participants, as high baseline autism knowledge scores may have created a ceiling effect which prevented a significant change in scores for some participants.

Second, this study did not measure how participants' autism knowledge and commitment to inclusion in the workplace translated to their practical behaviours. Self-reports of commitment to inclusion may be subject to inaccuracy and social desirability, whereby participants may have felt obligated to portray their organisation as a welcoming and pleasant place to host an internship for an autistic young person. Moreover, training has limited scope to address other barriers, including (as noted above) employers' comfort in working with someone

with a disability by quality or interpersonal interactions (e.g., Paluck et al., 2019), nor can it change employers' workloads that might influence their perceived self-efficacy to support autistic employees (e.g., Ezerins et al., 2023; Richards et al., 2019). As such, direct conclusions cannot be drawn about behavioural change towards autistic people in the workplace, despite the CIWQ offering a gauge about an organisation's actions to promote inclusion in the workplace.

Third, there is much co-occurrence and overlap between areas of neurodivergence, so autism-specific training may not be ideal for comprehensively addressing inclusion in the workplace. Similarly, autism-specific programmes can have unintended negative consequences for inclusive and diverse representations of autistic people in the workplace that may serve to sustain autism stigma (Doyle et al., 2022), so autism-specific initiatives should recognise the breadth of neurodiversity and their potential application beyond autism. The current training includes lessons about neurodiversity, but future iterations could include more focus on co-occurring conditions.

Finally, it should be acknowledged that as a quasi-experimental study with no control group, a change in scores cannot be entirely attributed to the training. It is possible there are potential alternative causes for the observed change over time that could not be controlled for in the current study design, such as the aforementioned issues of sampling bias and social desirability. Additionally, there may be testing effects due to a short time frame between the training and completing the post-training survey whereby participants were able to remember and regurgitate information more easily, which they may not have been able to do in the same way if the post-training survey was months after the training. To address these issues, future research should objectively corroborate self-reports of inclusion by evaluating each organisation's inclusion policies or assessing how autistic colleagues perceived their inclusion in the workplace. Follow-up contact could also be made with the employers several months post-

training to ascertain the training's sustained impact, and to see if their increased commitment to inclusion in the workplace had translated to practical changes in the workplace. It would also be informative to compare training outcomes for a group of employers who are not hosting internships for autistic people and may therefore be more representative of the wider UK workforce.

Conclusion

This research represents, to my knowledge, the first evaluation of a co-designed online autism training initiative for employers, and the first concurrent group- and individual-level analysis of its effectiveness. While employers' autism knowledge and commitment to inclusion in the workplace improved for participants with an autistic and non-autistic trainer at a group level, the individual level findings showed that online autism training was effective for only a minority of participants. My work therefore suggests reconsidering the existing research on autism training, and the adoption of a new conceptual approach to evaluation. This evidence also has important practical implications whereby, in line with the literature calling for a holistic approach to supporting employment for autistic people, autism training should be promoted as supplemental to a broader package of applied support for employers and not relied upon as a sole initiative to improve autism knowledge and inclusion in the workplace. Further research is needed to determine what makes training effective at an individual level for subsets of participants, and to provide more reliable verification about its effectiveness by assessing behavioural change in the workplace.

Chapter 4: Interns', Employers', and Parents' Experiences of Employ Autism

Abstract

This Chapter is a version of a peer-reviewed published paper. The full citation for this paper is:

Ashworth, M., Heasman, B., Crane, L., & Remington, A. (2023). Evaluating a new supported employment internship programme for autistic young adults without intellectual disability. *Autism*, 0(0), 1–13.

<https://doi.org/10.1177/13623613231214834>

Having examined the support for employers, the current chapter (Chapter 4 and Study 2) evaluates what happens in the next stage of the EA process, the internships. First, this chapter provides a detailed comparison of EA with other supported employment initiatives that have been evaluated. Despite the success of supported employment initiatives in increasing employment rates, little is known about the first-hand experiences and views of those involved. As such, this chapter next presents the multi-informant, qualitative, evaluation of views and experiences of EA internships. Specifically, I examined the experiences and views of autistic young adults without a LD ('interns'), employers and parents associated with an EA internship. In total, 51 participants (19 interns, 22 employers, ten parents), across eight internships, engaged in semi-structured interviews immediately after their relevant internship finished. Reflexive thematic analysis was used to identify three themes, shared across participant groups: (1) the internship was "an invaluable experience", (2) the internship helped break down autism-specific barriers to employment, and (3) stakeholder groups had some unmet expectations. Drawing on this multi-informant qualitative evaluation of a novel supported employment scheme, I derive recommendations of best practice for supported employment initiatives for autistic young adults without a LD.

Introduction

As outlined in Chapter 1, evidence suggests that supported employment initiatives that include work experience (such as internships) increase employment rates for autistic people, yet only a minority of the available initiatives have been evaluated (see reviews by Baker-Ericzén et al., 2022; Burgess & Cimera, 2014; Hedley et al., 2017; Hendricks & Wehman, 2009; Schall et al., 2020). Of the limited number of supported employment work experiences that have been evaluated, EA shares areas of similarity and distinctiveness. These areas are presented in Table 5.

EA shares key successful elements identified in other evaluated supported employment initiatives, including offering paid work experience, tailored support finding and applying for suitable jobs, and ongoing support during the work experience (Schall et al., 2020; Schall et al., 2015). For example, Project SEARCH plus AS supports (PS+AS), offers work experience alongside secondary school classroom instruction, behavioural interventions, and on-the-job training (Rutkowski et al., 2006; Wehman et al., 2013). The TEACCH Supported Education Programme uses an individualised approach for strength-based job coaching and placing for autistic individuals, alongside autism some training for employers (Keel et al., 1997). Further, Prospects (although it no longer exists) used support workers to help with job placement, work preparation, and liaison with employers (Mawhood & Howlin, 1999). Similar to EA, these branded initiatives offer an individualised supported employment framework that can be applied in a range of different sectors.

However, many supported employment initiatives that have been evaluated have various issues with accessibility. For example, an ICT work-experience placement, AASQA (Autism Academy for Software Quality Assurance) CoderDojo (Lee et al., 2019a) and PS+AS and are not available for autistic people who are past school-age, despite post-education employment

support being sought after by autistic adults (Baldwin et al., 2014). Similarly, the Philips Employment Scheme in the Netherlands supports employment for autistic people who claim disability benefits in a healthcare technology company (Peijen & Bos, 2022), which may restrict access for autistic people who cannot claim such benefits. Further, some programmes (e.g., PS+AS) predominantly cater for autistic people with a LD. Yet, as discussed in Chapter 1, autistic people without a LD can have poorer employment outcomes than their peers with a LD (Taylor & Seltzer, 2011b), and often have their support needs overlooked (Crane et al., 2019). While TEACCH can be used by autistic young people with or without a LD, it has a limited range of employment opportunities for autistic clients (e.g., clerical, and stocking jobs), which are often part-time and poorly paid. Similarly, work experience at a clothing company in the US is mainly for autistic people with a LD (Grenawalt et al., 2020).

A further limitation is that many of the available work experience initiatives include an element of behavioural intervention (e.g., training regarding social, verbal and non-verbal communication skills; Burt et al., 1991; Hillier et al., 2007; Howlin et al., 2005; Keel et al., 1997; Lee et al., 2019; Wehman et al., 2020). While these skills may be useful to focus on for some autistic individuals, neurodiversity-affirming perspectives and the social model of disability suggest work experience should prioritise improving workplace inclusion rather than treating autistic communication differences as 'deficits' to be 'fixed' (Kapp, 2020; Leadbitter et al., 2021; Oliver, 2013). For example, (mis)communication is identified as a barrier to employment for autistic people (Black et al., 2020; Scott et al., 2019). Therefore, supported employment initiatives could place more emphasis on the potential for mutual breakdowns in communication between autistic interns and employers due to the DEP. Most supported employment initiatives offer some form of consultancy to help employers improve their understanding of autistic people and provide more inclusive environments, but this support varies in format and the cited

evaluations lack detail on what it entailed. Indeed, employer training has not been evaluated until the current doctoral research (as discussed in Chapter 3).

Other initiatives that are available for autistic people without a LD are often developed within a particular industry. For example, a corporate internship scheme provides a 3-month internship for autistic graduates in different departments at Deutsche Bank (DB) UK, alongside additional support with a specialist workplace mentor for autistic people (Remington et al., 2021). Similarly, Australian-based Rise@DHHS programme offered some fulltime contracts to autistic people with the Victorian Government Department of Health and Human Services (Flower et al., 2019; Spoor, Flower, et al., 2021), and the DXC Dandelion Program provides autistic people with a 3-year graduate-level contract in an Australian information communication technology (ICT) firm associated with the Australian government (Hedley et al., 2019, 2023; Spoor, Bury, et al., 2021). However, although these initiatives may be more suitable for autistic people without a LD, the work experience is restricted to a specific sector, which limits accessibility for those not motivated to work in that area.

EA addresses limitations in other supported employment initiatives in three crucial ways. First, EA is designed and catered to autistic adults without a LD and is accessible to those not in education. Second, while EA offers tailored, ad hoc support with interview skills, it does not focus on teaching social skills for work experience. Instead, EA offers strength-based support that acknowledges the DEP by placing more responsibility on employers to improve their understanding of autism and autistic people, fostering more inclusive workplaces. Third, EA provides opportunities for graduate-level work with equivalent salaries across various sectors and roles in the UK. These factors enhance the accessibility of the EA to support more autistic people without a LD.

Table 5*Evaluations of Supported Employment Initiatives*

Name	Description	Target audience	Additional Support Provided	Employer Training	Evaluations	Evaluation with control or comparison group
Project SEARCH + Autism Support (AS)	Community-based internship programme implemented over nine months within US and UK high schools, incorporating techniques specifically for autistic people with a LD.	Autistic young people in a secondary or high school setting with a LD.	Elements of applied behavioural analysis (ABA) and social communication curriculum.	General and specific disability awareness to employers.	Rutkowski et al. (2006); Romualdez et al. (2020); Schall et al. (2015, 2020); Wehman et al. (2012, 2017, 2020).	Yes
TEACCH Supported Employment	An individualised approach for strength-based job coaching and job placement for autistic people, coupled with autism training for employers and parents.	Autistic adults with or without a LD.	Social skills training.	Training and consultation for employers.	Keel et al. (1997).	No
NAS Prospects	Job matching and coaching by a support worker for first 2-4 weeks of employment, including job preparation, aid with social and occupational needs, and employer education.	Mostly autistic adults without a LD	Support in with social, communication, and occupational needs for the job.	Consultancy with employers.	Howlin et al. (2005); Mawhood & Howlin (1999).	Yes

Company specific internship with Deutsche Bank (DB), UK	3-month graduate internship programme for autistic individuals aiming to achieve a 2:1 degree or higher the following year. This internship was developed in collaboration with the UK autism research charity, Autistica, and UK education and Ambitious about Autism.	Autistic adults without a LD	Additional support was offered with a mentor from Autism Spectrum mentoring, including regular check ins.	Staff conducting interviews received training, and line managers attended compulsory workshops throughout the programme.	Remington et al. (2022); Remington & Pellicano (2019).	Yes
Non-branded support programme: US Vocational Support Programme	A vocational support programme at a US university offering job preparation, placement in a variety of roles, and on-site coaching for autistic adults.	Autistic adults without a LD	The job coordinator trained the autistic employee in interview skills and provided guidance on interacting with coworkers, which involved strategies for greetings and suggesting appropriate conversation topics.	Employers and staff at placements received autism information, with support gradually reduced over the placement period.	Hillier et al. (2007).	No

Non-branded support programme: US work-training programme	Four-month work-training programme for autistic adults using a behavioural social interaction approach. Each adult had an individualised approach to introduce them to natural work settings and phase out support.	Autistic adults with or without a LD.	Individuals were taught social and functional skills by a social worker.	None detailed.	Burt et al. (1991).	No
AASQA (Autism Academy for Software Quality Assurance) CoderDojo	High school ICT work experience placement lasting 5 to 10 days, supported by autism service providers.	Autistic adolescents aged 12 - 18 years without a LD.	Support in developing workplace specific social skills.	Autism awareness workshops were available to host organisations on request.	Lee at al. (2019).	No
RISE@DHHS (Department of Health and Human Services)	Work experience at the Australian Department of Health and Human Services, featuring a three-week training and assessment component to facilitate the transition of autistic employees into the workforce.	Autistic adults without a LD.	'Transition to work' course aimed at enhancing autistic employees' understanding of their support needs and available resources.	Job coaches conducted autism awareness training for coworkers and management at the host organisation.	Flower et al. (2019).	No

DXC Dandelion Program	Autistic people have a 3-year graduate-level contract in an Australian ICT services firm associated with the Australian government.	Autistic adults without a LD.	Specific support is provided by an on-site consultant and there were workshops to improve independence and adaptive skills.	A full-time, on-site consultant assists the autistic staff and client organisation staff.	Hedley et al. (2019, 2023); Spoor et al. (2021).	No
Hart Schaffner Marx Varied	Work experience at a men's clothing company in the US facilitated by The Autism Workforce, which assists in workplace adaptations for improved accessibility and provides interview training for local autistic individuals.	Mostly autistic adults with a LD.	Training for autistic employees about communication skills.	Training provided to employees to enhance knowledge and understanding.	Grenawalt et al., (2020).	No
Philips Employment Scheme	Temporary work experience in a healthcare technology company in the Netherlands alongside compulsory courses (e.g., network building and job-application skills).	Autistic people who claim youth disability benefits.	A job coach provides vocational support and on-the-job training.	Job coaches inform employers about workplace adjustments needed.	Peijen & Bos (2022).	Yes

The existing evaluations of work experience initiatives primarily focus on quantitative statistics such as employment rates, job retention levels, and income. There is a dearth of literature examining the first-hand experiences of those who take part in these supported internship programmes. In one of the few studies on this topic, Romualdez et al., (2020) interviewed seven autistic young people (17 – 24 years) with a LD and three job coaches involved with PS+AS and gained valuable insight about the positive aspects (e.g., improved self-development for interns and job coaches) and more difficult aspects (e.g., communication challenges) of the experience. Another qualitative DB UK study involved interviewing 16 autistic interns without a LD and employers about their experiences of a supported internship scheme (Remington et al., 2021; Remington & Pellicano, 2019). The DB UK interns reported increased confidence in their ability to fulfil work duties, as well as anxiety related to the stress of working, social demands, and miscommunications between interns and colleagues. Employers from DB UK claimed that the internship had mutual benefits for the host organisation by fostering a more inclusive and diverse workplace. Co-workers involved in a qualitative evaluation of Rise@DHHS identified similar mutual benefits for the organisation, while autistic employees reported improved wellbeing and praised the transparent three-week training, which facilitated a successful transition into their placements (Flower et al., 2019). These in-depth accounts offer valuable insights to the barriers, facilitators, and more personal outcomes of supported employment schemes that are missed with quantitative outcome measures (e.g., number of hours worked, income, employment rates).

Bringing together multiple stakeholder perspectives facilitates a more complete understanding of the experience and effectiveness of supported employment initiatives. A holistic understanding of supported employment initiatives is particularly important given the DEP and its influence on the relationships between autistic interns and non-autistic employers. Interns reported communication breakdowns with employers and/or colleagues in the PS+AS

(Romualdez et al., 2020) and DB UK programmes (Remington et al., 2021; Remington & Pellicano, 2019), issues that were not raised by the employers. This discrepancy may further highlight mutual misinterpretations by the employers, emphasising the need to include both intern and employer perspectives in evaluations to account for differing interpretations of a supported employment experience.

One perspective rarely explored is parents' views of work experience schemes. As explained in more detail in Chapter 1, parents are often deeply involved in their young person's transition to adulthood due to a lack of support elsewhere, and can feel that it is their responsibility to manage their young person's support (Chen et al., 2019; Cribb et al., 2019; Hatfield et al., 2017). Indeed, one study that did include parents in a qualitative evaluation of a high school ICT work-experience placement, AASQA CoderDojo, found parents were crucial in preparing their young people for the work experience by providing support with public transport and preparing appropriate work clothes (Lee et al., 2019b). The parents also corroborated their young people's reports of a positive impact on work-related and general confidence, and they reported greater hope for their young person's future. Such involvement in supporting their young people can mean parents' can offer valuable insight into the value and utility of supported employment initiatives for autistic people.

Asking multiple key stakeholders (i.e., interns, employers, and parents) about their views of a supported employment initiative offers a novel and more comprehensive evaluation than in previous research. In the current study, I therefore took a multi-informant approach to conduct the first qualitative evaluation of EA. To gain a holistic understanding of EA, I evaluated the first-hand experiences of autistic interns, employers, and parents associated with its internships. Specifically, I addressed the following research questions:

1. What are interns', employers' and parents' views and experiences of EA?

2. Do stakeholders' views align?

Method

Participants

When giving informed consent for the EA evaluation, participants indicated whether they would be interested in taking part in an interview once the internship had finished. I contacted those who responded positively with information about what the interview would entail, a copy of the interview questions, and a link to provide informed consent if they wanted to take part. A total of 51 participants across 8 organisations were interviewed: 19 interns across six organisations⁵, 22 employers across seven organisations, and 10 parents (eight mothers and two fathers) across three organisations. The internships took place from April to December 2021, ranged from three to 15 weeks ($M = 12$ weeks, $SD = 8.7$) and were based in advertising, finance, information technology, recruitment, and the public sector (see Table 6 for a full breakdown).

Interns were autistic, between the ages of 18 – 26 ($M_{age} = 22.5$ years, $SD_{age} = 2.5$) and did not have LD, confirmed by their full-scale IQ composite scores from matrix reasoning and vocabulary subscales of the Wechsler Abbreviated Scale of Intelligence version two (WASI-II; (Wechsler, 2011), which ranged from 84 to 114 ($M = 101$, $SD = 7.75$). The 'employers' group included the interns' line managers, heads of department, and members of the interns' wider teams. The 'parents' group were mostly parents of the intern participants in the study, but there

⁵Note that the 19 intern participants who engaged in interviews constituted 17.4% of the 109 individual internship places offered by 12 organisations in one year of internships. The median number of internship places offered by the organisations was 1.5 ($M = 9.1$; $SD = 23$), but one organisation offered 85 internship places.

were two instances where a parent and employer opted in, but their young person did not (see Table 6 for further details).

Table 6

Participant Information

	Interns (n = 19)		Employers (n = 22)		Parents (n = 10)	
	n	%	n	%	n	%
Age category (years)						
18-25	19	100	1	4.55	0	0.00
26-35	0	0	8	36.36	0	0.00
36-45	0	0	3	13.64	1	10.00
46-55	0	0	10	45.46	2	20.00
56-65	0	0	0	0.00	7	70.00
Gender						
Man (including trans man)	13	68.42	12	54.55	2	20.00
Woman (including trans woman)	6	31.58	10	45.46	8	80.00
Ethnicity						
White British	16	84.21	19	86.36	9	90.00
Irish	1	5.26	0	0.00	0	0.00
Any other White background	1	5.26	1	4.55	0	0.00
Any other Asian background	0	0.00	1	4.55	0	0.00
Caribbean	1	5.26	0	0.00	1	10.00
Any other Mixed/Multiple ethnic background	0	0.00	1	4.55	0	0.00
Highest level of education*						
GCSEs ¹ (14 – 16 years)	0	0.00	1	4.55	1	10.00

A/AS-Level ² (16 – 18 years)	4	21.05	3	13.64	1	10.00
BTEC ³ (career-focused qualification for people 14 – 19 years)	3	15.79	0	0.00	1	10.00
Higher National Diploma (specialist work related qualification 18 + years)	0	0.00	0	0.00	1	10.00
Foundation Degree (vocational qualification 18 + years)	1	5.26	0	0.00	0	0.00
Bachelors Degree	9	47.37	7	31.82	3	30.00
Post Graduate Certificate	1	5.26	1	4.55	1	10.00
Post Graduate Diploma (postgraduate qualification awarded to supplement an original university degree)	0	0.00	1	4.55	1	10.00
Masters Degree	1	5.26	7	31.82	1	10.00
Doctorate	0	0.00	2	9.09	0	0.00

Employment history

Not applicable

No employment prior to internship	6	31.6
1 - 2 previous employers	6	31.6
3 - 4 previous employers	5	26.3
4 - 5 previous employers	0	0
5 - 6 previous employers	1	5.3
More than 6	1	5.3

Internship sector

Advertising agency	0	0	2	9.09	0	0
Banking group	1	5.26	3	13.64	0	0
Computers and information technology company						
Round 1	1	5.26	2	9.09	0	0
Round 2	1	5.26	1	4.55	0	0
Departments in the public sector						

Department 1	1	7.14	0	0	1	14.29
Department 2	2	14.29	1	8.33	1	14.29
Department 3	2	14.29	0	0	1	14.29
Department 4	0	0	1	8.33	0	0
Department 5	1	7.14	1	8.33	0	0
Department 6	2	14.29	2	16.67	1	14.29
Department 7	1	7.14	0	0	0	0
Department 8	1	7.14	0	0	2	28.57
Department 9	2	14.29	0	0	0	0
Department 10	1	7.14	1	8.33	0	0
Department 11	0	0	0	0	1	14.29
Department 12	0	0	1	8.33	0	0
Department 13	0	0	1	8.33	0	0
Department 14	1	7.14	4	33.33	0	0
Employment agency	1	5.26	1	4.55	0	0
Information technology company	0	0	0	0	1	10
Recruitment company	1	5.26	1	4.55	2	20

Note: *Levels of education are listed from lowest to highest level. ¹ General Certificate of Secondary Education; ² Advanced Subsidiary/Advanced level qualifications; ³ Business and Technology Education Council.

Materials and Procedure

I conducted interviews with participants shortly after their relevant internships finished (from June 2021 to January 2022). Although each participant group had a different interview schedule (see Appendices I1 – I3), they followed a similar structure and content: (1) welcome, overview, and opportunity to ask questions, (2) previous experience, (3) experience/views of the internship, (4) outlook after the internship, and (5) closing comments and thanks. Identical or

equivalent questions were included in each group's interview schedule where possible. The average length of the interviews was 27m:09s ($SD = 8m:59s$, range = 11m:14s – 49m:35s).

Efforts were made to maximise the inclusiveness and accessibility of participation such as providing interview questions in advance and offering a range of synchronous/asynchronous options for participation. All participants opted to participate synchronously via Zoom.

Community Involvement

Two autistic young adults (an 18-year-old man and a 24-year-old woman) were consulted to review the interview guidelines and schedules and ensure the questions were appropriate, clear, and precise. The consultants had previously completed a work placement with AaA's Autism Exchange programme but were not involved in the current research. Feedback led to revisions to introduction and closing sections (to improve clarity), the addition and removal of questions, and editing questions and probes to be more precise and provide sufficient context. This feedback was provided to the first author via email and/or video meetings. One consultant provided feedback via a proxy reporter (their mother) who relayed the feedback via email. In line with the guidance from the UK national advisory group for public involvement in health and social care research (INVOLVE guidelines, National Institute for Health Research, 2016), consultants were paid £75 each for the equivalent of four hours across one month.

Data analysis

Interviews were transcribed verbatim, and transcripts were analysed using NVivo software following Braun and Clarke's (2006, 2019, 2022) six stages of reflexive thematic analysis. Data were triangulated across multiple respondent groups (interns, employers, and parents) to understand multiple viewpoints of the internship. I examined overall similarities and

differences between the views of these groups, rather than comparing specific views within dyads or triads per internship. Participant groups were analysed separately, but during stage three (generating initial themes), a decision was made to report the results from the groups together considering the themes' overlap and to include relevant details of a group's specific views within each theme. Data were analysed through a critical-realist framework whereby participants' reports were taken as their reality but also recognised within a wider influence of social context on perspective. A semantic, inductive approach was used to identify patterns and themes, describing and interpreting the data explicitly at its surface meaning without a pre-determined coding frame (Braun & Clarke, 2006; Willig, 2013).

I led data analysis, supplemented by regular discussions with the broader research team, LC, BH, and AR. Before starting analysis, I kept a reflexive journal to acknowledge their inference and the influence of the data (Ahern, 1999). None of the authors have direct personal experience of the topic of research study, and all authors view autism through a neurodiversity paradigm and a social model of disability which recognises the role societal barriers play in disabling autistic people, instead of viewing autistic people as inherently 'impaired' (Oliver, 2013; Pellicano & den Houting, 2022). I included elements advised by Nowell et al. (2017) to ensure trustworthiness of the data, including: prolonged engagement with the data, documenting team debriefing meetings about codes and themes, continued diagramming to determine theme connections, repeated team reviews of themes and theme names to reach consensus, and checking of drafts of the report.

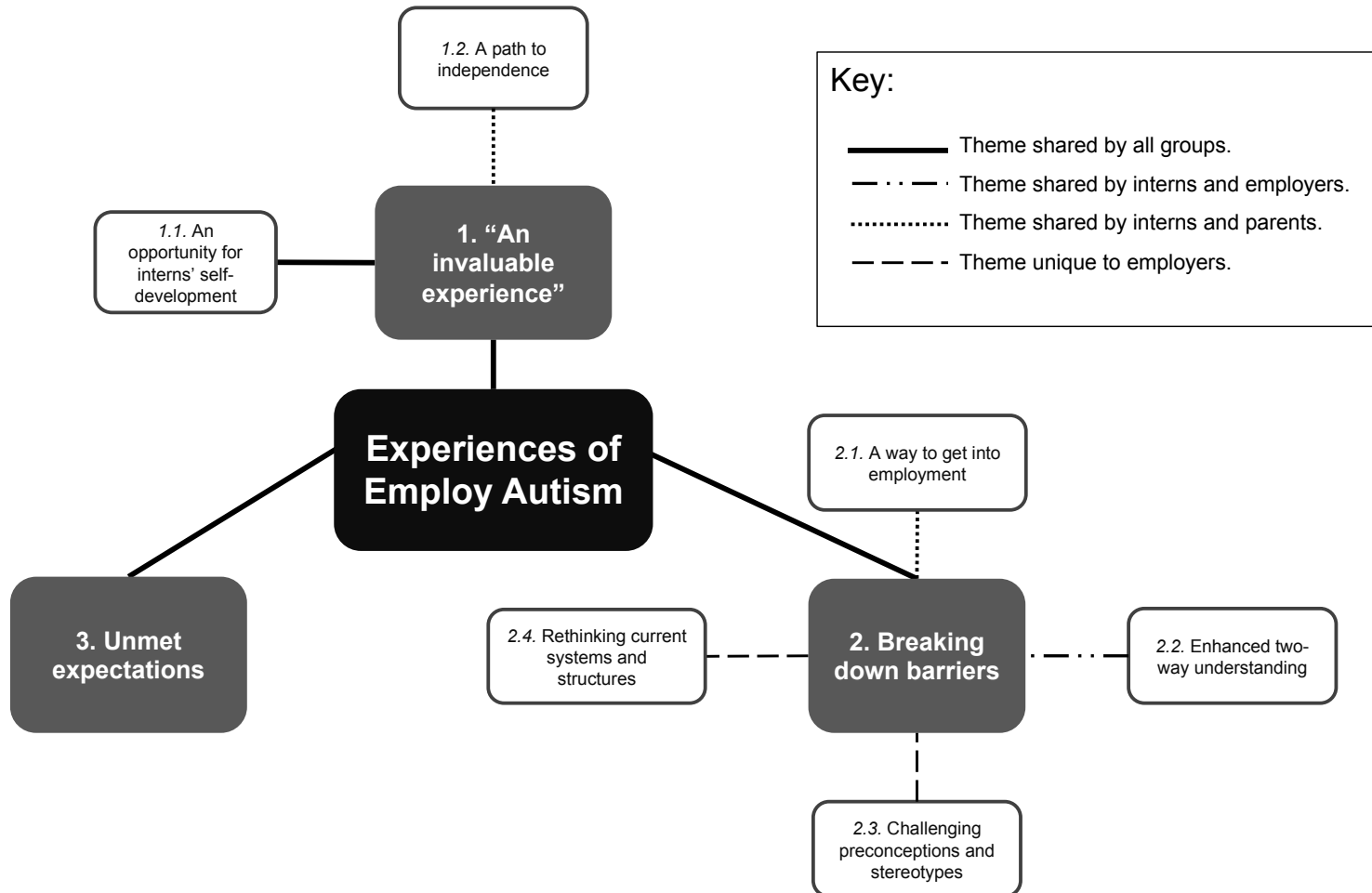
Results

I identified three themes shared by interns, employers, and parents. Within these themes, I identified six subthemes. Four subthemes were shared between groups, and two were unique to employers (see Figure 6, in addition to Appendix J for further illustrative quotes).

Quotes followed by a bracketed I, E, or P are from an intern, employer, or parent participant, respectively.

Figure 6

Thematic Map



1. “An invaluable experience”

Interns, employers and parents reported that the internships were a rewarding experience. Specifically, the internships provided an opportunity for the interns’ self-development professionally and personally (subtheme 1.1.), and a path to independence for the interns’ futures (subtheme 1.2.).

1.1. *An opportunity for interns’ self-development*

Interns felt that the internship improved their confidence in their own capabilities.

“I definitely feel more confident in my ability to feel like I can get things done... I think I always feel a bit afraid that I’m not capable of things... but actually most people can do most jobs and I can definitely do most stuff that is thrown at me... delivering what people want from me and expect from me.” (I8)

Parents corroborated this improved confidence and highlighted how the internship provided experience of working life that may be crucial for future employment prospects:

“Getting used to working with people, people you don’t know very well, dealing with all the small talk... understanding how the office works and the idea of commuting and doing a job, and the hours you have to be there for and just that general understanding of how the world goes round.” (P8)

Interns attributed improved self-confidence to work being meaningful and fulfilling, and feeling valued by employers:

“Now I have got concrete evidence that I can do a decent job, and I have praise from the line managers who both said that if they could they would like to keep me as a permanent employee, which was very flattering to hear.” (I13)

Employers echoed this sentiment, describing the interns as a “genuine asset” (E6) to their teams. Employers discussed their efforts to make the internship a positive and rewarding experience where the interns could get “solid things to go within a CV” (E11).

One intern reflected that their experience impacted their self-perception of being autistic: “the fact that I’ve come into [organisation’s name] consciously having autism and them consciously trying to help and support me, because of that I feel like I’ve learned a lot about how autism affects me.” (I3).

Such experiences led interns to wish they had benefitted from the opportunity earlier in their transition from education to employment, but also considered whether they would have been comfortable disclosing their autism diagnosis at an earlier stage:

“I would have liked to have known about AaA earlier in my life, but I can’t say confidently that I would have been comfortable at that point, because, obviously, you have to disclose [an autism diagnosis] that’s the nature of how these programmes go.” (I1)

1.2. A path to independence

Opportunities for self-development fed into a wider concept of independence. Interns discussed how improved confidence helped them take more initiative and ownership of their responsibilities and day-to-day lives, reporting that this fostered greater independence: “I eventually started doing things of my own accord... I felt that level of independence, I was getting a lot done” (I17).

Independence was also a key theme for parents, who wanted their young adults to have autonomy but, in some cases, noted “I don’t think [my young person] is up to doing it for [themselves]” (P2). The EA experience provided parents with reassurance about their young

person's developing independence, and they described how "It's given me for confidence for [their] future" (P3).

2. Breaking down barriers

Interns, employers, and parents reported different ways EA helped mitigate aspects that often impede employment for autistic people. Some features of EA provided a way to get into employment (subtheme 2.1.), and there was enhanced two-way understanding between interns and employers (subtheme 2.2.). Employers reflected on challenging preconceptions and stereotypes of autism (subtheme 2.3.) and started to rethink current systems and structures in their workplace that might preclude employment for autistic people (subtheme 2.4.).

2.1. A way to get into employment

Interns highlighted how common barriers to employment were broken down as part of the internship, enabling autistic young adults to get "a foot in the door" (I13).

The accessibility of the application process was valued by interns, especially being able to approach staff at EA for support: "it meant that, instead of me being given an open question that I don't know how to answer, it's interactive and I can ask for clarification, so I know what I'm supposed to be saying" (I7). There was also recognition of the adaptations made to interviews, and how this offered a smooth process from initial application to successful receipt of an internship place:

"It was a tad daunting, but...it was a lot smoother and easier [than previous experiences] because I knew that I didn't have to conceal my autism or to downplay it [in the application process]... they were mentioning any changes that needed to be made to the interview, so I said that if I could have a copy of the

interview questions beforehand I would be more able to prepare decent answers which reflected me more as a person... that support was fantastic.” (I13)

Parents acknowledged EA’s involvement as valuable to help their young adults get into employment.

“I just think it’s an absolutely awesome programme... I’m glad that [my young person] had the opportunity to be able to have that experience and I think sometimes there does need to be like a conduit or a third party to be able to assist bridging that gap. Working in [organisation’s name], they may not openly take individuals for work experience... having an organisation like [EA] be able to assist... is great.” (P5)

2.2. *Enhanced two-way understanding*

Interns reported that the communication between themselves, their employers and their colleagues “turned out to be quite effective” (I8). Employers were perceived as friendly and inclusive (“everyone there was very, very helpful and welcoming to me and very patient with me, because sometimes I take a bit of time to understand things”; I19), which was reportedly surprising: “everyone was really nice. I didn’t expect it” (I10). The interns appreciated the internship being autism-specific (“I’m in a job where everyone there is informed about [the fact that I’m autistic], and I do find it nice”; I19) and reflected that the training and support employers received may have led them to be more accommodating. Such support was seen as facilitative to other learning opportunities, including the social aspects of working life:

“The number one positive is the people, connecting with people, having useful conversations with people or sharing different perspectives... I think that’s been useful just being able to encounter all of that.” (I9)

The employers felt that the EA internship enabled both parties to gain something valuable, noting that the interns offered a “different perspective” (E5) in the workplace: “having somebody who is autistic who thinks through things in a slightly different way is really, really valuable” (E19). Relatedly, employers explained that the internship afforded a wider learning opportunity in encouraging employees to be more understanding and accepting of difference.

“It’s reminded me how similar and yet different we all are, and it’s reminded me about some simple things that you just tend to forget about sensitive issues and how they come up for people... and how bad we are as a society of needing people to present in a cookie cutter frame.” (E11)

In one instance, this culture of inclusivity led another colleague to disclose their own neurodivergence.

2.3. *Challenging misconceptions and stereotypes*

Prior to the internship, the employers described apprehension about hosting an autistic intern. Employers “didn’t know what to expect” (E3) from the internship (e.g., would they be difficult to manage and support?), and/or had a “preconception of what an autistic person might be like” (E18; e.g., would analytical tasks suit them best?). The training received was “really good at debunking a lot of myths... the ones that are sort of more positive like, autistic people are really clever or everyone is on the spectrum” (E17). Yet the employers noted that some misconceptions about autism persevered and could lead others to “underestimate [the interns] in terms of [their] capability to do tasks” (E16).

“I felt some of my colleagues maybe had lower expectations and were overly hesitant... if [they] hadn’t told me [they] were autistic, I wouldn’t have known and

we would have challenged [them]. So why shouldn't we challenge [them] just because [they're] autistic?" (E13)

However, the employers explained that working closely and directly with the autistic young adults on the internship helped dispel preconceptions.

2.4. *Rethinking current systems and structures*

Following the internship experience, employers questioned why their intern had previously had such difficulty finding work: "It struck me as why does this individual need this [internship]? [They] should have already been employed. [They're] great." (E13). Employers reflected on their current practice as they recognised some of the barriers to employment the interns could face: "you realise that the organisation has created a lot of challenges and problems, so it can be a bit humbling" (E2). For example, the employers acknowledged that the recruitment processes for their organisations could be disadvantageous for autistic applicants:

"[our assessment centre] isn't set up to cater for somebody on the spectrum because it's just expected that somebody's going to go and spend a whole day in a group doing different tasks... from talking to [the intern] you could tell visibly [they] wouldn't like that... [they] would be very quiet and it would probably look bad from a behavioural point of view." (E18)

In addition, the employers highlighted the importance of making workplace adjustments and their wider benefits for the workplace ("there isn't a huge amount of changes that need to be made... just some really small changes that will actually benefit your communication style more generally"; E7) and highlighted that inclusive practice should "become part of your work culture and behaviour" (E4) to be sustained long term.

The employers admitted “historically, organisations haven’t got this content right” (E2) so were “heavily invested” (E1) in the internship to ensure it was successful. As such, employers advised to “get the support you need” (E2) before welcoming an autistic person to the organisation (“I think if [the intern] joined without the programme, it would have been really hard for [them] and it would have been really hard for us”; E3), and said the tailored support provided by EA “gave [the employers] the confidence to work with [the intern]” (E2).

3. Unmet expectations

There were some unmet expectations, due to a mismatch in interns’ and employers’ expectations regarding support, skills matching and outcomes of the internship. First, the interns felt there were some misjudgements from employers related to how much support they needed and when, which was reported to be unintentionally patronising:

“Once or twice, I encountered a situation where someone would want to be very nice to me, but the way they would phrase it would come off as a bit patronising... they were like, your brain is a lot more analytical than mine, and that made me feel really awkward because you’re having to live up to the expectations of what someone might think your neurodiversity is... I don’t feel like that comes from a place of being intentionally patronised, that’s just phrasing if you want to be welcoming and complimentary and it might come across wrong.” (I19)

Second, while some interns got what they wanted from the internship (“I had objectives to build my confidence and get work experience... I think I gained all of that”; I6), other interns discussed having different hopes of what their role would be, and highlighted some mismatching of skills to work: “I was told I was going to be put into a role that fit my skill set in some way, but it ended up being a lot of correspondence and writing tasks which is stuff I always found difficult”

(I7). Relatedly, the employers said they wanted more information about their specific intern's skills ahead of the internship so they could provide appropriate and timely support, plan, and match suitable tasks to their skillset: "[the candidate profile should] not just list [their] hobbies and [their] degree, but what [they] felt [they] would be able to do as an intern... [that] would have helped us identify what tasks would have suited [them]" (E13).

Finally, other interns wanted more clarity on the outcome of the internship: "while [the internship] has prepared me a bit, I still don't know if I can actually get a job that I feel is appropriate to my skills" (I7). Indeed, parents questioned whether the internship afforded the interns too much support and gave "a slightly unrealistic view of what the real world of work is like" (P6).

Discussion

Existing literature on supported employment schemes has focused on quantitative outcomes such as employment rates and income (see reviews by Baker-Ericzén et al., 2022 and Hedley, Uljarević, Cameron, et al., 2017). My findings highlight the first-hand impact that work experience initiatives have on the people involved. Specifically, interns and parents in this study reported that EA provided an opportunity for the interns' self-development, with improved self-confidence in personal and work-related capabilities. These findings echo similar reports of interns' enhanced self-efficacy on the PS+AS (Romualdez et al., 2020), DB UK (Remington et al., 2022; Remington & Pellicano, 2019), and AASQA Coder Dojo work experience schemes (Lee et al., 2019a), further cementing work experience as an important facilitator of self-development for autistic adults.

Crucially, employers reported that the experience challenged their preconceptions about autism and made them rethink their organisation's current systems and structures. Previous

research has shown that the PNT's biases about autistic people are often based on minimal information, which negatively affects their first impressions of autistic individuals (Sasson et al., 2017). However, knowing an individual is autistic and having a better understanding of autism can improve such judgements and perceptions (Morrison et al., 2019; Sasson & Morrison, 2019a). The current findings may reflect this narrative in that employers reported initial apprehension about the internship related to a lack of understanding about autism. Similarly, in line with the contact hypothesis, interactions with the interns via work experience may have increased employers' understanding to develop new perceptions of autistic people, and realise and reconsider the systemic barriers in their workplaces (Turnock et al., 2022). As such, work experience in real-world settings may be an important component of supported employment initiatives for autistic people without a LD.

Many interns viewed being openly autistic on EA internships as positive. Interns felt that the autism-specific nature of the internship provided a rare but valuable opportunity to be more authentically themselves, and bolster self-esteem by exploring their capabilities. However, it should be noted that the interns in the present study may have already held a certain level of confidence in their autistic identity, to be involved in an autism-specific internship. This confidence may not hold true for the wider autistic population due to the complex, personal choices around disclosure described in Chapter 1. For example, many autistic people choose not to disclose their autism diagnosis to employers to avoid damaging stereotypes and/or discrimination related to being autistic (Romualdez, Heasman, et al., 2021; Romualdez, Walker, et al., 2021). In turn, many choose to camouflage (i.e., hide) autistic characteristics to appear more neurotypical at work (Hull et al., 2017). Autism-specific initiatives may therefore not be an option for autistic people who experience high levels of self-stigma. Additional support about managing stigma (Han, Scior, Heath, et al., 2023; Han, Scior, Umagami, et al., 2023) may be a

beneficial 'bridge' to enable engagement with employment programmes for individuals who are less comfortable disclosing their diagnosis. More broadly, however, employers must work hard to create safe and supportive working environments where autistic people can be free from stigmatisation and discrimination. Such efforts could contribute to an ultimate end goal where autism-specific schemes are not needed and disclosure is unnecessary because work environments are suitably understanding, accepting, and supportive of neurodiversity.

Participants in the current study recognised that EA broke down barriers to employment by providing autism-specific support to interns and employers throughout the process. In particular, employers' lack of understanding about autism, and miscommunications between employers and autistic employees, have been highlighted as barriers to sustained and fulfilling employment for autistic people (Black et al., 2020; Romualdez, Heasman, et al., 2021). While miscommunication was identified as an issue in qualitative evaluations of Project SEARCH with Autism Support (PS+AS) and Deutsche Bank (DB) UK (Remington et al., 2022; Remington & Pellicano, 2019; Romualdez et al., 2020), findings from the current study centre on enhanced two-way understanding between the interns and employers. This finding may be due to employers receiving training that has been shown to influence autism knowledge and commitment to inclusion in the workplace (see Chapter 3 or Ashworth et al., 2024), and employers made use of the continued support, expertise, and liaison services provided by EA throughout the internship. These employer-focused elements of EA likely address the DEP by enhancing the employers' understanding of their autistic interns. It is encouraging that, unlike previous reports from interns with PS+AS and DB UK, both interns and employers reported good two-way understanding, suggesting that such efforts with employers were beneficial. Interns and employers may have achieved a better mutual understanding on EA internships because the EA model also targeted the employers to prepare them for a supported internship.

This present study is one of the first to represent parental voices alongside those of autistic young adults and employers (see also Lee et al., 2019). Parents play a key role in providing support and advocating as their young person transitions to adulthood. Further, those without parental support notice a stark disadvantage in the services afforded to them (Crane et al., 2022). Parents report anxiety about their young person's future and a desire for independence, as demonstrated in the current study and others (e.g., Chen et al., 2019; Cribb et al., 2019). The current findings mapped onto parents' reports in Lee et al.'s (2019) study, that the work experience provided the parents with hope for their young person's future. Drawing from this context, parents' endorsement of EA as path to independence is an important endorsement of the utility and value of the initiative, and suggests its framework supports long-term benefits for the young adults and their transition into adulthood. Additionally, the focused and continued support afforded by EA may remove sole reliance on parental support through the employment trajectory and increase accessibility to employment for autistic young adults without parental support.

Though views of the programme were overwhelmingly positive, interns, employers and parents all raised concerns related to some unmet expectations of the internship. These concerns included interns having different expectations of the work they would be doing, mismatch of skills to work, and employers having ambiguous or misjudged expectations of their interns' abilities and preferences. In line with the disability rights movement's philosophy, nothing about us without us (Charlton, 1998), these insights highlight why it is so important to include autistic voices in evaluations of supported employment initiatives. Indeed, participants' different—and in some cases—unmet expectations raised in the present study underline the need for multi-informant qualitative research. Interestingly, concerns regarding a mismatch between interns' skills and demands of the job role were echoed in previous research into

autism-specific internship schemes (Remington et al., 2021). As suggested by participants in the present study, this mismatch could be addressed by ensuring that recruitment processes involve sharing more detailed information in a 'candidate profile' about the interns' work-related preferences and skillset.

The current study is not without its limitations. First, the findings relate to a work experience initiative for autistic people without a LD, so may not be applicable or appropriate for autistic people with a LD. Nevertheless, there are similarities in qualitative themes between the current study and Romualdez et al.'s (2020) study with autistic young people with a LD, such as increased confidence.

Second, only 17.4% of possible interns engaged in an interview, so the current participant sample may not be representative of all those engaging with EA internships. This outcome may be due to a self-selection bias whereby only participants who were more comfortable engaging with research and/or those who had relatively positive experiences of EA were more likely to volunteer to interview. Similarly, employers may have demonstrated social desirability bias in an effort to promote their organisation in a professional capacity and leave out the more negative experiences of the internship, and/or may have already had more favourable views towards autism and neurodiversity compared to other organisations as they volunteered to be involved in the scheme. However, the multi-informant study design helps ensure better reliability of findings by highlighting areas of consistency and inconsistency between participant groups' reports.

Finally, there is little evidence about how employers' rethinking of current practice and systems translated into behavioural or policy change in the workplace. This lack of information may be because the interviews were conducted soon after the internships finished so there was not enough time to implement any changes. Further research should follow-up with employers

to assess the wider impact of the internship on aspects such as recruitment policies. Finally, it is important to examine the long-term outcomes of EA internships, to assess their sustained impact for those involved.

Conclusion

This study provides the first multi-informant qualitative analysis of interns', employers', and parents' experiences of EA. These qualitative findings provide valuable evidence about one of the few supported employment initiatives available to autistic young adults without a LD, and offer useful insights into best practice. Results suggest that other supported employment initiatives for autistic people without a LD should: (1) place emphasis on the work experience component instead of focusing solely on skills; (2) address known autism-specific employment barriers such as adjusting application processes and improving employers' autism understanding and acceptance; and (3) invest in tailored support for the intern before, during, and after the work experience to support long-term independence. Crucially, autistic people's voices should be included in further evaluations and developments of future initiatives to ensure they are useful and appropriate for the autistic community.

Chapter 5: Longitudinal Outcomes

Abstract

This Chapter is a version of a manuscript that has been submitted for peer review. See Research UCL Research Paper Declaration Form C for further details.

Qualitative interviews in Chapter 4 (Study 2) suggest EA internships were promising experiences and they were positively endorsed by interns, employers, and parents. However, as the interviews were conducted immediately after the internships finished, this study offered little insight into how different outcomes changed after the internship, especially over a long term. Considering the effects that (un)employment can have on autistic people's well-being, it is important to examine the broader impact of supported employment initiatives, and how they maintain over time. This study (Study 3) evaluated the long-term employment and wider outcomes of the interns who engaged with EA at a group and individual level. Twenty-seven interns without a LD ($M_{\text{age}} = 23.3$) involved in EA internships across seven organisations, participated in the study. Interns reported on (1) employment-related characteristics, (2) daily living skills, (3) general self-efficacy, (4) quality of life, and (5) mental health pre-internship, six, and 12 – 24 months post-internship. The overall employment rate increased from 25.93% to 55.56% pre- to 12 – 24 months post-internship, and income and number of hours worked also increased. There were improvements in daily living skills, but other wider outcome measures did not change significantly at a group level, despite individual variability. This evidence has important implications for supporting long-term outcomes for autistic people.

Introduction

In Chapter 1, I explained how employment has a wide influence on autistic people's financial (in)security and general wellbeing. For example, (un)employment can contribute to self-worth and personal development, provide opportunities for socialisation, and has been associated with mental health and quality of life. Chapter 1 and 4 also outlined the evidence from existing evaluations that supported employment initiatives can benefit autistic people's employment outcomes. However, employment literature has largely focussed on employment metrics (e.g., employment and retention rates, and income), rarely assessing broader outcomes (Hedley, Uljarević, & Hedley, 2017a). Nevertheless, these evaluations demonstrate sustained employment benefits for those that engage with them for months and even year, highlighting the necessity for future evaluations to incorporate a long-term focus in their design. The current chapter (Chapter 5 and Study 3) evaluates what happens after an EA internship, specifically how long-term employment and wider outcomes change.

There are mixed results from the few studies that have measured wider outcomes beyond employment metrics. Hedley et al. (2019) found small improvements in 36 participants' daily living skills, but no changes in their depression, anxiety and well-being 12 months into a 3-year DXC Dandelion Program. Similarly, Remington et al. (2021) found no change in autistic interns' mental health and work self-efficacy immediately after an internship with DB UK. However, it is unclear if/how such measures maintain or change beyond a supported employment initiative. As Hedley et al. (2019) themselves recommend – future research should also assess other aspects of quality of life (e.g. stress and physical health) to assess well-being more holistically. Indeed, García-Villamizar et al. (2002) found a significant improvement in the quality of life of 21 autistic adults five years after they engaged with various supported employment initiatives. However, since the one follow-up occurred five years after the 30-month

average employment period, and without accompanying data on employment status, it is difficult to reliably attribute such improvements to employment.

Despite group-level findings regarding employment outcomes, there is evidence of wide individual variability. A recent 8-year longitudinal study found employment outcomes differed depending on autistic adults' socio-demographic factors including age, gender, education status, and diagnosis age (Bury et al., 2024). Moreover, autistic people have reported a range of positive and negative experiences of employment related to accessing work, disclosure, support, mental health, and discrimination (Davies et al., 2023; Raymaker et al., 2023; Romualdez et al., 2021). Job satisfaction has also been shown to vary for autistic individuals depending on factors such as a suitable person-environment fit (Coleman & Adams, 2018; Pfeiffer et al., 2018). There may be risks associated with looking solely at group-based results whereby some meaningful, individual changes (or lack thereof) on broader outcomes are masked by the group's average. Considering the heterogeneity of autism (Steinhausen et al., 2016), it is important to assess the extent to which outcomes change on an individual level.

As established in Chapter 1 and Chapter 4, it is important to evaluate supported employment initiatives like EA to establish an evidence-base regarding its utility in supporting employment outcomes, but few have been evaluated. To address key gaps in the literature and gain a comprehensive understanding of EA, this study tracks employment and various wider outcomes at both group and individual levels up to two years after EA internships. There are three main research questions:

1. How do employment-related outcomes (i.e., employment rates, highest level worked at, number of hours worked, and income range), change after EA internships?
2. How do wider outcomes (i.e., daily living skills, perceived general self-efficacy, quality of life, and mental health) change after EA internships?

3. To what extent is there variability in individual participants' employment and wider outcomes?

Method

Design

This study adopted a longitudinal, quasi-experimental, within-participant design to evaluate the long-term outcomes of autistic adults engaged with an EA internship. Participants completed online surveys reporting on (1) employment-related characteristics, (2) daily living skills, (3) general self-efficacy, (4) quality of life, and (5) mental health at three timepoints: before the internship, six months after the internship, and 12 – 24 months after the internship.

Measures

Participant Characteristics

Wechsler Abbreviated Scale of Intelligence Second Edition (WASI-II). The WASI-II (Wechsler, 2011) assessed participants' intelligence quotient (IQ) to characterise the participant sample and determine if they had a LD (IQ <70) or not. Participants completed the matrix and vocabulary reasoning subscales for non-verbal and verbal intelligence to obtain a full-scale IQ two-subtest form (FSIQ-2) score. The WASI-II qualitative descriptions for score ranges are: 'extremely low' (69 and below), 'borderline' (70 – 79), 'low average' (80 – 89), 'average' (90 – 109), 'high average' (110 – 119), 'superior' (120 – 129), and 'very superior' (130 and above). This measure was completed via Zoom, with the researcher sharing relevant stimuli via PowerPoint. Participants' answers were recorded according to WASI-II guidance.

Social Responsiveness Scale, Second Edition (SRS-2). The SRS-2 (Constantino & Gruber, 2012) assesses the presence and extent of social and communication differences. In this study, the SRS-2 was used for an indication of the participants' characteristics and to

contextualise discussions in relation to the current sample, not to screen for eligibility for the study (especially as it does not have 100% sensitivity to identify autistic people). Participants rated 65-items on a 4-point Likert scale (1 = not true to 4 = almost always true) across five subscales: Social Awareness, Social Cognition, Social Communication, Social Motivation, and Restricted Interests and Repetitive Behaviour. Subscale scores were summed for a total score and converted to standardised T-scores. According to the SRS-2, T-scores below 59 indicate no social communication differences related to autism (i.e., 'within normal limits'). T-scores from 60 – 65 indicate 'mild' differences, while scores from 66 – 75 and 76 or higher indicate 'moderate' and 'severe' differences, respectively. The SRS-2 has shown good internal reliability in previous studies ($\alpha = .94 - .96$; Bruni, 2014) and in the current study ($\alpha = .90$).

Employment Outcomes

Bespoke Employment Survey. Participants reported their demographic characteristics at the time of first completion, and employment-related outcomes at baseline and subsequent follow-ups. Employment-related outcomes included employment status, income range, highest level of employment, area of employment experience (based on multiple-choice responses), and the number of hours worked a week.

Wider Outcomes

Adaptive Behaviour Assessment System Third Edition (ABAS-3). The ABAS-3 (Harrison & Oakland, 2015) assessed participants' daily functional skills. Participants rated items by how often they could perform a behaviour when needed: '1' (never/almost never) when needed), '2' (sometimes), '3' (always/or almost always), or '0' (unable).

The ABAS-3 includes Conceptual, Practical, and Social domains. The Conceptual domain assessed communication, academic skills, and task management (Communication, Functional Academics, and Self-Direction subscales). The Practical domain assessed personal

and health needs (Community Use, Home Living, Health and Safety, Self-Care, and Work subscales). The Social domain related to interpersonal interactions and recreational activities (Social and Leisure subscales). These domains form a General Adaptive Composite (GAC) score for overall adaptive behaviour. Raw subscale scores are converted to scaled scores, summed for domain scores, and then converted to standard scores for the GAC and each domain. Higher scores indicate more adaptive functional skills. Harrison and Oakland (2015) reported good reliability and validity, and the current study found good internal reliability for all subscales (see Appendix K).

General Self-Efficacy Scale. The General Self-efficacy Scale (originally developed by Schwarzer & Jerusalem, 1995) assessed participants' perceived ability to cope with stressful life events. Participants rated ten items (e.g., "I can usually handle whatever comes my way") on a four-point Likert scale (1 = not at all true to 4 = very true). Item scores were summed, with higher scores indicating better self-efficacy. Previous studies found good internal reliability ($\alpha = .76 - .90$; Schwarzer & Jerusalem, 1995; Singh et al., 2019), as did the current study (see Appendix K).

Quality of Life with add-on Autism Spectrum Quality of Life. The World Health Organisation (WHO) Quality of Life Brief Version (WHOQoL-BREF; WHO, 1998) and the Autism Spectrum Quality of Life (ASQoL) add-on (McConachie et al., 2018) assessed participants' quality of life overall and in regards to being autistic. For the WHOQoL-BREF, participants rated 26 items on five-point Likert scales addressing four domains: Physical Health, Psychological Health, Social Relationships, and Environment. For example, a Physical Health item was "how satisfied are you with your health?". Scores for each subscale were summed and transformed to the WHOQoL 100-item scale, with higher scores indicating better quality of life. Previous studies reported good internal reliability ($\alpha = .66$ to $.84$; Skevington et al., 2004; WHO, 1998), as did the

current study (see Appendix K). For the ASQoL section, participants rated eight items on a five-point Likert scales for quantity, satisfaction, and frequency (e.g. “can you ‘be yourself’ around your friends/people you know well?”), and one item (“are you at ease (OK) with ‘Autism’ as an aspect of your identity?”; 1 = not at all to 5 = totally). The average score of items one to eight provided the total ASQoL score, and item nine indicated global ‘autistic identity’. McConachie et al. (2018) found good internal reliability for the ASQoL ($\alpha = .82$), as did the current study (see Appendix K).

Depression, Anxiety and Stress Scale - 21 Items (DASS-21). The DASS-21 (Lovibond & Lovibond, 1995) measured participants’ mental health across three subscales: Depression, Anxiety, and Stress. Participants rated 21 items (seven per subscale) on a four-point Likert scale (0 = never to 3 = almost always), indicating how much each symptom (e.g. “I find it hard to wind down”) applied to them over the past week. Scores for each subscale are calculated by summing the relevant items, with higher scores indicating greater severity. Different ranges apply to ‘severity ratings’ for each subscale (see Lovibond & Lovibond, 1995). Previous studies reported good internal reliability for Depression ($\alpha = .83$), Anxiety ($\alpha = .78$), and Stress ($\alpha = .87$; Norton, 2007), as did the current study (see Appendix K).

Participants

Recruitment

Participants were autistic adults (referred to as ‘interns’) taking part in an EA internship between 1st April 2021 – 31st January 2023. Once an intern accepted a position, AaA shared standardised information from the research team with the interns’ employers and/or directly with the interns. This information outlined the independent evaluation of EA, what this involved, and invited them to be involved in the research via a survey link where they could provide informed

consent. Participation was voluntary, and internships were not contingent on participation in the research.

Characteristics

Forty-one interns participated in some element of the research. However, as this study focuses on long-term outcomes, this paper considers only those who completed the employment-related measures at three time points: before the internship, six-months after it finished, and 12 – 24 months post-internship. There were no systematic demographic differences between the population and final sample of participants (see Appendix L).

The final sample comprised 27 interns across seven host organisations (see Table 7 for a breakdown of internship sectors).

Table 7

Internship Sectors, Number and Percentage of Interns, and Internship Length in Days

Organisation	Interns		Number of Days of Internship
	n	%	
Departments in the Public Sector			
Internship round 1	16	59.26	18
Internship round 2	2	7.41	18
Employment Agency	1	3.70	39
Financial Services Company	1	3.70	199
Information Technology Company			
Internship round 1	1	3.70	60
Internship round 2	1	3.70	60
Recruitment Company	2	7.41	164
Recruitment Company 2			
Internship round 1	1	3.70	270

Internship round 2	1	3.70	94
Reinsurance Company	1	3.70	119

The number of responses per measure and timepoint varied due to question branching and some missing data. Table 8 summarises the participant numbers and the proportion of the overall sample who completed each measure.

Table 8

Number and Percentage of Sample Who Completed Each Measure at Each Timepoint

Measure	Baseline		6-months post-internship		12 - 24 months post-internship	
	n	%	n	%	n	%
Bespoke Employment Survey						
Employment status	27	100.00	27	100.00	27	100.00
Highest level of employment	24	88.89	27	100.00	26	96.30
Income range	16	59.26	12	44.44	8	29.63
Area of employment	21	77.78	26	96.30	24	88.89
Hours worked per week	11	40.74	10	37.04	9	33.33
ABAS-3	21	77.78	21	77.78	21	77.78
General Self-Efficacy Scale	23	85.19	23	85.19	23	85.19
Quality of Life	23	85.19	23	85.19	23	85.19
DASS-21	23	85.19	23	85.19	23	85.19

One intern did not answer the question about whether they had a formal autism diagnosis in the current research, but application to and acceptance of an EA internship is contingent on candidates reporting that they are autistic, so they were retained in the dataset. To better understand the profile of the participants in the current study, 24 interns also completed the SRS-2. According to the sensitivity of the SRS-2, all but two interns (8.3%)

scored in the range associated with an autism diagnosis ($M_{SRS} = 69.54$, $SD_{SRS} = 9.19$). Most interns' SRS-2 scores fell within a range associated with communication differences that affect their daily lives to a 'moderate' degree ($n = 9$; 37.5%), followed by those in 'severe' ($n = 7$; 29.2%) and 'mild' ($n = 6$; 25%) ranges. None of the interns had a LD, as indicated by their WASI-II FSIQ-2 scores, which ranged from 84 to 114 ('low average' $n = 3$, 11.1%; 'average' $n = 20$, 74.1%; and 'high average' $n = 4$, 14.8%; $M_{IQ} = 101.33$, $SD_{IQ} = 8.32$).

The majority of the interns were men and White British. At the time of first completion, the interns' average age was 23.3 years ($SD_{age} = 6.46$). The most common highest level of education was a bachelor's degree, followed by A/AS-Levels. The most common number of employers before the internship was one or two employers. Table 9 provides a full breakdown of the participating interns' demographics.

Table 9

Interns' Demographics by Number and Valid Percentage

Demographic	n	%
Gender		
Man (including trans man)	18	66.67
Woman (including trans woman)	9	33.33
Age category		
18 - 25	25	92.59
26 - 35	1	3.70
36 - 45	0	0.00
46 - 55	1	3.70
Ethnicity		
White British	22	81.48

White Irish	1	3.70
Pakistani	1	3.70
Chinese	1	3.70
Caribbean	1	3.70
Any other Mixed/Multiple ethnic background	1	3.70

Number of employers before internship

None	8	29.63
1 to 2 employers	10	37.04
3 to 4 employers	7	25.93
5 to 6 employers	1	3.70
More than 6	1	3.70

Interns' highest level of education

No formal qualifications	1	3.70
GCSEs	2	7.41
A/AS-Level	5	18.52
BTEC	4	14.82
Foundation Degree	1	3.70
Bachelors Degree	11	40.74
Post Graduate Certificate	2	7.41
Masters Degree	1	3.70

Interns' parents' highest level of education

No formal qualifications	2	7.69
GCSEs	3	11.54
A/AS-Level	3	11.54
BTEC	1	3.85
HND	3	11.54
Diploma of Higher Education	1	3.85

Bachelors Degree	9	34.62
Masters Degree	2	7.69
Doctorate	2	7.69
Missing	1	

Region

South East	11	40.74
London	9	33.33
South West	1	3.70
Yorkshire and the Humber	2	7.41
East Midlands	1	3.70
Scotland	2	7.41
Wales	1	3.70

Procedure

After providing informed consent, participants reported their demographic characteristics and completed the bespoke employment survey. After sign-up, participants received a randomly generated 10-digit ID to pseudonymise their responses in subsequent surveys. Participants also received a detailed information document about the research process and how to contact the researcher or request adjustments. First, participants engaged in a Zoom session with the researcher to complete the WASI-II assessment via screenshare. Next, participants completed the first baseline set of surveys (SRS-2, daily living skills, general self-efficacy, quality of life, mental health) before the internship. Excluding the SRS-2, the same surveys were completed every six-months post-internship. All measures were completed on the online survey platform, Qualtrics. The daily living skills measure took approximately 30 minutes, while other measures

took about 10 minutes each. Participants were informed they could complete the surveys in multiple sessions.

Data Analysis

Data were collected from 1st April 2021 through 31st August 2023. Data collection was organised around three windows: before the internship ('baseline'/ timepoint 1; T1), 6-months post-internship (timepoint 2; T2), and 12 – 24 months post-internship (timepoint 3; T3). The broad third data collection point accounted for the staggered internship start dates, the varying length of the internships, and natural attrition. As data were collected every six months, some interns (i.e. those who completed internships early in the study timeline) engaged with the survey measures multiple times during the T3 period. In cases where multiple datapoints existed for the same measures within T3, the following data processing was conducted: for employment status, income range, highest level of employment, and area of employment experience, the most recent response was used in subsequent analyses. For number of hours worked, and wider outcome measures, the average score of all completed responses within the T3 period was calculated and used in the analyses.

Descriptive

Descriptive statistics (frequency, measures of central tendency, and percentages) were used to present the responses to the bespoke employment survey questions for T1, T2 and T3. Note that all reported percentages represent the valid proportion of participants who completed each measure at each timepoint, not necessarily the proportion of the total *N*. The relevant *ns* for each measure and timepoint are available in Table 8.

Chi-square tests were used to explore associations between employment outcomes and the individual factors. These individual factors were the number of previous employers (see

Table 9 for categories), length of internship (categorised as less than 1 month; 1 to 3 months; over 3 months up to 6 months; over 6 months up to 1 year), IQ, and SRS scores (see the WASI-II and SRS-2 sections for score ranges, respectively). Additional correlation analyses explored the relationship between interns' mental health and quality of life.

Group-Level Analysis

Repeated measures ANOVAs compared the groups' average scores on each repeated measure between each combination of timepoints (i.e., T1 – T2, T1 – T3, and T2 – T3). Where data were not normally distributed, a Greenhouse-Geisser correction was applied. Post-hoc paired samples *t*-tests with Bonferroni adjustments were used to identify specific significant differences.

Individual-Level Analysis

As in Study 1 (Chapter 3) the Reliable Change Index (RCI; Jacobson & Truax, 1992; Zahra et al., 2016; Zahra & Hedge, 2010) assessed individual participant change across repeated measures at between different timepoints. It determined the direction and statistical reliability of change (see equation 1).

$$RCI = \frac{x_2 - x_1}{\sqrt{2(s\sqrt{1 - r_{xx}})^2}}$$

(1)

Equation 1 calculates an individual participant's RCI using scores (x_1 and x_2) from two comparison points (e.g., T1 and T2), where 's' represents the standard deviation of all participants' scores at T1, and r_{xx} indicates the measure's test-retest reliability. Test-retest reliability was measured by intraclass correlation coefficients estimates based on a mean-rating ($k = 3$), absolute agreement, two-way mixed-effects model (Koo & Li, 2016; Shrout & Fleiss, 1979). When RCI scores lie outside of a range of -1.96 to 1.96, changes are deemed

statistically significant at the $p < .05$ level, indicating a significant change in score. Scores smaller than -1.96 signify reliable decreases, and scores greater than 1.96 indicate reliable increases.

Results

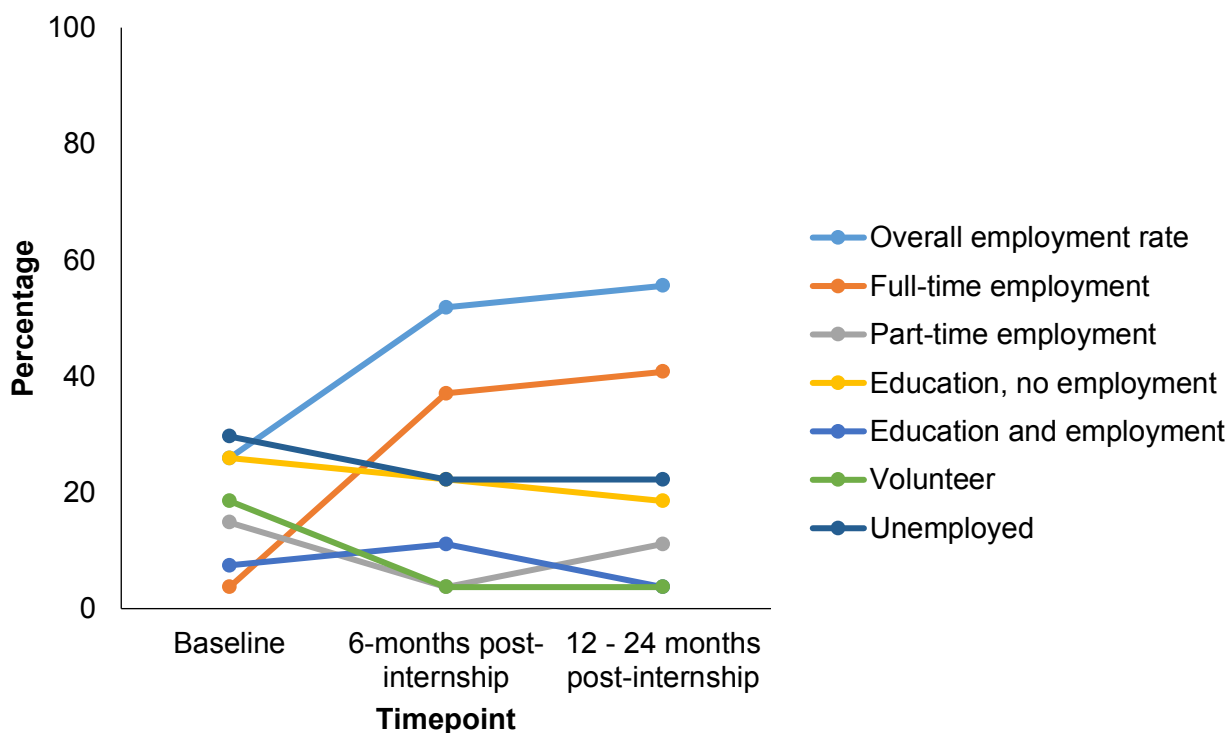
Employment Metrics

Employment Rates

The interns reported their employment status at each point of data collection (see Figure 7). At baseline, interns were most commonly in education (with no concurrent employment) or unemployed. Over the subsequent timepoints, unemployment rates dropped, and employment rates increased. The overall employment rate (including participants in full-time or part-time employment, and education with employment) increased from 25.93% at baseline, to 51.85% six-months post-internship, and 55.56% 12 – 24 months post-internship.

There were different employment journeys throughout data collection. Some interns entered employment (37.04%), but 22.22% were consistently unemployed throughout data collection, and 14.81% were consistently employed. Smaller proportions of participants were in variable employment states across the timepoints (e.g., a combination of employed, unemployed, and/or volunteering; 11.11%), in consistent education with no employment (7.41%), in consistent education with employment (3.7%), or moving from education into unemployment (3.7%). See Appendix M for a breakdown of each participants' employment status at each timepoint of data collection.

Seven (25.93%) of the 27 interns subsequently accepted permanent contracts at their internships' organisations. Of the 13 interns who were employed at more than one follow-up point, 85% (11 of 13) retained employment by the end of data collection.

Figure 7*Employment Rates*

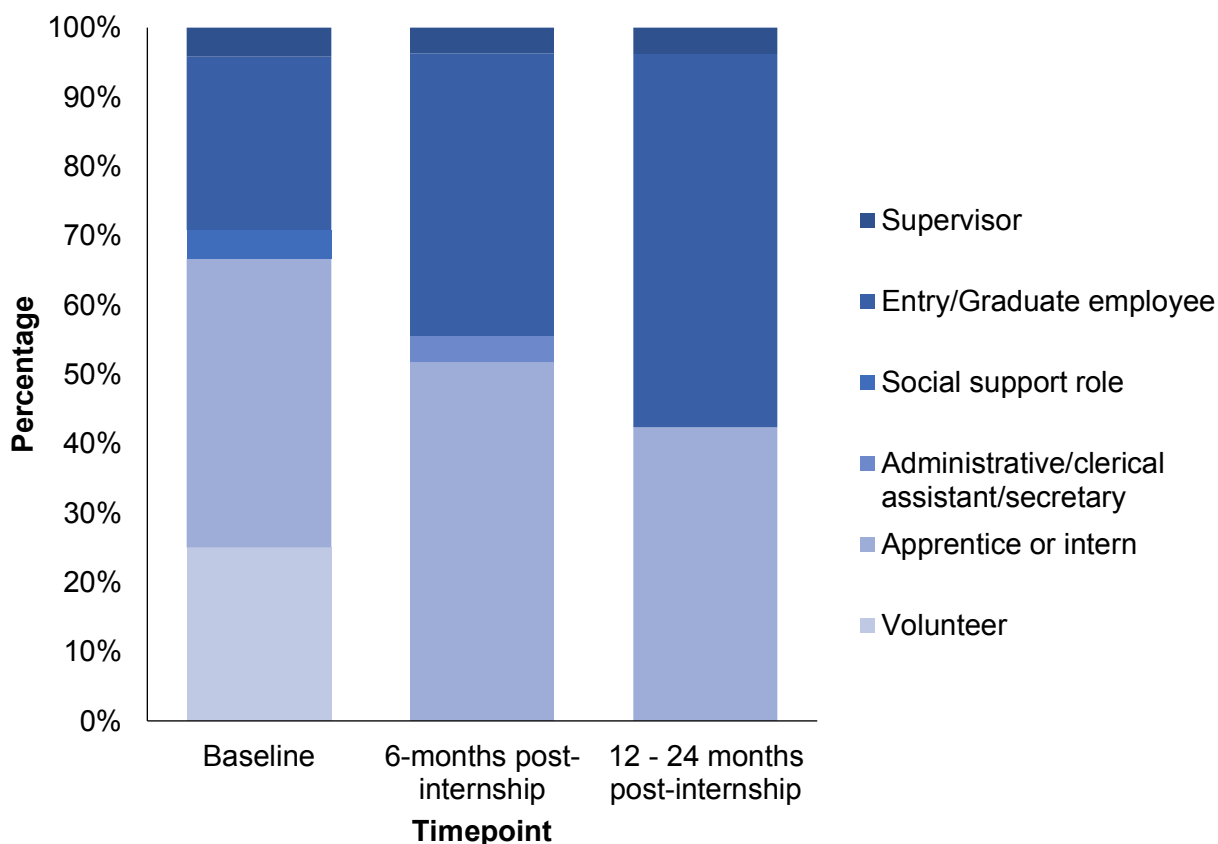
Chi-square tests showed no significant differences in employment status across the interns' number of previous employers at baseline ($\chi^2 (20, N = 27) = 15.67, p = .737$), 6-months ($\chi^2 (20, N = 27) = 9.61, p = .975$), or 12 – 24 months post-internship ($\chi^2 (20, N = 27) = 15.06, p = .773$). Similarly, there was no significant association in employment status across the length of the internship at 6-months ($\chi^2 (15, N = 27) = 11.16, p = .741$), or 12 – 24 months post-internship ($\chi^2 (15, N = 27) = 10.92, p = .758$).

Furthermore, there was no significant difference in employment status across the interns' various IQ score ranges at baseline ($\chi^2 (10, N = 27) = 7.91, p = .638$), 6-months post-internship ($\chi^2 (10, N = 27) = 9.29, p = .505$), or 12 – 24 months post-internship ($\chi^2 (10, N = 27) = 14.28, p = .161$). Similarly, there was no difference in employment status across the interns'

SRS score range at baseline ($\chi^2 (15, N = 24) = 20.68, p = .147$), 6-months post-internship ($\chi^2 (15, N = 24) = 14.57, p = .483$), or 12 – 24 months post internship ($\chi^2 (15, N = 24) = 22.06, p = .106$).

Highest Level of Employment

At baseline, most interns' highest level of employment was at a volunteer (25%) or apprentice or intern level (41.67%) but after the internship more interns reported working at higher levels. For example, 6-months post-internship 51.85% reported that their highest level of employment was as an intern/apprentice and 40.74% had worked at an entry or graduate role. Twelve to 24 months after the internship, approximately half (51.85%) the interns' highest level of employment was at an entry or graduate-level role (see Figure 8 for a full breakdown).

Figure 8*Highest level of Employment*

Chi-square tests showed no significant differences in interns' highest level of employment across their previous number of employers at baseline ($\chi^2 (16, N = 24) = 19.62, p = .238$), 6-months ($\chi^2 (12, N = 27) = 11.86, p = .457$), or 12 – 24 months post internship ($\chi^2 (8, N = 26) = 5.33, p = .721$). Similarly, there was no significant difference in highest level of employment across internship length at 6-months ($\chi^2 (9, N = 27) = 8.74, p = .461$) or 12 – 24 months post internship ($\chi^2 (6, N = 26) = 5.30, p = .507$).

There was no significant difference in highest level of employment across IQ at 6-months post internship ($\chi^2 (6, N = 27) = 11.45, p = .075$). However, there was a significant difference in the distribution of levels of employment across IQ at baseline ($\chi^2 (8, N = 24) =$

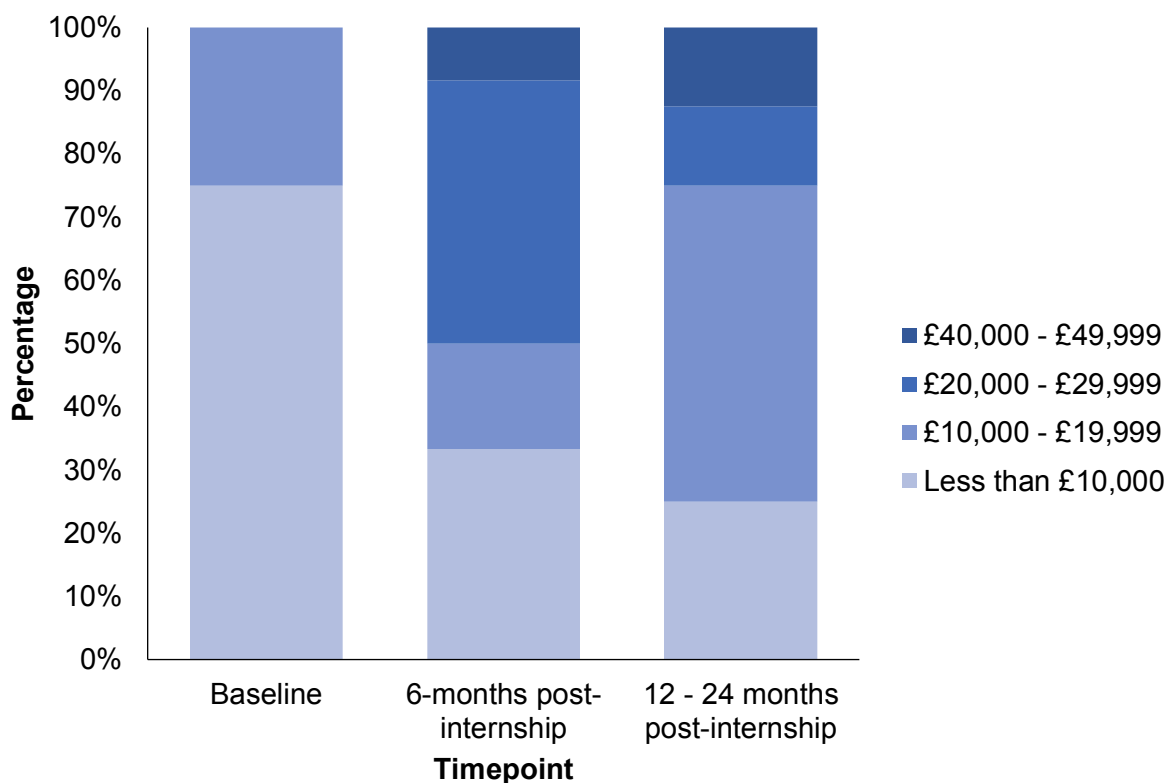
15.82, $p = .045$, standardised residual = 3.39) and 12 – 24 months post internship ($\chi^2 (4, N = 26) = 10.27, p = .036$, standardised residual = 2.82). Specifically, at both timepoints there was a greater proportion of interns with a supervisor role in the 'low average' IQ group compared to the 'average' or 'high average' IQ groups. There were no significant differences in highest level of employment across SRS ranges at baseline ($\chi^2 (12, N = 22) = 10.50, p = .572$), 6-months post-internship ($\chi^2 (9, N = 24) = 7.45, p = .587$), or 12 – 24 months post internship ($\chi^2 (6, N = 24) = 3.69, p = .719$).

Employment Area

The predominant areas of employment at each point of data collection were in administration, hospitality, the public sector, and retail, but employment spanned many sectors including insurance, finance, recruitment, information technology, marketing, education, and charity. See Appendix N for a breakdown of employment sector by time point.

Income and Hours Worked

Figure 9 shows the interns' income range at baseline, 6-months, and 12 – 24 months post-internship. At baseline, most interns' income was less than £10,000 a year (75%). Six months after the internship, most interns earned above £10,000 (16.67%) and £20,000 a year (41.67%). Similarly, 12 – 24 months post-internship most interns earned above £10,000 (50%) and £20,000 (12.50%), and one intern earned £40,000 - £49,999 a year (12.50%).

Figure 9*Income Range*

Chi-square tests showed there was no significant difference in income ranges across interns' number of previous employers at baseline ($\chi^2 (4, N = 16) = 5.16, p = .272$); however missing data prevented equivalent comparisons at 6 months and 12 – 24 months post internship. There were no significant differences in income across internship duration at 6-months post-internship ($\chi^2 (12, N = 12) = 13.73, p = .318$). However, at 12 – 24 months post-internship, there was a significant difference in the distribution of income levels across the categories of internship length ($\chi^2 (12, N = 19) = 27.82, p = .006$). Specifically, more interns with an income of £20,000 - £29,999 had undertaken internships lasting three to six months (standardised residual = 2.37), whereas more interns with an income of £40,000 - £49,999 had

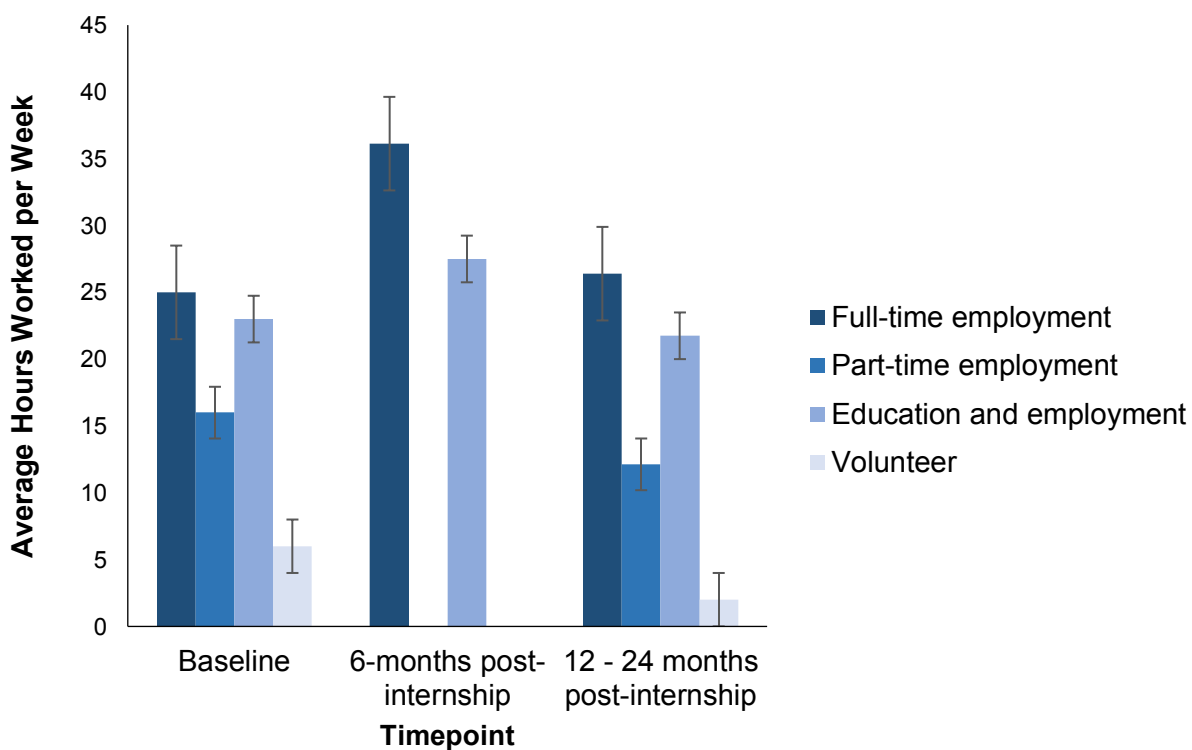
undertaken internships lasting six months to a year (standardised residual = 4.36) compared to those whose internships were between less than one month and up to 6 months.

There was no significant difference in income range across IQ at baseline ($\chi^2 (2, N = 16) = 0.81, p = .668$) or 6-months post-internship ($\chi^2 (8, N = 15) = 7.33, p = .502$). However, at 12 – 24 months post-internship, there was a significant difference in the distribution of income levels across the IQ groups ($\chi^2 (8, N = 19) = 22.91 p = .003$). Specifically, there were more interns with a 'low average' IQ earning £20,000 - £29,999 (standardised residual = 4.36) and fewer interns with an 'average' IQ earning £20,000 - £29,999 (standardised residual = -2.30). There was no significant difference in income range across SRS score ranges at baseline ($\chi^2 (3, N = 14) = 2.12 p = .548$), 6-months ($\chi^2 (12, N = 12) = 11.92 p = .452$), or 12 – 24 months post-internship ($\chi^2 (12, N = 17) = 13.07, p = .364$).

Individuals in full-time employment consistently worked the highest average number of hours across all time points, ranging from 25 – 36 hours. This was followed by those in education with employment (22 – 28 hours), part-time employment (12 – 16 hours), and finally volunteering (2 – 6 hours). See Figure 10 for a full breakdown by employment status.

Figure 10

Average Number of Hours Worked per Week by Employment Type



Wider Outcomes

I used repeated ANOVAs and post hoc analyses with Bonferroni corrections to assess change over time in each of the wider outcome measures on a group level (Table 10) and RCI analyses to assess individual-level change over time (Table 11 and 12). The tables present all the information on the analyses first, before I provide a written overview of the findings, Appendices O1 – O4 present a participant-by-participant breakdown of changes for each scale and time comparison permutation.

Table 10

Descriptive Statistics and Repeated Measures ANOVA Statistics for Wider Outcomes Measures

Measure	Comparison 1		Comparison 2		df (between, within)	F	p	η^2
	M	SE	M	SE				
ABAS-3								
Community Use subscale								
Within-Subjects Effect					1.53, 30.64	5.1 ^a	.019*	.203
Post-hoc analyses							p_{bonf}	
T1 - T2		6.05	0.7	6.48	0.75		.953	
T1 - T3		6.05	0.7	7.37	0.69		.01**	
T2 - T3		6.48	0.75	7.37	0.69		.121	
Home Living subscale								
Within-Subjects Effects					2, 40	4.49	.017*	.193
Post-hoc analyses							p_{bonf}	
T1 - T2		5.29	0.68	5.95	0.85		.603	
T1 - T3		5.29	0.68	6.82	0.81		.014*	
T2 - T3		5.95	0.85	6.82	0.81		.298	
Health and Safety								

Within-Subjects Effects					2, 40	10.33	< .001***	.341
Post-hoc analyses							<i>p</i> _{bonf}	
T1 - T2	6.81	0.65	8.33	0.82			.003**	
T1 - T3	6.81	0.65	8.63	0.74			< .001***	
T2 - T3	8.33	0.82	8.63	0.74			1.00	
Self-Care subscale								
Within-Subjects Effects					2, 38	2.98	.063	.136
Post-hoc analyses							<i>p</i> _{bonf}	
T1 - T2	6.35	0.69	7.45	0.77			.126	
T1 - T3	6.35	0.69	7.46	0.59			.121	
T2 - T3	7.45	0.77	7.46	0.59			1.00	
Work subscale								
Within-Subjects Effects					2, 38	3.31	.047*	.149
Post-hoc analyses							<i>p</i> _{bonf}	
T1 - T2	7.4	0.36	8.15	0.64			.372	
T1 - T3	7.4	0.36	8.62	0.57			.045*	
T2 - T3	8.15	0.64	8.62	0.57			1.00	
Communication subscale								
Within-Subjects Effects					2, 38	3.82	.044*	.151
Post-hoc analyses							<i>p</i> _{bonf}	
T1 - T2	7.05	0.48	7.15	0.68			1.00	

T1 - T3	7.05	0.48	8.03	0.58	.070	
T2 - T3	7.15	0.68	8.03	0.58	.121	
Functional Academics subscale						
Within-Subjects Effects			2, 38	4	.026*	.174
Post-hoc analyses					p_{bonf}	
T1 - T2	7.9	0.64	8.35	0.78	1	
T1 - T3	7.9	0.64	9.23	0.76	.025*	
T2 - T3	8.35	0.78	9.23	0.76	.022*	
Self-Direction subscale						
Within-Subjects Effects			2, 38	3.18	.053	.143
Post-hoc analyses					p_{bonf}	
T1 - T2	7	0.59	7.85	0.75	.363	
T1 - T3	7	0.59	8.33	0.68	.052	
T2 - T3	7.85	0.75	8.33	0.68	1.00	
Leisure						
Within-Subjects Effects			2, 38	7.74	.003**	.262
Post-hoc analyses					p_{bonf}	
T1 - T2	6.4	0.72	6.8	0.75	1.00	
T1 - T3	6.4	0.72	7.98	0.7	.003**	
T2 - T3	6.8	0.75	7.98	0.7	.036*	
Social subscale						

Within-Subjects Effects					2, 38	1.26	.295	.062
Post-hoc analyses							<i>p</i> _{bonf}	
T1 - T2	8.15	0.65	8.25	0.71			1.00	
T1 - T3	8.15	0.65	8.71	0.56			.434	
T2 - T3	8.25	0.71	8.71	0.56			.687	
General Adaptive Composite Domain								
Within-Subjects Effects					2, 38	3.3	.048*	.148
Post-hoc analyses							<i>p</i> _{bonf}	
T1 - T2	80	2.3	84.35	3.57			.213	
T1 - T3	80	2.3	85.78	3.71			.055	
T2 - T3	84.35	3.57	85.78	3.71			1.00	
Conceptual Domain								
Within-Subjects Effects					2, 38	5.03	.012*	.209
Post-hoc analyses							<i>p</i> _{bonf}	
T1 - T2	83.5	2.48	86.85	3.83			.469	
T1 - T3	83.5	2.48	90.84	3.43			.009**	
T2 - T3	86.85	3.83	90.84	3.43			.279	
Social Domain								
Within-Subjects Effects					2, 38	4.98	.012*	.208
Post-hoc analyses							<i>p</i> _{bonf}	

T1 - T2	84.6	3.12	86.1	3.48	1.00		
T1 - T3	84.6	3.12	90.08	2.95	.012*		
T2 - T3	86.1	3.48	90.08	2.95	.098		
Practical Domain							
Within-Subjects Effects				2, 38	8.75	< .001***	.315
Post-hoc analyses				p_{bonf}			
T1 - T2	78.15	2.39	83.5	3.48	.043*		
T1 - T3	78.15	2.39	86.79	3.12	< .001***		
T2 - T3	83.5	3.48	86.79	3.12	.368		
Self-efficacy							
Within-Subjects Effects				2, 44	1.38	.262	.059
Post-hoc analyses				p_{bonf}			
T1 - T2	25.78	0.83	26.91	0.78	.529		
T1 - T3	25.78	0.83	27.01	0.8	.424		
T2 - T3	26.91	0.78	27.01	0.8	1.00		
Quality of Life							
Physical Health							
Within-Subjects Effects				2, 44	0.04	.957	.002
Post-hoc analyses				p_{bonf}			
T1 - T2	65.37	2.93	64.75	2.72	1.00		
T1 - T3	65.37	2.93	65.32	1.94	1.00		

T2 - T3	64.75	2.72	65.32	1.94		1.00		
Psychological Health								
Within-Subjects Effects					2, 44	0.98	.385	.042
Post-hoc analyses							<i>p</i> _{bonf}	
T1 - T2	48.73	3.28	49.28	3.75			1.00	
T1 - T3	48.73	3.28	51.99	3.04			.597	
T2 - T3	49.28	3.75	51.99	3.04			.850	
Social Relationships								
Within-Subjects Effects					1.57, 34.51	2.7 ^a	.093	.109
Post-hoc analyses							<i>p</i> _{bonf}	
T1 - T2	49.63	4.55	53.26	4.23			.709	
T1 - T3	49.63	4.55	56.64	3.72			.075	
T2 - T3	53.26	4.23	56.64	3.72			.805	
Environment								
Within-Subjects Effects					2, 44	0.2	.817	.009
Post-hoc analyses							<i>p</i> _{bonf}	
T1 - T2	65.49	2.63	66.44	2.87			1.00	
T1 - T3	65.49	2.63	66.95	2.04			1.00	
T2 - T3	66.44	2.87	66.95	2.04			1.00	
Autism Spectrum Quality of Life add-on								

Within-Subjects Effects					2, 44	0.34	.715	.015
Post-hoc analyses							<i>p</i> _{bonf}	
T1 - T2	3.37	0.12	3.44	0.14			1.00	
T1 - T3	3.37	0.12	3.44	0.1			1.00	
T2 - T3	3.44	0.14	3.44	0.1			1.00	
Autism Identity add-on								
Within-Subjects Effects					1.47, 32.33	1.25 ^a	.291	.054
Post-hoc analyses							<i>p</i> _{bonf}	
T1 - T2	3.78	0.24	4	0.21			.515	
T1 - T3	3.78	0.24	3.99	0.18			.559	
T2 - T3	4	0.21	3.99	0.18			1.00	
Mental Health (DASS-21)								
Depression								
Within-Subjects Effects					2, 44	0.64	.534	.028
Post-hoc analyses							<i>p</i> _{bonf}	
T1 - T2	10.26	1.83	12.26	2.23			.858	
T1 - T3	10.26	1.83	10.74	1.77			1.00	
T2 - T3	12.26	2.23	10.74	1.77			1.00	
Anxiety								
Within-Subjects Effects					2, 44	0.78	.466	.034

Post-hoc analyses					p_{bonf}			
T1 - T2	8.61	1.15	7.3	1.28	.685			
T1 - T3	8.61	1.15	7.73	1.45	1.00			
T2 - T3	7.3	1.28	7.73	1.45	1.00			
Stress								
Within-Subjects Effects					2, 44	0.43	.655	.019
Post-hoc analyses					p_{bonf}			
T1 - T2	14.26	1.11	13.65	1.76	1.00			
T1 - T3	14.26	1.11	15.25	1.33	1.00			
T2 - T3	13.65	1.76	15.25	1.33	1.00			

Note. ^aMauchly's test of sphericity indicated that the assumption of sphericity was violated ($p < .05$), so a Greenhouse-Geisser correction was used; p -value adjusted for comparing a family of 3 with using Bonferroni correction (p_{bonf}); * $p < .05$, ** $p < .01$, *** $p < .001$

Table 11*Number and Percentage of Scores that Reliably Changed per Measure*

	Reliably Increased		Reliably Decreased	
	n	%	n	%
ABAS-3				
Community Use subscale				
T1 - T2	2	9.52	1	4.76
T1 - T3	4	19.05	0	0.00
T2 - T3	2	9.52	0	0.00
Total	8		1	
Home Living subscale				
T1 - T2	3	14.29	2	9.52
T1 - T3	6	28.57	0	0.00
T2 - T3	4	19.05	1	4.76
Total	13		3	
Health and Safety				
T1 - T2	7	33.33	1	4.76
T1 - T3	8	38.10	0	0.00
T2 - T3	2	9.52	0	0.00
Total	17		1	
Self-Care subscale				
T1 - T2	5	25.00	0	0.00
T1 - T3	5	25.00	1	5.00
T2 - T3	2	10.00	2	10.00
Total	12		3	
Work subscale				
T1 - T2	7	35.00	5	25.00
T1 - T3	7	35.00	2	10.00
T2 - T3	6	30.00	2	10.00

Total 20 9

Communication subscale

T1 - T2	4	20.00	3	15.00
T1 - T3	5	25.00	1	5.00
T2 - T3	7	35.00	3	15.00
Total	16		7	

Functional Academics subscale

T1 - T2	5	25.00	0	0.00
T1 - T3	7	35.00	0	0.00
T2 - T3	5	25.00	0	0.00
Total	17		0	

Self-Direction subscale

T1 - T2	4	20.00	2	10.00
T1 - T3	6	30.00	1	5.00
T2 - T3	2	10.00	1	5.00
Total	12		4	

Leisure

T1 - T2	1	5.00	1	5.00
T1 - T3	8	40.00	1	5.00
T2 - T3	6	30.00	1	5.00
Total	15		3	

Social subscale

T1 - T2	1	5.00	1	0.00
T1 - T3	5	25.00	0	0.00
T2 - T3	3	15.00	1	5.00
Total	9		2	

General Adaptive Composite Domain

T1 - T2	9	45.00	2	20.00
T1 - T3	11	55.00	5	10.00

T2 - T3	6	30.00	3	15.00
Total	26		10	

Conceptual Domain

T1 - T2	5	25.00	3	10.00
T1 - T3	9	45.00	5	0.00
T2 - T3	6	30.00	1	5.00
Total	20		9	

Social Domain

T1 - T2	1	5.00	2	0.00
T1 - T3	8	40.00	3	5.00
T2 - T3	6	30.00	2	10.00
Total	15		7	

Practical Domain

T1 - T2	8	40.00	4	15.00
T1 - T3	8	40.00	1	0.00
T2 - T3	6	30.00	1	5.00
Total	22		6	

General Self-Efficacy scale

T1-T2	3	13.04	0	0.00
T1-T3	1	4.35	1	4.35
T2-T3	1	4.35	0	0.00
Total	5		1	

Quality of Life**Physical Health subscale**

T1 - T2	1	4.35	1	4.35
T1 - T3	2	8.70	0	0.00
T2 - T3	2	8.70	0	0.00
Total	5		1	

Psychological subscale

T1 - T2	2	8.70	1	8.70
T1 - T3	3	13.04	2	4.35
T2 - T3	3	13.04	0	0.00
Total	8		3	

Social Relationship subscale

T1 - T2	5	21.74	2	8.70
T1 - T3	4	17.39	1	4.35
T2 - T3	0	0.00	0	0.00
Total	9		3	

Environment subscale

T1 - T2	1	4.35	1	4.35
T1 - T3	1	4.35	0	0.00
T2 - T3	2	8.70	1	4.35
Total	4		2	

Autism Spectrum Quality of Life add-on subscale

T1 - T2	4	17.39	4	17.39
T1 - T3	1	4.17	2	8.33
T2 - T3	3	13.04	1	4.35
Total	8		7	

Global Quality of Life

T1 - T2	9	39.13	4	17.39
T1 - T3	5	21.74	1	4.35
T2 - T3	1	4.35	2	8.70
Total	15		7	

Mental Health (DASS-21)

Depression subscale

T1 - T2	2	8.70	1	4.35
T1 - T3	1	4.35	0	0.00
T2 - T3	1	4.35	3	13.04
Total	4		4	

Anxiety subscale

T1 - T2	1	4.35	2	8.70
T1 - T3	0	0.00	1	4.35
T2 - T3	3	13.04	2	8.70
Total	4		5	

Stress subscale

T1 - T2	2	8.70	4	17.39
T1 - T3	2	8.70	1	4.35
T2 - T3	4	17.39	4	17.39
Total	8		9	

Table 12*Number of Participants with Reliable Changes per Measure*

	Only increases	Only Decreases	Increases and decreases	Total reliable changes
ABAS-3				
Community Use subscale	5	0	1	6
Home Living subscale	6	2	1	9
Health and Safety	9	0	1	10
Self-Care subscale	6	1	1	8
Work subscale	6	2	5	13
Communication subscale	6	2	4	12
Functional Academics subscale	11	0	0	11
Self-Direction subscale	7	2	1	10
Leisure	10	2	0	12
Social subscale	5	0	1	6
General Adaptive Composite Domain	10	4	2	16
Conceptual Domain	10	2	1	13
Social Domain	8	2	1	11
Practical Domain	10	2	2	14
General Self-Efficacy scale	4	1	0	5
Quality of Life				
Physical Health subscale	3	1	0	4
Psychological subscale	6	2	0	8
Social Relationship subscale	6	3	0	9
Environment subscale	2	1	1	4
Autism Spectrum Quality of Life add- on subscale	4	3	3	10
Global Quality of Life	7	4	2	13

Mental Health (DASS-21)

Depression subscale	1	2	2	5
Anxiety subscale	2	2	2	6
Stress subscale	2	4	5	11

Daily Living Skills

Repeated measures ANOVAs showed significant differences between timepoints for three domain areas and six of the daily living skill subscales. First, participants' scores on the Conceptual domain differed significantly between timepoints ($p = .012$), increasing from T1 – T3 ($p = .009$). Participants' scores also differed significantly between timepoints on one of the domain's subscales: scores increased on the (1) Functional Academics subscale ($p = .026$) from T1 – T3 ($p = .025$) and T2 – T3 ($p = .022$). Second, participants' scores on the Practical domain differed significantly between timepoints ($p < .001$), increasing from T1 – T3 ($p < .001$). Participants' scores also differed significantly between timepoints on four of the domain's subscales: scores increased on the (1) Community Use subscale ($p = .019$) from T1 – T3 ($p = .01$), (2) Home Living subscale ($p = .017$) from T1 – T3 ($p = .014$), (3) Health and Safety subscale ($p < .001$) from T1 – T2 ($p = .003$) and T1 – T3 ($p < .001$), and (4) Work subscale ($p = .047$) from T1 – T3 ($p = .045$). Third, participants' scores on the Social domain differed significantly between timepoints ($p = .012$), increasing from T1 – T3 ($p < .001$). Participants' scores also differed significantly between timepoints on one of the domain's subscales: scores increased on the (1) Leisure subscale ($p = .003$) from T1 – T3 ($p = .003$) and T2 – T3 ($p = .036$). There were no significant changes over time on the Self-Care, Communication, Self-Direction or Social subscales, nor the GAC domain (all adjusted $ps > .05$). At an individual level, 20 participants showed reliable changes in their scores on one or more of the ABAS-3 subscales and domains. Overall, six participants showed only reliable increases in the various scores, and

14 had a combination of reliable increases and decreases in scores across one or more subscale (Appendix O1).

Self-Efficacy

There were no significant group-level changes in self-efficacy scores between timepoints ($p = .262$). At an individual level, five participants showed reliable changes. Four participants showed reliable increases in their self-efficacy score across one or more of the time points, and one participant showed a reliable decrease in their self-efficacy score between T1 – T3 (Appendix O2).

Quality of Life

There were no significant group-level changes in participants' Physical Health, Psychological Health, Social Relationships, Environment, Autism Spectrum Quality of Life add-on, or Autism Identity scores (all $ps > .09$). At an individual level, 20 participants showed reliable changes in their scores on one or more of the quality of life subscales. Overall, eight participants showed reliable increases in their various scores, two showed reliable decreases in scores, and 10 participants had a combination of reliable increases and decreases in scores across one or more subscale (Appendix O3).

Mental Health

There were no significant group-level changes in participants' Depression, Anxiety, or Stress scores (all $ps > .47$). At an individual level, 13 participants showed reliable changes in their scores on one or more of the mental health subscales. Overall, one participant showed only reliable increases in the various scores, five participants showed reliable decreases, and seven participants had a combination of both reliable increases and decreases in scores across one or more subscale (Appendix O4).

Spearman's rho correlations showed mental health was significantly negatively related to quality of life across several areas (see Appendix P for the full matrix). Specifically, the Depression subscale at T1 showed significant negative correlations with the T1 subscales of Physical Health, Psychological Health and Social Relationships (all $ps < .05$). The T2 Depression subscale showed significant negative correlations with the Psychological Health, Social Relationships, Environment, and Autism-related quality of life subscales at most timepoints (all $ps < .05$). Additionally, the T3 Depression subscale had significant negative correlations with the T3 Psychological Health and Autism-related quality of life subscales ($ps < .05$).

There were fewer significant relationships between Anxiety and Stress and the quality of life subscales. Specifically, Anxiety at T1 was significantly negatively correlated with Social Relationships at T2 and Autism-related quality of life at T1 ($ps < .05$). Further, Anxiety at T3 was significantly negatively correlated with Psychological Health at T3 ($p < .05$). Stress at T1 was significantly negatively correlated with Autism-related quality of life at T1 ($p < .05$).

Discussion

Supported employment initiatives have been found to improve employment outcomes for the autistic people who engage with them. However, considering the wide influence employment can have, there is a dearth of literature about how a range of wider outcomes at a group and individual level change after engaging with a supported employment initiative. This study offers the first longitudinal evaluation of both employment and wider outcomes (i.e., daily living skills, perceived self-efficacy, quality of life, and mental health) of the EA supported employment initiative for autistic adults without a LD. These findings have implications for understanding and supporting long-term outcomes for autistic people.

My findings are consistent with the existing literature that work experience initiatives are valuable in supporting positive long-term employment outcomes for autistic people (see reviews by Baker-Ericzén et al., 2022 and Hedley, Uljarević, Cameron, et al., 2017). For example, interns' employment rates, highest level of employment, number of hours worked, and income all increased after the internship, and 85% of interns retained employment. The results are also encouraging regarding underemployment for autistic people without a LD, where many are in jobs that underutilise their expertise and skillset, hindering career advancement and perpetuating further underemployment (Baldwin et al., 2014; Harvery et al., 2021; Hayward et al., 2018). In this study, an increasing proportion of participants reported working in graduate or entry-level roles post-internship, matching the proportions of participants whose highest level of education was at a university level. Additionally, participants reported working in a range of sectors, adding to an evidence base that challenges stereotypes suggesting autistic people are best suited for roles in data or information communications technology (Hagner & Cooney, 2003; Harvery et al., 2021).

Interns' employment status and highest level of employment did not differ significantly at any time point based on the number of previous employers they had before the internship. However, at 12 – 24 months post-internship, there was a significant association between the longest internship (6 months up to one year) and the highest income (£40,000 - £49,999). Additionally, there was a significant association between internships lasting three to six months and an income range between £20,000 and £29,000, compared to internships shorter than three months or longer than six months. Employment status was not associated with individual differences in IQ and or SRS scores. However, at 6-months post-internship, more interns with a 'low average' IQ earned between £20,000 and £29,000 compared to those with an 'average' or 'high average' IQ. These descriptive, individual-level findings suggest the interns' employment

outcomes may be influenced more by how long they were able to immerse themselves in an employment experience than their IQ or their autistic characteristics (i.e., SRS range). This evidence challenges assumptions and stereotypes about autistic people and their cognitive ability (Black et al., 2019, 2020; Mallipeddi et al., 2024) and supports a neurodiversity-affirming shift from focusing on the autistic individual's perceived 'ability' to promoting inclusive practice for positive employment outcomes. More inclusive practices would better serve autistic people by providing more employment opportunities.

Results of participants' improved daily living skills offer evidence that the supported employment initiative supported the development of applied, practical skills that are useful for engaging with the community, work, and real-world experiences. These findings are encouraging for understanding how to support autistic people in their transition into employment, given the limited opportunities for autistic young adults to learn employment-specific skills (Cheriyana et al., 2021). However, other wider factors, including self-efficacy, quality of life, and mental health, did not show group-level changes and were more variable in the extent to which individuals experienced change. Notably, a number of the current participants reported greater confidence, self-development, and independence in qualitative interviews about EA (Ashworth et al., 2023). However, these changes did not translate to the current quantitative measures of wider outcomes. These results follow a similar pattern to findings from Hedley and colleagues (2018). From qualitative interviews with autistic people involved with the DXC Dandelion Program, Hedley et al. (2018) noted improvements in their well-being, but quantitative results from the same programme only found improvements in daily living skills, not mental health (Hedley et al., 2019). Indeed, MacKenzie et al. (2024) found autistic adults' quality of life was not significantly related to employment status, suggesting the

relationship between employment and broader outcomes such as quality of life and mental health is complex.

A lack of change for broader outcomes may be due to the numerous influences that contribute to more global measures of well-being such as quality of life and mental health. Relatedly, in the current study, poorer mental health was associated with lower quality of life both before and after the internship, suggesting a persistent relationship between the two constructs, regardless of the EA experience. Autistic people experience increased rates of mental health conditions compared to the general population and several factors have been identified as important in predicting mental health, including age, gender, intellectual functioning, country of study, acceptance from external sources, and personal acceptance (Cage et al., 2018; Lai et al., 2019). An individual's mental health may have more influence over life experiences than vice versa. Indeed, a review found employment did not predict autistic people's mental health outcomes, but depression could impede their employment retention (Schwartzman & Corbett, 2022). Similarly, autistic people often experience lower quality of life, and this can be affected by aspects such as mental health, sleep quality, autonomic symptoms, receiving social support, and being in a relationship (Lawson et al., 2020; Mason et al., 2018). Drawing from this evidence of the complex relationship between global factors such as quality of life and mental health, it stands to reason that supported employment initiatives may be limited to influencing practical skills that can be learnt and developed through real-world work experience. Supported employment initiatives alone cannot address the range of internal and external factors that influence mental health and quality of life. Other sources of educational, economic, and social support for autistic people remain crucial to support global aspects of well-being.

A further key finding from this research is that it highlights the importance of looking at outcomes of employment initiatives over an extended period to see how the impact settles at a group and individual level. Changes in daily living skills were mostly only significant when compared to scores 12 – 24 months post-internship, and there was meaningful variability in all wider outcomes between six-months and 12 – 24 months post-internship. Of note, 65% of participants who completed the quality of life measure (15/23) demonstrated meaningful increases on the autism identity item, suggesting the experience was influential for personal development up to 24-months after the internship. These findings demonstrate the value of a longitudinal, broad assessment when considering employment scheme outcomes. Previous studies in this area often finish evaluations immediately after the work experience, and solely use group comparisons to determine changes in outcomes. These findings suggests that this narrow approach to research may prevent the observation of individual differences, or longer lasting effects. For example, Remington et al. (2021) found no significant changes in autistic interns' depression, anxiety, or work-related self-efficacy scores immediately after a DB UK internship. However, there may have been significant changes in work-related self-efficacy months after the internship, when the participants had an opportunity to apply their new skills in different settings. Additionally, Hedley et al.'s (2019) and Remington et al.'s (2021) lack of group-based changes in wider outcome measures may have hidden meaningful changes for some participants. Including individual-level analyses in future employment research could provide a more comprehensive understanding of long-term outcomes for different autistic people.

Limitations

It is important to note the limitations of this study. First, the small sample size and participant attrition during data collection meant it was not appropriate to perform regression

analyses to identify predictors of outcomes and restricted the employment-related analyses to a descriptive level. Although there were no significant demographic differences between included and excluded participants or for missing data, it is possible that those with more 'successful' outcomes may have been more motivated to stay engaged in the research, and thus be included in the final sample.

Second, there may be a sampling bias since the participants are a particular group of autistic adults without a LD who were available and ready for an autism-specific internship. As such, these findings may not be generalisable to other autistic people with a LD or to those who, due to complex factors around disclosure (Romualdez, Walker, et al., 2021), are uncomfortable disclosing an autism diagnosis at work.

Third, the wider outcome measures may not have fully captured changes. The general self-efficacy scale aimed to measure overall perceived ability. However some items (e.g., "I can usually handle whatever comes my way") may be confounded by other factors specific to autistic people transitioning to adulthood, such as barriers to accessing necessary support services (Chun et al., 2023).

Finally, EA may not solely be responsible for the outcomes. The current participants were prepared and willing to participate in an autism-specific internship and were generally open to subsequent job opportunities. Due to recruitment issues, this study lacked a comparison group of autistic adults not engaged with a supported employment initiative, making it impossible to determine causal relationships between EA and outcomes. While comparisons from pre- to 24-months post-internship provide insights into changes in outcomes within one group, future research should replicate such a larger-scale evaluation with a comparison group to determine causal relationships.

Conclusion

This is the first longitudinal evaluation of a supported employment initiative that simultaneously tracked employment and wider outcomes to build a holistic understanding of its impact on autistic adults without a LD. Employment metrics improved up to two years after the internship, emphasising the importance of longitudinal studies to determine whether employment initiatives have a sustained impact. Participants' daily living skills also improved post-internship, but there were no group-level changes in participants' mental health, quality of life, or general self-efficacy, despite individual variability for all wider outcomes. Work experience initiatives may support the development of practical, applied skills but are not a panacea for more global factors. These findings highlight the necessity that resources for other forms of support (e.g. educational, social, and mental health) remain alongside supported employment initiatives.

Chapter 6: General Discussion

Anecdotal evidence suggests that supported employment initiatives improve autistic people's employment outcomes such as employment and retention rates and income, but few schemes have been formally evaluated. This thesis presented a mixed-methods evaluation of EA, a supported employment initiative for autistic adults without a LD.

The thesis had three overarching aims. First, I aimed to track and evaluate EA with respect to whether it facilitates an effective transition from education to employment for autistic people. Second, I examined facilitators and barriers to supported employment initiatives for autistic people without a LD to enhance knowledge and practice. Third, I aimed to follow interns' longer-term outcomes beyond the conclusion of the initiative. These outcomes included both employment outcomes and wider aspects such as quality of life and mental health. To address these aims, I conducted three studies.

In Study 1 (presented in Chapter 3), I evaluated EA's Understanding Autism in the Workplace online training for employers. Participants were 129 employers who completed online surveys about their autism knowledge and commitment to inclusion in the workplace before and after the training. My findings demonstrated that at a group level, there were significant improvements in both measures for employers who received the training from either an autistic or non-autistic trainer. However, there was more variability at an individual level and only a minority of participants showed reliably significant individual improvements. Overall, the training was more effective for some participants than others, highlighting the need for a broad package of support for employers on supported employment initiatives.

Study 2 (presented in Chapter 4) used interviews to elicit the first-hand experiences of 19 interns, 22 employers, and 10 interns' parents involved with eight EA internships. Through

reflexive thematic analysis, I identified three themes shared between all groups: that EA was (1) an “invaluable” experience, (2) helpful in breaking down barriers to employment, but there were some (3) unmet expectations. This in-depth study provided qualitative insights about how the internship affected key stakeholders which can inform best practice for supported employment initiatives. Specifically, supported employment initiatives should (1) not solely focus on social skills, (2) address autism-specific barriers to employment, (3) provide tailored support before, during and after internships, and (4) include autistic input throughout their development and evaluation.

Study 3 (presented in Chapter 5) was a longitudinal study that followed interns’ employment and wider outcomes long after their EA internships finished. Twenty-seven interns completed online surveys on employment outcomes, daily living skills, general self-efficacy, quality of life, and mental health at three timepoints: (1) before the internship, (2) 6-months post-internship, and (3) 12 – 24 months post-internship. Results showed sustained improvements in overall employment rates, income, and workplace seniority. At a group level, interns’ daily practical living skills improved up to 12 – 24 months post-internship. There were no group-level changes on the general self-efficacy, quality of life, or mental health measures. However, there were reliable, individual-level changes for some participants on each measure. In sum, this study showed that supported employment initiatives may support employment outcomes and the development of applied, practical skills, but they are not a panacea for more global factors like mental health.

In this chapter I present the main findings of my doctoral research: (1) robust, multifaceted evidence in support of the EA model, (2) the importance of assessing individual variability in outcomes, (3) the identification of persistent autism-specific challenges in supported employment initiatives, and (4) challenging traditional notions of how to conceptualise

‘successful’ employment. These findings are discussed in relation to how they contribute to the literature on supporting employment for autistic adults and I suggest related recommendations for practice. The limitations of the doctoral research are discussed, followed by recommendations for future research that can build upon the current work.

Providing a Multifaceted Evidence-Base for Supported Employment

My doctoral research contributes to calls from the autistic community, research, and practice for more employment initiatives supported by comprehensive, multifaceted research (Baker-Ericzén et al., 2022; Hedley, Uljarević, Cameron, et al., 2017; Roche et al., 2021). Evidence-based initiatives offer important insights for developing replicable frameworks and informing best practice to better support autistic people in gaining and maintaining employment (Baker-Ericzén et al., 2022). RCTs are considered the gold standard to assess the effectiveness of interventions or initiatives, but, as in the current context, are not always feasible due to pragmatic and ethical issues (Cartwright, 2010; White, 2013). In the absence of a RCT, a multifaceted perspective is valuable to develop a comprehensive evidence base for a previously unevaluated supported employment initiative like EA. My doctoral research’s multifaceted approach is underpinned by a neurodiversity-affirming perspective, and incorporates lived experience from autistic people, additional multi-informant data from employers and parents, and quantitative and qualitative research methods. Overall, my findings align with previous literature demonstrating positive outcomes from supported employment initiatives (see Chapters 1 and 4 for a discussion), and suggest EA may be a promising model for supported employment initiatives for autistic adults without a LD. The theoretical and methodological rationale underpinning these findings support a comprehensive and robust evidence base from which insights and recommendations can be drawn and applied for positive impact in real world settings.

This evaluation of EA was underscored by a neurodiversity-affirming approach. The resulting recommendations regarding frameworks for supported offer novel and valuable insights. Indeed, strength-based approaches in autism research and practice can be valuable for improving autistic people's well-being (Taylor et al., 2023). Moreover, EA and the autism training for employers was co-produced with autistic people and their processes of support are strength-based via a neurodiversity paradigm and social model of disability. This approach differentiates EA from many other supported employment initiatives, which often place relatively more emphasis on training autistic people's social skills rather than employer training, understanding autism, and workplace adjustments. The EA initiative recognises that supported internships involve both autistic interns and PNT employers. Therefore, employers play a key role in addressing the DEP, which underlies many communication challenges for autistic employees and their PNT employers and colleagues. By focussing on supporting employers' understanding of their autistic interns, the EA model validates the autistic experience. The bottom-up, neurodiversity-affirming approaches for interns and employers may have helped foster a mutually understanding, and inclusive organisational culture, enabling interns to concentrate on developing employment skills (Khan et al., 2023; Volpone et al., 2022). For example, interns in Study 2 appreciated the understanding workplace culture they experienced on EA internships, and said they developed transferrable skills. These reports were confirmed by positive employment outcomes (i.e., increased employment rates, income, and level of seniority post-internship) and improvements in daily living skills up to 24-months post internship in Study 3. Further developments of supported employment initiatives should adopt similar, neurodiversity-affirming frameworks to facilitate positive experiences for interns and employers.

Relatedly, incorporating autistic adults' and interns' lived experience and expertise was crucial, as they are the primary beneficiaries of the initiative. Such autistic expertise also

benefitted the quality of my research (Botha, 2021; Fletcher-Watson et al., 2019; Gillespie-Lynch et al., 2017; Higgins et al., 2021; Milton, 2014). For example, autistic consultants suggested exploring whether employers viewed EA as tokenistic or viewed the interns as valuable team members. As a result, interviews with employers in Study 2 revealed that employers considered the interns a “genuine asset” to the organisation. In addition, the interns in Study 2 provided in-depth explanations about what was and was not useful on EA (e.g., accessible and interactive application processes were useful). In Study 1, there was no difference in outcomes based on whether employers had an autistic or non-autistic trainer. This may have been because all the training sessions benefitted from content produced with autistic expertise. My doctoral research was not coproduced, and its participatory work was limited. However, I would not have gained these important insights about what was important for interns and employers on EA without autistic input and expertise. Drawing from and building on my evidence, future employment initiatives should be designed and evaluated—or at the very least, coproduced—by autistic people to ensure they are relevant, useful, and have a valid evidence base (Botha, 2021; Carrington et al., 2016; Gillespie-Lynch et al., 2017; Milton, 2014).

In this context, the interns were central to Bronfenbrenner's (1977) ecological model of development and were affected by four interacting environmental systems. Based on this theory, it was crucial to gather multi-informant data to gain a more holistic understanding of EA's influence on its key stakeholders: interns, employers, and parents. Collecting data from different groups highlighted areas of significance for each group. Study 1 showed that online autism training can be a useful and accessible first step in improving autism knowledge and commitment to inclusion in the workplace, but it is not equally effective for all employers. Further, comparing the stakeholders' views in Study 2 highlighted areas of convergence and divergence. Employers re-evaluated their workplace structures and challenged their stereotypes

of autism. Parents were concerned about how EA supported their young people's long-term development and independence. Interns valued the practical work experience for learning and skill development but noted unmet expectations that were different from employers' and parents' expectations, including experiences of unsuited roles.

These examples of data triangulation provide a more complete understanding of EA and help address potential differences in interpretation of the experience between the autistic interns and employers due to the DEP. This approach informs recommendations tailored to each stakeholder group. Employers on supported employment initiatives need a continued and broad package of support to facilitate widespread, inclusive and accepting organisational culture for interns. Drawing from parents' expertise, supported employment initiatives should have more emphasis on post-internship support, specifically by providing explicit guidance on how interns' skills can be applied in experiences outside of EA. These concerns are echoed in literature calling for long-term, sustained support from supported employment initiatives (Baker-Ericzén et al., 2022; Hedley et al., 2017; Nicholas et al., 2015, 2018). Finally, for interns, work experience in a real work setting was invaluable, emphasising the value of supported employment initiatives. However, as indicated in wider employment literature, work experience initiatives must also facilitate a good person-job match for an optimal experience.

Evaluating EA through mixed methods facilitated both in-depth and generalisable findings for a more comprehensive evidence base (Creswell, 1999; Tashakkori & Creswell, 2007; Zhang & Creswell, 2013). Indeed, Study 3 built upon Study 2's findings about interns' outcomes. In Study 2, the interns reported positive, personal developments such as increased confidence and independence, but these did not translate to group-level changes in general self-efficacy, quality of life or mental health in Study 3. These findings help define the potential influence of supported employment initiatives and highlight other crucial areas for continued

support that employment initiatives may have less influence over, such as mental health.

Together, mixed methods evidence can help set clear expectations for supported employment initiatives (as interns desired in Study 2) so stakeholders can have an informed decision about engaging in such initiatives.

The Importance of Assessing Individual Variability in Outcomes

Studies 1 and 3 demonstrated individual variability in the direction and extent to which participants' scores changed between timepoints. These findings are consistent with calls in the existing literature for an individualised approach to education and support services for autistic people, including drives for better societal autism awareness. There are high rates of cooccurring developmental, mental, and medical conditions in the autistic population (Levy et al., 2010; Rosen et al., 2018). As such, autistic people can have a myriad of intersecting needs that require unique support across different settings. Article 24 of the UN Convention on the Rights of Persons with Disabilities marked an international move from away a 'one size fits all' approach to education through its declaration of the right to inclusive education for all people with disabilities (Lindner & Schwab, 2020; United Nations, 2007). Support in education for autistic people has become increasingly individualised. For example, individualised educational practice can include personalised EHC plans, and modifications to classrooms, lesson content, and assessments to account for autistic students' areas of strength and need (Crane et al., 2021; Fayette & Bond, 2018; Lindner & Schwab, 2020; Lynch & Irvine, 2009; O'Hagan et al., 2021; Siller et al., 2021). Given the heterogeneity of autism, the same approach to individualised support in education should be applied to employment.

Despite the appeal of an individualised approach for supporting autistic people, previous evidence about supported employment initiatives has mostly been founded on group-based

findings (see Chapter 5). Indeed, some literature has called for more evidence about the influence of supported employment on individuals (Hedley et al., 2019). Notwithstanding the relevance of individuality for supported employment initiatives, there is limited evidence about the variability in outcomes of wider stakeholders engaging with and/or delivering such support services. In response, the current individual-level findings provide a more nuanced understanding of the potential influence of supported employment initiatives on two of their key stakeholders: the autistic individuals and their host employers. Overall, the individual-level findings confirm that a one-size-fits-all approach is not appropriate for many aspects of supported employment initiatives, including the work experience for autistic individuals and training for employers.

Specifically, individual variability in interns' post-internship outcomes suggests the work experience had a different influence on different interns. Supported employment initiatives may not be equally suitable or beneficial for all autistic people. However, to maximise their benefit for as many people as possible, supported employment initiatives for autistic people without a LD should have individualised support built into them. Different types and levels of support may be necessary for different autistic individuals. Indeed, literature about autistic people's general employment experiences also recommends employment support for autistic people to be "highly customisable" (Raymaker et al., 2023, p. 73) due to vast variability in individual's needs and complex interfaces with the particular role's responsibilities and working environment. The current evidence suggests similar recommendations also apply to supported employment initiatives for autistic adults in the transition from education into employment. As detailed in Study 2, supported employment should include ongoing, tailored communication with interns to facilitate the ad hoc implementation of support and workplace adjustments before, during, and after the work experience.

The variable responses from employers in Study 1 suggest an individualised approach may also be necessary for the people delivering support services to maximise their benefit. As suggested in Study 1, supported employment initiatives should not rely on autism training as the sole method to help employers support their autistic interns/colleagues. As autism training is more effective for some people than others, supplemental levels of support are important. For example, employers' reports in Study 2 suggested that it is useful for supported employment initiatives to provide ongoing written and verbal communication with employers throughout the process. As employers appreciated in EA, knowledgeable staff should provide tailored advice and guidance about specific situations relevant to the interns' needs and offer practical strategies to implement appropriate environmental adjustments. In previous studies, employers highlighted a good person-job match as important for successfully employing autistic people (Dreaver et al., 2020b), so individualised support could also entail assisting employers to find suitable roles and tasks for interns.

However, it is important to acknowledge that these recommendations require sufficient infrastructure, physical and monetary resources, which are difficult to secure, implement, and sustain. For example, providing tailored support for each employer and autistic individual requires employing highly qualified staff. While EA is fortunate to have examples of such resources, this may not be the case for other existing or developing initiatives. Such resources may be particularly challenging to source and maintain in such times of austerity. Considering these pragmatic challenges with individualisation, it is worth considering how to best facilitate individualised supported employment.

The current evaluation emphasised ways for supported employment initiatives and employers to integrate flexibility at key stages in the employment journey, rather than relying on an entirely individualised process. Study 2 found EA broke down specific barriers to

employment for autistic people. For example, the interns appreciated the tailored and accessible application process that allowed for clarification questions and reasonable adjustments, such as receiving the questions in advance. Participants also highlighted the necessity of clear communication regarding interns' strengths and task preferences to support a suitable person-job match. The interns also appreciated employers' autism understanding and compassion following their autism training and ongoing guidance from EA staff. These findings outline adaptations at key stages that could be applied in broader employment settings to facilitate efficient individualised support. Such strategies consistently address the DEP by aiming to enhance mutual understanding between autistic and non-autistic employers and/or colleagues. Moreover, drawing from frameworks like the Children and Families Act (Department for Education, 2014a) for education and support in the transition into adulthood up to the age of 25, employment practices should aim for inclusive and accessible environments for everyone while providing additional, flexible support at key points and where necessary.

Specifically, employment settings could offer a hybrid approach of standardised, neurodiversity-affirming values, alongside individualised support in specific areas known to be barriers to employment for autistic people. For example, employment settings should foster an inclusive workplace culture through foundational training about autism and neurodiversity, promoting supportive organisational values, maintaining open communication channels among staff, and facilitating acceptance of neurodiversity through dialogue and behaviour. Specific adaptations should be made in recruitment and application processes, and there should be clear pathways for workplace adjustments to optimise person-job fit (e.g., Davies et al., 2023; Romualdez, Walker, et al., 2021). For supported employment initiatives, knowledgeable staff should be readily available throughout the process for autistic interns and employers/colleagues who need further guidance.

Highlighting Persistent Autism-Specific Challenges for Supported Employment Initiatives

Despite some encouraging outcomes from the internship process, the findings across all three studies suggest some autism-specific challenges endure as an overarching barrier and/or limitation to supported employment initiatives for autistic people. These enduring problems are often related to a lack of autism understanding, and the challenges that can result from poor mutual understanding (i.e., the DEP). For example, in Study 2, some interns reflected that the autism-specificity of the internship required a degree of comfortability in disclosing an autism diagnosis. Interns and employers noted persevering misconceptions and autism stigma whereby some employers underestimated the interns' abilities and were unintentionally patronising. A lack of autism understanding may also be echoed in interns' and employers' reports of some instances of mismatching interns' skills to internship tasks. Concurrently, parents questioned whether the autism-specificity of EA meant its experiences could not be generalised to other employment experiences. Study 1's findings that employers' autism knowledge and commitment to inclusion reliably changed for a minority of participants substantiate these suggestions. Indeed, employers may have held varying degrees of autism stigma and persevering misconceptions that had the potential to negatively impact the autistic interns as described. These findings of enduring autism-specific challenges raise questions regarding the value of autism-specific supported employment initiatives.

There are valid limitations of autism-specific employment initiatives. For example, they may have limited accessibility due to geographical constraints or eligibility criteria that prevent certain individuals from accessing support to find and maintain employment. Relatedly, autism-specific internships raise complex issues around disclosure and may not be appropriate for autistic people who are uncomfortable disclosing their autism diagnosis or are in organisations with a poor culture of inclusivity, understanding, and acceptance. Autism-specific initiatives may

prompt the negative consequences that can be associated with disclosure, including salient autism stigma linked with stereotypes and preconceptions of autism (e.g., being good at everything or certain tasks, or not capable of certain things), bullying, and discrimination (Romualdez, Heasman, et al., 2021; Romualdez, Walker, et al., 2021). Affirmative action autism-specific programmes have become increasingly popular in major technology-related organisations such as SAP and Microsoft. However, research has shown these programmes have significantly higher participation of White males compared to other races and genders. This representation may perpetuate stereotypes about autistic people being White males suited for technology-related roles (Doyle et al., 2022). Moreover, it has been estimated only 1,500 autistic people are employed via such schemes (Bernick, 2021), showing that autism-specific initiatives are not sufficient to address the unemployment gap (Doyle et al., 2022).

Nevertheless, while these issues are important to consider, there is consistent evidence showing improved employment outcomes and positive experiences of autistic people who engaged with autism-specific employment initiatives (see Chapters 1, 4, and 5 for further discussion). Certainly, qualitative findings from the current research highlighted benefits of EA being an autism-specific initiative, including self-development and better understanding of their autistic selves, and the targeting of autism-specific barriers to employment. While autism-specific challenges may endure, this should not eclipse the value of the positive outcomes experienced by many participants. Indeed, it could be unethical to deny individuals such an opportunity, especially in the marked absence of other evidence-based support in the transition from education into employment for autistic people without a LD.

Instead, further efforts should be made to overcome the enduring challenges associated with poor understanding and awareness about autism, autistic people, and the DEP. As recommended in Chapter 3, supported employment initiatives should invest in targeted care and

resources for a broad package of support for employers to improve their understanding and awareness of autism and neurodiversity, as well as their practical ability to apply inclusive and accepting practice in the workplace. However, there should be a universal approach to reduce systematic, societal autism stigma for better understanding and inclusion beyond the context of supported employment initiatives (Happé, 2011; Pellicano & den Houting, 2022). The combined impact of widespread societal awareness and inclusion could have valuable implications for the enduring autism-specific challenges identified in the current research (and beyond).

Relatedly, there should be more initiatives making collaborations with more businesses and organisations in different industry sectors. Such continued efforts will serve to break down barriers to employment, challenge misconceptions and stereotypes, and foster better organisational cultures of acceptance and appreciation of neurodiversity in a protected supportive setting. Considering the presence of enduring challenges for some individuals, this recommendation is accompanied by an important ethical stipulation: supported employment initiatives should have a neurodiversity affirming evidence base to prove their potential benefit. Similarly, supported employment initiatives should be implemented by qualified professionals who uphold neurodiversity-affirming values and apply evidence-based autism knowledge and practices through such a lens. Currently, a neurodiversity-affirming evidence base is limited. The few evaluations of existing supported employment initiatives are guided by models that are not grounded in a neurodiversity-affirming approach (i.e., the models do not alleviate the burden on autistic individuals by emphasising inclusive practices in the workplace instead; see Chapter 4 for a full comparison). Additionally, these evaluations are often not explicitly guided by principles of participatory working that validate the autistic experience (Fletcher-Watson et al., 2019). As discussed in Chapter 1 and 2, a neurodiversity-affirming evidence base could enhance the relevance, utility and effectiveness of future supported employment initiatives for

more autistic individuals and help address persistent autism-specific challenges in the workplace.

As noted in Chapter 4, efforts of greater autism awareness should contribute to a goal whereby autism-specific initiatives are not needed because of sufficient acceptance of neurodiversity. Indeed, in line with the Children and Families Act (Department for Education, 2014a), it may be the case that employment support should also be entirely needs based, not diagnosis based. However, while autism stigma endures, ethical, autism-specific supported employment initiatives may still be valuable. According to system justification theory, people are driven to perceive their existing social systems as valid and desirable (Jost & Banaji, 1994). The injunctification phenomenon adds to this by suggesting people are also motivated to view changes to their existing social systems as a new, valid social norm (Kay et al., 2009). System justification can be used by organisations to improve employees' acceptance of change (Proudfoot & Kay, 2014). If more organisations see more autistic people in their workplace through supported employment initiatives, this may be a safe way to implement changes in organisations for them to be perceived as increasingly legitimate to ultimately contribute to the aim of redundancy of autism-specific schemes. Such initiatives may simultaneously provide a top-down strategy to encourage motivation for system change and a bottom-up strategy to address societal views and beliefs by increasing autism awareness and understanding through training, support, and experience.

Conceptualising 'Successful' Employment

The current research highlights the complexity in evaluating employment for autistic people without a LD through important considerations about how employment 'success' is conceptualised and operationalised in research and practice. Study 2 showed interns

appreciated engaging with meaningful, fulfilling work and enjoyed feeling valued by employers. Additionally, the interns had unmet expectations in wanting to know if they could get a job that fitted their skillset outside of EA. Study 3 showed long-term improvements in employment characteristics typically used to denote successful employment, including employment rates and retention rates, income, and workplace seniority. However, while there were group-level improvements in daily living skills used to engage with the community and work, there were no group changes to other wider outcomes (i.e., general self-efficacy, quality of life, and mental health) and notable individual variability. Collectively, these findings highlight numerous outcomes and complex considerations of employment beyond employment-related statistics.

Relatedly, study 3 discussed how wider outcomes such as mental health and quality of life may not necessarily be directly linked to employment. Instead, these relatively global factors are subject to numerous intersecting individual and environmental elements, so the scope of supported employment initiatives may be limited to employment-related aspects. Thus far, the literature has linked employment with numerous beneficial outcomes that impact an individual's quality of life and wellbeing, including financial security and independence, autonomy, and opportunities for community engagement and developing peer networks (see Chapter 1 for further consideration). However, similar to Schwartzman and Corbett's (2022) findings that poor mental health negatively affected employment retention, recent research found autistic adolescents' and adults' employment status was not significantly related to any quality of life domain (MacKenzie et al., 2024). The relationship between employment, mental health and quality of life is clearly complex. These discussion points may have broader implications for the presumption that employment is a beneficial factor for many autistic people.

Financial insecurity due to unemployment, being underpaid and/or underemployed is stressful, and negatively affects autistic people's mental health (Pellicano et al., 2024).

However, various aspects of employment can contribute to worse mental health and/or quality of life for autistic people. Some autistic people perceived working full-time as “stressful and exhausting physically and mentally” (Hayward et al., 2019, p. 301). Similarly, autistic people reported worrying about how work affects their mental health due to unaccommodating environments, abusive coworkers, and difficulties enforcing boundaries, which can lead to autistic burnout (Raymaker et al., 2023). Indeed, a systematic review of research focusing on lived experience of work identified a range of experiences, including a theme that the work environment could be disabling to many autistic people because it is built for the PNT (Thorpe et al., 2024). Employment without appropriate organisational understanding and acceptance of neurodiversity can be detrimental, so researchers and practitioners should exercise caution when promoting employment as an advantageous goal for autistic people.

Similar caution should be applied when assessing and measuring autistic people’s quality of life to gauge how successful employment is. Many autistic people are assumed to have a poor quality of life when compared to neuronormative standards, but autistic people’s quality of life is determined by autism-specific values and its measurement can limit or enhance opportunities for autistic people (Lam et al., 2021). When asked, autistic people list unique factors that determine their quality of life, including other people’s autism understanding, sensory processing, and autistic people’s contributions to society (McConachie et al., 2020). Indeed, a review of articles examining quality of life in autistic adults found differences between parental and self-report expectations of a good quality of life, and many quality-of-life measures assessed health-related aspects (Evers et al., 2022). The authors advised quality of life should focus on subjective factors, so as not to enforce set standards about an ‘optimal outcome’. This is important to consider when evaluating initiatives aimed at supporting autistic people’s employment trajectories.

The evidence presented and discussed in this thesis shows that the employment process for autistic people without a LD is complex due to the heterogeneous nature of autism, various intersecting needs across physical and social environmental contexts, and the differing ways in which autistic people define phenomena often associated with employment outcomes (e.g., quality of life). Evaluating employment outcomes for autistic people is, in turn, also complex. To recognise and address this complexity, it may be valuable for research and practice to conceptualise employment outcomes on more of an individual basis. For example, when embarking on supported employment initiatives, interns should be asked of their particular goals, what they are hoping to get from the experience, and what they would consider a successful outcome. Doing this may represent a more valid view of the outcomes from supported employment initiatives, and whether they map onto what autistic people want or need from them. Similarly, permanent employment should not be pushed for or celebrated as a successful outcome measure in organisations without sufficient autism and neurodiversity understanding, acceptance, and support. Research and practice should prioritise autistic voices and apply ethical caution when pursuing the goal of improving autistic people's employment outcomes to ensure they are genuinely advantageous for the autistic people themselves.

Limitations of the Research

There are several limitations shared across the studies in my doctoral research. First, as acknowledged in Chapter 2, despite my best attempts, I did not have a comparison group of people who were not linked to EA. This limitation makes it inappropriate to determine causality between EA and any experiences or outcomes. Without a comparison group of matched employers who were not involved in EA, it is difficult to conclusively establish that the online autism training directly caused changes in employers' autism knowledge and commitment to inclusion in the workplace. Similarly, I cannot determine that the EA internship was the sole

cause of improved employment and wider outcomes for the interns. In these cases, changes in employers' and interns' outcomes could be attributable to other factors such as testing effects of repeating the survey, social desirability, sampling biases, or history effects. For example, a history effect may have positively or negatively affected participants' evaluations of EA and/or their outcomes, given that the evaluation started in the unique context of a global pandemic. The interns may have followed a similar employment trajectory with or without EA. Similarly, although it is less common to have a comparison group in qualitative studies, it is unclear whether the participants in Chapter 4's study may have had similar experiences of work experience with or without EA. Having said this, many participants mentioned positive aspects specific to the EA initiative. While my doctoral research offers valuable insights into the outcomes related to EA, the lack of a comparison group complicates the ability to assess its overall effectiveness (i.e., the extent of benefit effect under "real world" settings; Gartlehner et al., 2006; Hedley et al., 2017).

The second overarching limitation is a potential sampling bias. There was poor demographic representation within my participant group, whereby most were White, highly educated individuals. Regrettably, this underrepresentation of diverse ethnic backgrounds among participants is a common problem in psychological research, particularly in autism research. The majority of participants in autism research (autistic individuals or family members) are from White backgrounds (Malone et al., 2022). Indeed, a review of 138 autism-related journal articles found poor representation of ethnic backgrounds to be a recurring limitation (Pierce et al., 2014). Intersecting issues of systemic disparities and cultural variations in the perception and presentation of autism contribute to this complicated issue and translate into varying diagnosis rates, levels of engagement and inclusivity of autism research (Cascio et al., 2020; Malone et al., 2022; Perepa, 2007, 2019). This representation does not reflect the

makeup of the autistic population; autism is not more prevalent in any specific ethnic group (Zeidan et al., 2022). Similarly, the autistic participants in this research did not have a LD. As such, the findings from my doctoral research may be less generalisable to other populations. Intersecting factors related to systematic disparities, access to services, and IQ across the autistic population may also determine the relative utility of supported employment initiatives like EA.

Third, there is limited data about how the current findings apply to 'real world' work or employment situations for employers and interns. As parents noted in Chapter 4, EA provided a relatively protected work environment with good availability of support for interns and employers. Unfortunately, however, this does not reflect many autistic individuals' experiences of their working environments (Thorpe et al., 2024). Having said this, a key strength of Study 3 was its longitudinal design, which followed interns up to two years after EA. While there is no data on how specific skills or outcomes generalise to new employment experiences, Study 3 contributes important evidence on how employment and wider outcomes change and maintain beyond the EA framework. Specifically, it underscores the importance of longitudinal evaluations to capture meaningful changes that require time to manifest through various new opportunities and life developments.

Recommendations for Future Research

While my doctoral research provides novel insights that contribute to the literature about supported employment initiatives for autistic people, its developments also highlight valuable avenues for future research.

First, attempts should be made to conduct this evaluation on a bigger scale with a comparison group. RCTs, where participants are randomly assigned to either a supported

employment group or a control group, are considered as the gold standard for establishing causal connections as they isolate the effects of the supported employment initiative (Cartwright, 2010). Indeed, despite reviews repeatedly identifying the need, there is a dearth of literature about supported initiatives from RCTs or studies with comparison or control groups (Baker-Ericzén, Brookman-Frazer, et al., 2018; Hedley, Uljarević, Cameron, et al., 2017). Wehman et al. (2014, 2020) conducted an RCT with Project SEARCH, a supported employment initiative for individuals with LD, but there are no similar evaluations of initiatives for autistic people without a LD.

As mentioned in Chapter 2, conducting a true RCT may pose ethical issues whereby access to supported employment would be delayed for participants in a wait-list control/comparison group (White, 2013). However, the alternative such as a quasi-randomised approach whereby participants are assigned to different groups on a predetermined scheme (e.g., geographical location) may also be problematic. Considering the independent nature of initiatives like EA (i.e., people approach the charity to be involved and internships are administered on the applicants' merit), there may still be a fundamental selection bias whereby certain individuals are more likely to be in the control or 'experimental' group. Nevertheless, future research should endeavour to recruit more participants and include a comparison group of matched individuals to establish more causal conclusions about the effectiveness of supported employment initiatives for autistic people without a LD. Further consideration should be given to ethically include a wait-list comparison group, whereby participants in this group can enrol in the initiative after a set period, while also tracking whether they self-selected for the initiative during this time.

Second, future research should also include a longitudinal element years after the internships. As the long-term evidence from Chapter 5 has shown, it can take some time after

the internship for outcomes to become more apparent. Following up with more participants beyond 24 months post-internship may be beneficial to better understand how outcomes maintain, improve, or worsen over time. Data collection should include more specific reporting on participants' experiences of further employment post-internship. Together, this would also enable a better understanding of how the internship outcomes apply and sustain in different work environments beyond the confines of a supported employment initiative. For example, it would be valuable to have insights about whether interns' newfound practical skills and advances in self-development identified in Chapters 4 and 5 were beneficial for other roles, and how these experiences compare to the initiative.

Finally, future research evaluating supported employment initiatives for autistic people without a LD should adopt a more nuanced and bespoke approach to measuring outcomes. As highlighted in Study 1, Study 3, and the discussion about conceptualising outcomes like quality of life, many measures in my doctoral research may not have been sensitive enough to effectively capture the specific experiences of participants within the context of a supported employment initiative for autistic people. For instance, it may have been more valid to assess employers' understanding of the way autism might manifest in the workplace, rather than focusing on their knowledge of clinical aspects, which was the focus of the current training evaluation.

Similarly, the general self-efficacy scale by Schwarzer and Jerusalem (1995) and Singh et al. (2019) was used due to its focus on efficacy in the workplace. While this focus is valuable in the current context of evaluating outcomes after a supported employment initiative, it includes items such as being able to cope with "anything that comes [their] way". These items might be more problematic for autistic individuals due to inherent differences associated with a preference for predictable routines, which can make it difficult to cope with unexpected events

(Bodfish et al., 2000; Lam & Aman, 2007). Other systemic barriers for autistic people such as accessing necessary support services could further complicate answering items about being able to cope (Chun et al., 2023). A more bespoke measure of workplace confidence for autistic people may have better reflected the positive qualitative findings in Study 2, where interns reported improved self-confidence. In addition, the DASS-21 was selected as a reliable, standardised scale that is often used to assess mental health. However, considering the elevated rates of mental health in the autistic population (Lai et al., 2019), the DASS-21 may not be sensitive enough to autistic people's unique experiences of the world and mental health. For example, the DASS-21 items may not account for mental health related to challenges associated with sensory processing or autism stigma. Developing a tailored mental health at work measure may be worthwhile to further establish the impact of employment for autistic people's mental health.

Nevertheless, the qualitative element of the current research provides valuable details about how EA influenced the participants personally, where the quantitative measures may not have fully captured changes. Mixed methods research is essential to capture outcomes that neither quantitative nor qualitative methodologies can achieve alone. Future longitudinal research about employment initiatives should utilise a mixed method approach at all points of data collection to ensure quantitative long-term outcomes are sufficiently contextualised by respondents. This will contribute to a more accurate and in-depth understanding of the influence of supported employment initiatives for autistic people, which can, in turn, guide more targeted, relevant and useful research and practice.

Moreover, future research should incorporate an individual-level approach to determine what aspects of the initiatives work, and for whom. The findings from the current doctoral research in Chapters 3 and 5 highlighted the importance of examining group and individual-level

outcomes for a comprehensive, nuanced understanding of the influence of supported employment initiatives. There are vast disparities in the services and support for autistic people from different socioeconomic statuses and minority racial/ethnic backgrounds (Eilenberg et al., 2019). Future research should make active efforts to recruit a large, diverse group of participants to provide sufficient statistical power for regression models to identify what factors predict different outcomes and effectiveness, particularly those related to systemic factors such as socioeconomic status. To achieve improved inclusion, researchers should prioritise the voices of autistic individuals from diverse ethnic backgrounds, employ effective communication methods, and make efforts to physically reach participants in various locations, especially those without online access (e.g., Malone et al., 2022). It may also be valuable to consider outcomes at an individual level, such as how long-term outcomes align with the individual's career goals and their operationalisation of quality of life. Efforts to explore the effectiveness of supported employment initiatives at an individual level would promote better precision and validity of data, inclusivity, real-world applicability, and more impactful research outcomes.

Utilising existing institutional infrastructures could support the proposed future research of a larger-scale, longitudinal evaluation with a wait-list comparison group. Researchers could work closely with the organisation delivering the supported employment initiative to integrate the research and evaluation process into the initiative's operations. Streamlining the processes could reduce the burden on participants to navigate administration from multiple sources (i.e., bureaucracy from the initiative and internship organisation, and measures from the researcher) and enable the research to capitalise on existing networks and recruitment strategies. Both outcomes might facilitate larger participant groups and lower attrition during a longitudinal evaluation. Similarly, researchers could work with the organisation and people with lived experience to develop an ethical pathway to recruit a wait-list comparison group of participants

who could be guided by initiative staff to engage with the supported employment if they choose to do so. Government authorities could also support participant recruitment. The Buckland Review for Autism Employment recommended ways to support autistic people into employment and cited a desire to evaluate such practice (Department for Work and Pensions, 2024). There may be scope for future research about supported employment initiatives to receive government endorsement for researchers to utilise their resources to reach a wider, more diverse group of people across the country.

Concluding Remarks

In conclusion, my doctoral research sheds light on the influence of EA. First, my evaluation provides multifaceted evidence to suggest EA is a promising model of a supported employment initiative for autistic people without a LD. EA recognises the DEP between autistic employees and PNT employers by providing support for both the intern and employer to foster better two-way understanding. Second, my findings highlight the variability in individual outcomes for stakeholders, and the necessity of evaluating at a group and individual level for more comprehensive, nuanced understanding of supported employment initiatives. Third, there were some enduring autism-specific challenges during the EA process related to persevering misconceptions and autism stigma. Despite valid questions regarding the appropriateness of autism-specific initiatives, the positive experiences and outcomes identified in my research support the initiative's continued use. Instead of removing valuable employment support for autistic people, there should be amplified efforts to address autism stigma by increasing autism awareness and education for employers and at a broader, societal level. To maximise their benefit, supported employment initiatives should apply an individualised approach to support the interns and the employers involved in delivering the support services. Lastly, the lack of change in quality of life and mental health measures, variability in outcomes, and high value being

placed on meaningful work challenge traditional operationalisations of 'successful' employment for autistic people. To ensure research and practice recognises the complexity of employment for autistic people, is ethical, and supports positive outcomes, operationalising employment outcomes should include a subjective element per autistic individual, and organisation.

These insights are important to outline the remit, scope, and limits of supported employment initiatives for autistic people without a LD and can be applied to the development of the current and similar initiatives. Ultimately, I hope this research contributes to addressing the wider issue of the systemic employment gap for autistic people and their right to work.

References

- Able, H., Sreckovic, M. A., Schultz, T. R., Garwood, J. D., & Sherman, J. (2015). Views From the Trenches: Teacher and Student Supports Needed for Full Inclusion of Students With ASD. *Teacher Education and Special Education, 38*(1), 44–57.
<https://doi.org/10.1177/0888406414558096>
- Ahern, K. J. (1999). Ten Tips for Reflexive Bracketing. *Qualitative Health Research, 9*(3), 407–411. <https://doi.org/10.1177/104973239900900309>
- Akena, F. A. (2012). Critical Analysis of the Production of Western Knowledge and Its Implications for Indigenous Knowledge and Decolonization. *Journal of Black Studies, 43*(6), 599–619. <https://doi.org/10.1177/0021934712440448>
- Akhtar, N., & Jaswal, V. K. (2013). Deficit or difference? Interpreting diverse developmental paths: An introduction to the special section. *Developmental Psychology, 49*(1), 1–3.
<https://doi.org/10.1037/a0029851>
- Alhejji, H., Garavan, T., Carbery, R., O'Brien, F., & McGuire, D. (2016). Diversity Training Programme Outcomes: A Systematic Review. *Human Resource Development Quarterly, 27*(1), 95–149. <https://doi.org/10.1002/hrdq.21221>
- Allport, G. (1954). *The nature of prejudice*. Basic Books.
- Alvares, G. A., Bebbington, K., Cleary, D., Evans, K., Glasson, E. J., Maybery, M. T., Pillar, S., Uljarević, M., Varcin, K., Wray, J., & Whitehouse, A. J. (2020). The misnomer of 'high functioning autism': Intelligence is an imprecise predictor of functional abilities at diagnosis. *Autism, 24*(1), 221–232. <https://doi.org/10.1177/1362361319852831>
- Ambitious about Autism. (n.d.). *What we do*. Ambitious about Autism. Retrieved 31 May 2023, from <https://www.ambitiousaboutautism.org.uk/what-we-do>

- Ambitious about Autism. (2016). *Employ Autism: From school and college to work*.
<https://www.ambitiousaboutautism.org.uk/sites/default/files/resources-and-downloads/Employ-Autism-youth-led-campaign-summary-2016.pdf>
- Ameri, M., Schur, L., Adya, M., Bentley, F. S., McKay, P., & Kruse, D. (2018). The Disability Employment Puzzle: A Field Experiment on Employer Hiring Behavior. *ILR Review*, 71(2), 329–364. <https://doi.org/10.1177/0019793917717474>
- American Psychiatric Association. (2013). *Intellectual disability* (Diagnostic and Statistical Manual of Mental Disorders (5th Edition)). American Psychiatric Association.
https://www.psychiatry.org/File%20Library/Psychiatrists/Practice/DSM/APA_DSM-5-Intellectual-Disability.pdf
- American Psychiatric Association. (2022a). *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-5-TR)*. American Psychiatric Association.
<https://doi.org/10.1176/appi.books.9780890425787>
- American Psychiatric Association. (2022b). *Intellectual disability*. (Diagnostic and Statistical Manual of Mental Disorders (5th Edition, Text Revision)).
<https://www.psychiatry.org/getmedia/497935b7-4543-4343-af1e-797063c22191/APA-DSM5TR-IntellectualDisability.pdf>
- Amundson, R. (2000). Against normal function. *Studies in History and Philosophy of Science Part C: Studies in History and Philosophy of Biological and Biomedical Sciences*, 31(1), 33–53. [https://doi.org/10.1016/S1369-8486\(99\)00033-3](https://doi.org/10.1016/S1369-8486(99)00033-3)
- Anderson, D. K., Lord, C., Risi, S., DiLavore, P. S., Shulman, C., Thurm, A., Welch, K., & Pickles, A. (2007). Patterns of growth in verbal abilities among children with autism spectrum disorder. *Journal of Consulting and Clinical Psychology*, 75(4), 594–604.
<https://doi.org/10.1037/0022-006X.75.4.594>

- Anderson, K. A., Sosnowy, C., Kuo, A. A., & Shattuck, P. T. (2018). Transition of Individuals With Autism to Adulthood: A Review of Qualitative Studies. *Pediatrics*, *141*(Supplement_4), S318–S327. <https://doi.org/10.1542/peds.2016-43001>
- Arikawa, M., Goto, H., & Mineno, K. (2013). Job support by occupational therapists for people with developmental disabilities: Two case studies. *Work*, *45*(2), 245–251. <https://doi.org/10.3233/WOR-131590>
- Arnstein, S. (1969). A Ladder of Citizen Participation. *Journal of the American Institute of Planners*, *35*(4), Article 4. <https://doi.org/10.4324/9780203869260-42>
- Ashworth, M., Heasman, B., Crane, L., & Remington, A. (2023). *Evaluating a New Supported Employment Internship Programme for Autistic Young Adults Without Intellectual Disability*. OSF Preprints. <https://doi.org/10.31219/osf.io/t2x3g>
- Ashworth, M., Heasman, B., Crane, L., & Remington, A. (2024). Evaluating the impact of an online autism training on changing employers' autism knowledge and commitment to inclusion in the workplace. *Neurodiversity*, *2*, 27546330241249266. <https://doi.org/10.1177/27546330241249266>
- Ashworth, M., Palikara, O., Burchell, E., Purser, H., Nikolla, D., & Van Herwegen, J. (2021). Online and Face-to-Face Performance on Two Cognitive Tasks in Children With Williams Syndrome. *Frontiers in Psychology*, *11*. <https://doi.org/10.3389/fpsyg.2020.594465>
- Asperger, H. (1944). *'Autistic psychopathy' in childhood* (p. 92). Cambridge University Press. <https://doi.org/10.1017/CBO9780511526770.002>
- Attia, M., & Edge, J. (2017). Be(com)ing a reflexive researcher: A developmental approach to research methodology. *Open Review of Educational Research*, *4*(1), 33–45. <https://doi.org/10.1080/23265507.2017.1300068>

- Australian Bureau of Statistics. (2019). *Disability, Ageing and Carers, Australia: Summary of Findings, 2018*. <https://www.abs.gov.au/statistics/health/disability/disability-ageing-and-carers-australia-summary-findings/latest-release>
- Autism Act 2009*. (n.d.). [Text]. Statute Law Database. Retrieved 17 July 2024, from <https://www.legislation.gov.uk/ukpga/2009/15/contents>
- Autistic Self Advocacy Network. (2020). *Welcome to the autistic community*. The Autistic Press.
- Autistica (Director). (2022, August 30). *Autistica Research Festival 2022: Employment part 1 & 2* [Video recording]. <https://www.youtube.com/watch?v=iwoqEVctp6k>
- Baio, J. (2018). Prevalence of Autism Spectrum Disorder Among Children Aged 8 Years—Autism and Developmental Disabilities Monitoring Network, 11 Sites, United States, 2014. *MMWR. Surveillance Summaries*, 67. <https://doi.org/10.15585/mmwr.ss6706a1>
- Baker-Ericzén, M. J., Brookman-Frazee, L., & Brodtkin, E. S. (2018). Accelerating research on treatment and services for transition age youth and adults on the autism spectrum. *Autism*, 22(1), 2–5. <https://doi.org/10.1177/1362361317738646>
- Baker-Ericzén, M. J., ElShamy, R., & Kammes, R. R. (2022). Current Status of Evidence-Based Practices to Enhance Employment Outcomes for Transition Age Youth and Adults on the Autism Spectrum. *Current Psychiatry Reports*, 24(3), 161–170. <https://doi.org/10.1007/s11920-022-01327-2>
- Baker-Ericzén, M. J., Fitch, M. A., Kinnear, M., Jenkins, M. M., Twamley, E. W., Smith, L., Montano, G., Feder, J., Crooke, P. J., Winner, M. G., & Leon, J. (2018). Development of the Supported Employment, Comprehensive Cognitive Enhancement, and Social Skills program for adults on the autism spectrum: Results of initial study. *Autism*, 22(1), 6–19. <https://doi.org/10.1177/1362361317724294>

- Bakker, T., Krabbendam, L., Bhulai, S., & Begeer, S. (2019). Background and enrollment characteristics of students with autism in higher education. *Research in Autism Spectrum Disorders*, *67*, 101424. <https://doi.org/10.1016/j.rasd.2019.101424>
- Bakker, T., Krabbendam, L., Bhulai, S., Meeter, M., & Begeer, S. (2023). Study progression and degree completion of autistic students in higher education: A longitudinal study. *Higher Education*, *85*(1), 1–26. <https://doi.org/10.1007/s10734-021-00809-1>
- Baldwin, S., Costley, D., & Warren, A. (2014). Employment Activities and Experiences of Adults with High-Functioning Autism and Asperger's Disorder. *Journal of Autism and Developmental Disorders*, *44*(10), Article 10. <https://doi.org/10.1007/s10803-014-2112-z>
- Barneveld, P. S., Swaab, H., Fagel, S., van Engeland, H., & de Sonneville, L. M. J. (2014). Quality of life: A case-controlled long-term follow-up study, comparing young high-functioning adults with autism spectrum disorders with adults with other psychiatric disorders diagnosed in childhood. *Comprehensive Psychiatry*, *55*(2), 302–310. <https://doi.org/10.1016/j.comppsy.2013.08.001>
- Baron-Cohen, S., Ashwin, E., Ashwin, C., Tavassoli, T., & Chakrabarti, B. (2009). Talent in autism: Hyper-systemizing, hyper-attention to detail and sensory hypersensitivity. *Philosophical Transactions of the Royal Society B: Biological Sciences*, *364*(1522), 1377–1383. <https://doi.org/10.1098/rstb.2008.0337>
- Baum, S. H., Stevenson, R. A., & Wallace, M. T. (2015). Behavioral, perceptual, and neural alterations in sensory and multisensory function in autism spectrum disorder. *Progress in Neurobiology*, *134*, 140–160. <https://doi.org/10.1016/j.pneurobio.2015.09.007>
- Beardon, L. (2017). *Autism and Asperger Syndrome in Adults*. Hachette UK.
- Beenstock, M., Pinto, O., & Rimmerman, A. (2021). Transition Into Adulthood With Autism Spectrum Disorders: A Longitudinal Population Cohort Study of Socioeconomic

- Outcomes. *Journal of Disability Policy Studies*, 32(3), 159–170.
<https://doi.org/10.1177/1044207320943590>
- Belek, B. (2019). Articulating Sensory Sensitivity: From Bodies with Autism to Autistic Bodies. *Medical Anthropology*, 38(1), 30–43. <https://doi.org/10.1080/01459740.2018.1460750>
- Bernick, M. (2021). *The State Of Autism Employment In 2021*. Forbes.
<https://www.forbes.com/sites/michaelbernick/2021/01/12/the-state-of-autism-employment-in-2021/>
- Bingham, C., Clarke, L., Michielsens, E., & Van de Meer, M. (2013). Towards a social model approach? : British and Dutch disability policies in the health sector compared. *Personnel Review*, 42(5), 613–637. <https://doi.org/10.1108/PR-08-2011-0120>
- Black, M. H., Mahdi, S., Milbourn, B., Scott, M., Gerber, A., Esposito, C., Falkmer, M., Lerner, M. D., Halladay, A., Ström, E., D'Angelo, A., Falkmer, T., Bölte, S., & Girdler, S. (2020). Multi-informant International Perspectives on the Facilitators and Barriers to Employment for Autistic Adults. *Autism Research*, 13(7), Article 7. <https://doi.org/10.1002/aur.2288>
- Black, M. H., Mahdi, S., Milbourn, B., Thompson, C., D'Angelo, A., Ström, E., Falkmer, M., Falkmer, T., Lerner, M., Halladay, A., Gerber, A., Esposito, C., Girdler, S., & Bölte, S. (2019). Perspectives of key stakeholders on employment of autistic adults across the united states, australia, and sweden. *Autism Research*, 12(11), 1648–1662.
<https://doi.org/10.1002/aur.2167>
- Bland, J. M., & Altman, D. G. (1994). Statistics notes: Matching. *BMJ*, 309(6962), 1128.
<https://doi.org/10.1136/bmj.309.6962.1128>
- Bodfish, J. W., Symons, F. J., Parker, D. E., & Lewis, M. H. (2000). Varieties of Repetitive Behavior in Autism: Comparisons to Mental Retardation. *Journal of Autism and Developmental Disorders*, 30(3), 237–243. <https://doi.org/10.1023/A:1005596502855>

- Bond, G. R., Becker, D. R., Drake, R. E., Rapp, C. A., Meisler, N., Lehman, A. F., Bell, M. D., & Blyler, C. R. (2001). Implementing Supported Employment as an Evidence-Based Practice. *Psychiatric Services*, 52(3), 313–322. <https://doi.org/10.1176/appi.ps.52.3.313>
- Botha, M. (2021). Academic, Activist, or Advocate? Angry, Entangled, and Emerging: A Critical Reflection on Autism Knowledge Production. *Frontiers in Psychology*, 12. <https://doi.org/10.3389/fpsyg.2021.727542>
- Botha, M., Chapman, R., Giwa Onaiwu, M., Kapp, S. K., Stannard Ashley, A., & Walker, N. (2024). The neurodiversity concept was developed collectively: An overdue correction on the origins of neurodiversity theory. *Autism*, 28(6), 1591–1594. <https://doi.org/10.1177/13623613241237871>
- Botha, M., Dibb, B., & Frost, D. M. (2022). 'Autism is me': An investigation of how autistic individuals make sense of autism and stigma. *Disability & Society*, 37(3), 427–453. <https://doi.org/10.1080/09687599.2020.1822782>
- Botha, M., & Frost, D. M. (2020). Extending the Minority Stress Model to Understand Mental Health Problems Experienced by the Autistic Population. *Society and Mental Health*, 10(1), 20–34. <https://doi.org/10.1177/2156869318804297>
- Bottema-Beutel, K., & Crowley, S. (2021). Pervasive Undisclosed Conflicts of Interest in Applied Behavior Analysis Autism Literature. *Frontiers in Psychology*, 12. <https://www.frontiersin.org/articles/10.3389/fpsyg.2021.676303>
- Bottema-Beutel, K., Crowley, S., Sandbank, M., & Woynaroski, T. G. (2021). Research Review: Conflicts of Interest (COIs) in autism early intervention research – a meta-analysis of COI influences on intervention effects. *Journal of Child Psychology and Psychiatry*, 62(1), 5–15. <https://doi.org/10.1111/jcpp.13249>

- Bottema-Beutel, K., Kapp, S. K., Lester, J. N., Sasson, N. J., & Hand, B. N. (2021). Avoiding Ableist Language: Suggestions for Autism Researchers. *Autism in Adulthood*, 3(1), 18–29. <https://doi.org/10.1089/aut.2020.0014>
- Boucher, J., & Bowler, D. (2008). *Memory in Autism—Theory and Evidence*. Cambridge University Press.
- Braddock, D., Hemp, R., Rizzolo, M., Tanis, E., Haffer, L., Lulinski, A., & Wu, J. (2013). *STATE OF THE STATES IN DEVELOPMENTAL DISABILITIES 2013: THE GREAT RECESSION AND ITS AFTERMATH*.
- Bradley, L., Shaw, R., Baron-Cohen, S., & Cassidy, S. (2021). Autistic Adults' Experiences of Camouflaging and Its Perceived Impact on Mental Health. *Autism in Adulthood*, 3(4), 320–329. <https://doi.org/10.1089/aut.2020.0071>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), Article 2. <https://doi.org/10.1191/1478088706qp063oa>
- Braun, V., & Clarke, V. (2019). Reflecting on reflexive thematic analysis. *Qualitative Research in Sport, Exercise and Health*, 11(4), Article 4. <https://doi.org/10.1080/2159676X.2019.1628806>
- Braun, V., & Clarke, V. (2022). *Thematic analysis: A practical guide / Virginia Braun and Victoria Clarke*. SAGE Publications Ltd. <https://uk.sagepub.com/en-gb/eur/thematic-analysis/book248481>
- Brinkert, J., & Remington, A. (2020). Making sense of the perceptual capacities in autistic and non-autistic adults. *Autism*, 24(7), 1795–1804. <https://doi.org/10.1177/1362361320922640>
- British Psychological Society. (2021). *Code of Ethics and Conduct* (p. bpsrep.2021.inf94). British Psychological Society. <https://doi.org/10.53841/bpsrep.2021.inf94>

- Brittain, I. (2004). Perceptions of Disability and their Impact upon Involvement in Sport for People with Disabilities at all Levels. *Journal of Sport and Social Issues*, 28(4), 429–452. <https://doi.org/10.1177/0193723504268729>
- Bronfenbrenner, U. (1977). Toward an experimental ecology of human development. *American Psychologist*, 32(7), 513–531. <https://doi.org/10.1037/0003-066X.32.7.513>
- Brosnan, M. (2021). Development and validation of the Commitment to Inclusion in the Workplace Questionnaire (CIWQ). *Manuscript in Preparation. Department of Psychology. University of Bath.*
- Brouwers, E. P. M., Bergijk, M., van Weeghel, J., Detaille, S., & Dewinter, J. (2023). What is the Meaning of Paid Employment for Well-Being? A Focus Group Study on Differences and Similarities Between Autistic Adults With and Without Employment. *Journal of Occupational Rehabilitation*. <https://doi.org/10.1007/s10926-023-10136-0>
- Bruni, T. P. (2014). Test Review: Social Responsiveness Scale–Second Edition (SRS-2). *Journal of Psychoeducational Assessment*, 32(4), 365–369. <https://doi.org/10.1177/0734282913517525>
- Buijsman, R., Begeer, S., & Scheeren, A. M. (2022). ‘Autistic person’ or ‘person with autism’? Person-first language preference in Dutch adults with autism and parents. *Autism*, 13623613221117914. <https://doi.org/10.1177/13623613221117914>
- Burgess, S., & Cimera, R. E. (2014). Employment Outcomes of Transition-Aged Adults With Autism Spectrum Disorders: A State of the States Report. *American Journal on Intellectual and Developmental Disabilities*, 119(1), Article 1. <https://doi.org/10.1352/1944-7558-119.1.64>
- Burt, D. B., Fuller, S. P., & Lewis, K. R. (1991). Brief report: Competitive employment of adults with autism. *Journal of Autism and Developmental Disorders*, 21(2), 237–242. <https://doi.org/10.1007/BF02284763>

- Bury, S. M., Hedley, D., & Uljarević, M. (2021). Restricted, Repetitive Behaviours and Interests in the Workplace: Barriers, Advantages, and an Individual Difference Approach to Autism Employment. In E. Gal & N. Yirmiya (Eds.), *Repetitive and Restricted Behaviors and Interests in Autism Spectrum Disorders: From Neurobiology to Behavior* (pp. 253–270). Springer International Publishing. https://doi.org/10.1007/978-3-030-66445-9_15
- Bury, S. M., Hedley, D., Uljarević, M., & Gal, E. (2020). The autism advantage at work: A critical and systematic review of current evidence. *Research in Developmental Disabilities, 105*, 103750. <https://doi.org/10.1016/j.ridd.2020.103750>
- Bury, S. M., Hedley, D., Uljarević, M., Li, X., Stokes, M. A., & Begeer, S. (2024). Employment profiles of autistic people: An 8-year longitudinal study. *Autism, 13623613231225798*. <https://doi.org/10.1177/13623613231225798>
- Bury, S. M., Jellett, R., Spoor, J. R., & Hedley, D. (2023). “It Defines Who I Am” or “It’s Something I Have”: What Language Do [Autistic] Australian Adults [on the Autism Spectrum] Prefer? *Journal of Autism and Developmental Disorders, 53*(2), 677–687. <https://doi.org/10.1007/s10803-020-04425-3>
- Cage, E., Di Monaco, J., & Newell, V. (2018). Experiences of Autism Acceptance and Mental Health in Autistic Adults. *Journal of Autism and Developmental Disorders, 48*(2), 473–484. <https://doi.org/10.1007/s10803-017-3342-7>
- Campbell, D. G., Reichle, N. C., & Van Bourgondien, M. E. (1996). The Autism Survey: An evaluation of reliability and validity. *Journal of Autism and Developmental Disorders, 26*(6), 621–634. <https://doi.org/10.1007/BF02172351>
- Cappadocia, M. C., Weiss, J. A., & Pepler, D. (2012). Bullying Experiences Among Children and Youth with Autism Spectrum Disorders. *Journal of Autism and Developmental Disorders, 42*(2), 266–277. <https://doi.org/10.1007/s10803-011-1241-x>

- Cargo, M., & Mercer, S. L. (2008). The Value and Challenges of Participatory Research: Strengthening Its Practice. *Annual Review of Public Health*, 29(1), Article 1.
<https://doi.org/10.1146/annurev.publhealth.29.091307.083824>
- Carrington, S. J., Uljarević, M., Roberts, A., White, L. J., Morgan, L., Wimpory, D., Ramsden, C., & Leekam, S. R. (2016). Knowledge acquisition and research evidence in autism: Researcher and practitioner perspectives and engagement. *Research in Developmental Disabilities*, 51–52, 126–134. <https://doi.org/10.1016/j.ridd.2016.01.011>
- Carter, E. W., Austin, D., & Trainor, A. A. (2011). Predictors of Postschool Employment Outcomes for Young Adults With Severe Disabilities: *Journal of Disability Policy Studies*.
<https://doi.org/10.1177/1044207311414680>
- Cartwright, N. (2010). What are randomised controlled trials good for? *Philosophical Studies*, 147(1), 59–70. <https://doi.org/10.1007/s11098-009-9450-2>
- Cascio, M. A., Weiss, J. A., & Racine, E. (2020). Making Autism Research Inclusive by Attending to Intersectionality: A Review of the Research Ethics Literature. *Review Journal of Autism and Developmental Disorders*. <https://doi.org/10.1007/s40489-020-00204-z>
- Cassidy, S. A., Nicolaidis, C., Davies, B., Rosa, S. D. R., Eisenman, D., Onaiwu, M. G., Kapp, S. K., Kripke, C. C., Rodgers, J., & Waisman, T. (2020). An Expert Discussion on Autism in the COVID-19 Pandemic. *Autism in Adulthood*, 2(2), Article 2.
<https://doi.org/10.1089/aut.2020.29013.sjc>
- Cepa, K., & Furstenberg, F. F. (2021). Reaching Adulthood: Persistent Beliefs about the Importance and Timing of Adult Milestones. *Journal of Family Issues*, 42(1), 27–57.
<https://doi.org/10.1177/0192513X20918612>
- Cervantes, P. E., Matheis, M., Estabillo, J., Seag, D. E. M., Nelson, K. L., Peth-Pierce, R., Hoagwood, K. E., & Horwitz, S. M. (2021). Trends Over a Decade in NIH Funding for

- Autism Spectrum Disorder Services Research. *Journal of Autism and Developmental Disorders*, 51(8), 2751–2763. <https://doi.org/10.1007/s10803-020-04746-3>
- Charlton, J. I. (1998). *Nothing About Us Without Us: Disability Oppression and Empowerment*. In *Nothing About Us Without Us*. University of California Press.
<https://doi.org/10.1525/9780520925441>
- Charlton, R. A., Entecott, T., Belova, E., & Nwaordu, G. (2021). “It feels like holding back something you need to say”: Autistic and Non-Autistic Adults accounts of sensory experiences and stimming. *Research in Autism Spectrum Disorders*, 89, 101864. <https://doi.org/10.1016/j.rasd.2021.101864>
- Charman, T., Pickles, A., Simonoff, E., Chandler, S., Loucas, T., & Baird, G. (2011). IQ in children with autism spectrum disorders: Data from the Special Needs and Autism Project (SNAP). *Psychological Medicine*, 41(3), 619–627. <https://doi.org/10.1017/S0033291710000991>
- Chatham, C. H., Taylor, K. I., Charman, T., Liogier D’ardhuy, X., Eule, E., Fedele, A., Hardan, A. Y., Loth, E., Murtagh, L., del Valle Rubido, M., San Jose Caceres, A., Seigny, J., Sikich, L., Snyder, L., Tillmann, J. E., Ventola, P. E., Walton-Bowen, K. L., Wang, P. P., Willgoss, T., & Bolognani, F. (2018). Adaptive behavior in autism: Minimal clinically important differences on the Vineland-II. *Autism Research*, 11(2), 270–283. <https://doi.org/10.1002/aur.1874>
- Chen, J., Cohn, E. S., & Orsmond, G. I. (2019). Parents’ future visions for their autistic transition-age youth: Hopes and expectations. *Autism*, 23(6), 1363–1372. <https://doi.org/10.1177/1362361318812141>
- Chen, J. L., Leader, G., Sung, C., & Leahy, M. (2015). Trends in Employment for Individuals with Autism Spectrum Disorder: A Review of the Research Literature. *Review Journal of*

Autism and Developmental Disorders, 2(2), 115–127. <https://doi.org/10.1007/s40489-014-0041-6>

- Cheriyian, C., Shevchuk-Hill, S., Riccio, A., Vincent, J., Kapp, S. K., Cage, E., Dwyer, P., Kofner, B., Attwood, H., & Gillespie-Lynch, K. (2021). Exploring the Career Motivations, Strengths, and Challenges of Autistic and Non-autistic University Students: Insights From a Participatory Study. *Frontiers in Psychology*, 12. <https://www.frontiersin.org/articles/10.3389/fpsyg.2021.719827>
- Chiang, H.-M., Cheung, Y. K., Hickson, L., Xiang, R., & Tsai, L. Y. (2012). Predictive Factors of Participation in Postsecondary Education for High School Leavers with Autism. *Journal of Autism and Developmental Disorders*, 42(5), 685–696. <https://doi.org/10.1007/s10803-011-1297-7>
- Cho, I. Y. K., Jelinkova, K., Schuetze, M., Vinette, S. A., Rahman, S., McCrimmon, A., Dewey, D., & Bray, S. (2017). Circumscribed interests in adolescents with Autism Spectrum Disorder: A look beyond trains, planes, and clocks. *PLOS ONE*, 12(11), e0187414. <https://doi.org/10.1371/journal.pone.0187414>
- Chun, J., Kuo, H. J., Curtiss, S. L., Lee, G. K., Lee, H., & Awadu, J. (2023). The interplay of supports and barriers during the transition to adulthood for youth on the autism spectrum. *Disability and Rehabilitation*, 45(18), 2879–2889. <https://doi.org/10.1080/09638288.2022.2112097>
- Cimera, R. E., & Cowan, R. J. (2009). The costs of services and employment outcomes achieved by adults with autism in the US. *Autism*, 13(3), 285–302. <https://doi.org/10.1177/1362361309103791>
- Cimera, R. E., Wehman, P., West, M., & Burgess, S. (2012). Do sheltered workshops enhance employment outcomes for adults with autism spectrum disorder? *Autism*, 16(1), Article 1. <https://doi.org/10.1177/1362361311408129>

- Clarke, E. B., Sterrett, K., & Lord, C. (2021). Work and well-being: Vocational activity trajectories in young adults with autism spectrum disorder. *Autism Research, 14*(12), 2613–2624. <https://doi.org/10.1002/aur.2606>
- Clarke, L., & Fung, L. K. (2022). The impact of autism-related training programs on physician knowledge, self-efficacy, and practice behavior: A systematic review. *Autism, 26*(7), 1626–1640. <https://doi.org/10.1177/13623613221102016>
- Coleman, D. M., & Adams, J. B. (2018). Survey of vocational experiences of adults with Autism Spectrum Disorders, and recommendations on improving their employment. *Journal of Vocational Rehabilitation, 49*(1), 67–78. <https://doi.org/10.3233/JVR-180955>
- Collins, H. M., & Evans, R. (2002). The Third Wave of Science Studies: Studies of Expertise and Experience. *Social Studies of Science, 32*(2), 235–296. <https://doi.org/10.1177/0306312702032002003>
- Collis, E., Gavin, J., Russell, A., & Brosnan, M. (2022). Autistic adults' experience of restricted repetitive behaviours. *Research in Autism Spectrum Disorders, 90*, 101895. <https://doi.org/10.1016/j.rasd.2021.101895>
- Constantino, J. N., & Gruber, C. P. (2012). *Social Responsiveness Scale—Second Edition (SRS-2)*. Torrance, CA: Western Psychological Services.
- Cook, J., Hull, L., Crane, L., & Mandy, W. (2021). Camouflaging in autism: A systematic review. *Clinical Psychology Review, 89*, 102080. <https://doi.org/10.1016/j.cpr.2021.102080>
- Cope, R., & Remington, A. (2022). The Strengths and Abilities of Autistic People in the Workplace. *Autism in Adulthood, 4*(1), 22–31. <https://doi.org/10.1089/aut.2021.0037>
- Cornwall, A., & Jewkes, R. (1995). What is participatory research? *Social Science & Medicine, 41*(12), Article 12. [https://doi.org/10.1016/0277-9536\(95\)00127-S](https://doi.org/10.1016/0277-9536(95)00127-S)
- Courchesne, V., Tesfaye, R., Mirenda, P., Nicholas, D., Mitchell, W., Singh, I., Zwaigenbaum, L., & Elsabbagh, M. (2022). Autism Voices: A novel method to access first-person

- perspective of autistic youth. *Autism*, 26(5), 1123–1136.
<https://doi.org/10.1177/13623613211042128>
- Crane, L., Adams, F., Harper, G., Welch, J., & Pellicano, E. (2019). 'Something needs to change': Mental health experiences of young autistic adults in England. *Autism*, 23(2), Article 2. <https://doi.org/10.1177/1362361318757048>
- Crane, L., Davies, J., Fritz, A., O'Brien, S., Worsley, A., Ashworth, M., & Remington, A. (2021). The transition to adulthood for autistic young people with additional learning needs: The views and experiences of education professionals in special schools. *British Journal of Special Education*, n/a(n/a). <https://doi.org/10.1111/1467-8578.12372>
- Crane, L., Davies, J., Fritz, A., O'Brien, S., Worsley, A., & Remington, A. (2022). Autistic young people's experiences of transitioning to adulthood following the Children and Families Act 2014. *British Educational Research Journal*, 48(1), 22–48.
<https://doi.org/10.1002/berj.3753>
- Crane, L., Davies, J., Fritz, A., Portman, K., O'Brien, S., Worsley, A., & Remington, A. (2023). 'I can't say that anything has changed': Parents of autistic young people (16–25 years) discuss the impact of the Children and Families Act in England and Wales. *Frontiers in Education*, 8. <https://doi.org/10.3389/educ.2023.1250018>
- Creswell, J. W. (1999). Chapter 18 - Mixed-Method Research: Introduction and Application. In G. J. Cizek (Ed.), *Handbook of Educational Policy* (pp. 455–472). Academic Press.
<https://doi.org/10.1016/B978-012174698-8/50045-X>
- Cribb, S., Kenny, L., & Pellicano, E. (2019). 'I definitely feel more in control of my life': The perspectives of young autistic people and their parents on emerging adulthood. *Autism*, 23(7), 1765–1781. <https://doi.org/10.1177/1362361319830029>
- Crompton, C. J., Hallett, S., Ropar, D., Flynn, E., & Fletcher-Watson, S. (2020). 'I never realised everybody felt as happy as I do when I am around autistic people': A thematic analysis of

- autistic adults' relationships with autistic and neurotypical friends and family. *Autism*, 24(6), 1438–1448. <https://doi.org/10.1177/1362361320908976>
- Crompton, C. J., Ropar, D., Evans-Williams, C. V., Flynn, E. G., & Fletcher-Watson, S. (2020). Autistic peer-to-peer information transfer is highly effective. *Autism*, 24(7), 1704–1712. <https://doi.org/10.1177/1362361320919286>
- Crompton, C. J., Sharp, M., Axbey, H., Fletcher-Watson, S., Flynn, E. G., & Ropar, D. (2020). Neurotype-Matching, but Not Being Autistic, Influences Self and Observer Ratings of Interpersonal Rapport. *Frontiers in Psychology*, 11. <https://doi.org/10.3389/fpsyg.2020.586171>
- Crosman, C. (2019, March 7). The Autism Spectrum is Not Binary. *In the Loop About Neurodiversity*. <https://intheloopaboutneurodiversity.wordpress.com/2019/03/06/the-autism-spectrum-is-not-binary/>
- Davies, J., Heasman, B., Livesey, A., Walker, A., Pellicano, E., & Remington, A. (2023). Access to employment: A comparison of autistic, neurodivergent and neurotypical adults' experiences of hiring processes in the United Kingdom. *Autism*, 13623613221145377. <https://doi.org/10.1177/13623613221145377>
- Davies, J., Romualdez, A. M., Malyan, D., Heasman, B., Livesey, A., Walker, A., Pellicano, E., & Remington, A. (2023). Autistic Adults' Priorities for Future Autism Employment Research: Perspectives from the United Kingdom. *Autism in Adulthood*. <https://doi.org/10.1089/aut.2022.0087>
- Davis, R., & Crompton, C. J. (2021). What Do New Findings About Social Interaction in Autistic Adults Mean for Neurodevelopmental Research? *Perspectives on Psychological Science*, 16(3), 649–653. <https://doi.org/10.1177/1745691620958010>

- Dawson, G. (2008). Early behavioral intervention, brain plasticity, and the prevention of autism spectrum disorder. *Development and Psychopathology*, *20*(3), 775–803.
<https://doi.org/10.1017/S0954579408000370>
- Dawson, M., & Fletcher-Watson, S. (2021). Commentary: What conflicts of interest tell us about autism intervention research—a commentary on Bottema-Beutel et al. (2020). *Journal of Child Psychology and Psychiatry*, *62*(1), 16–18. <https://doi.org/10.1111/jcpp.13315>
- de Marchena, A., Kim, E. S., Bagdasarov, A., Parish-Morris, J., Maddox, B. B., Brodtkin, E. S., & Schultz, R. T. (2019). Atypicalities of Gesture Form and Function in Autistic Adults. *Journal of Autism and Developmental Disorders*, *49*(4), 1438–1454.
<https://doi.org/10.1007/s10803-018-3829-x>
- den Houting, J. (2019). Neurodiversity: An insider’s perspective. *Autism*, *23*(2), 271–273.
<https://doi.org/10.1177/1362361318820762>
- den Houting, J., & Pellicano, E. (2019). A Portfolio Analysis of Autism Research Funding in Australia, 2008–2017. *Journal of Autism and Developmental Disorders*, *49*(11), Article 11. <https://doi.org/10.1007/s10803-019-04155-1>
- Department for Education. (2014a). *Children and Families Act 2014*. Queen’s Printer of Acts of Parliament. <http://www.legislation.gov.uk/ukpga/2014/6/part/3/enacted>
- Department for Education. (2014b). *SEND code of practice: 0 to 25 years*. GOV.UK.
<https://www.gov.uk/government/publications/send-code-of-practice-0-to-25>
- Department for Work and Pensions. (2024). *The Buckland Review of Autism Employment: Report and recommendations*. <https://www.gov.uk/government/publications/the-buckland-review-of-autism-employment-report-and-recommendations/the-buckland-review-of-autism-employment-report-and-recommendations>

Department of Health and Social Care. (2019). *Learning disability—Applying All Our Health*.

GOV.UK. <https://www.gov.uk/government/publications/learning-disability-applying-all-our-health/learning-disabilities-applying-all-our-health>

DiStefano, C., Shih, W., Kaiser, A., Landa, R., & Kasari, C. (2016). Communication growth in minimally verbal children with ASD: The importance of interaction. *Autism Research*, 9(10), 1093–1102. <https://doi.org/10.1002/aur.1594>

Doren, B., Gau, J. M., & Lindstrom, L. E. (2012). The Relationship between Parent Expectations and Postschool Outcomes of Adolescents with Disabilities. *Exceptional Children*, 79(1), 7–23. <https://doi.org/10.1177/001440291207900101>

Downward, P., & Mearman, A. (2007). Retrodution as mixed-methods triangulation in economic research: Reorienting economics into social science. *Cambridge Journal of Economics*, 31(1), 77–99. <https://doi.org/10.1093/cje/bel009>

Doyle, N., McDowall, A., & Waseem, U. (2022). Intersectional Stigma for Autistic People at Work: A Compound Adverse Impact Effect on Labor Force Participation and Experiences of Belonging. *Autism in Adulthood*, 4(4), 340–356. <https://doi.org/10.1089/aut.2021.0082>

Dreaver, J., Thompson, C., Girdler, S., Adolfsson, M., Black, M. H., & Falkmer, M. (2020a). Success Factors Enabling Employment for Adults on the Autism Spectrum from Employers' Perspective. *Journal of Autism and Developmental Disorders*, 50(5), 1657–1667. <https://doi.org/10.1007/s10803-019-03923-3>

Dreaver, J., Thompson, C., Girdler, S., Adolfsson, M., Black, M. H., & Falkmer, M. (2020b). Success Factors Enabling Employment for Adults on the Autism Spectrum from Employers' Perspective. *Journal of Autism and Developmental Disorders*, 50(5), 1657–1667. <https://doi.org/10.1007/s10803-019-03923-3>

Eilenberg, J. S., Paff, M., Harrison, A. J., & Long, K. A. (2019). Disparities Based on Race, Ethnicity, and Socioeconomic Status Over the Transition to Adulthood Among

- Adolescents and Young Adults on the Autism Spectrum: A Systematic Review. *Current Psychiatry Reports*, 21(5), 32. <https://doi.org/10.1007/s11920-019-1016-1>
- Eisner, M. (2009). No effects in independent prevention trials: Can we reject the cynical view? *Journal of Experimental Criminology*, 5(2), 163–183. <https://doi.org/10.1007/s11292-009-9071-y>
- Equality Act 2010*. (n.d.). [Text]. Statute Law Database. Retrieved 17 July 2024, from <https://www.legislation.gov.uk/ukpga/2010/15/contents>
- Erickson, W. A., von Schrader, S., Bruyère, S. M., & VanLooy, S. A. (2014). The Employment Environment: Employer Perspectives, Policies, and Practices Regarding the Employment of Persons With Disabilities. *Rehabilitation Counseling Bulletin*, 57(4), 195–208. <https://doi.org/10.1177/0034355213509841>
- Erzberger, C., & Prein, G. (1997). Triangulation: Validity and empirically-based hypothesis construction. *Quality and Quantity*, 31(2), 141–154. <https://doi.org/10.1023/A:1004249313062>
- Evers, K., Maljaars, J., Schepens, H., Vanaken, G.-J., & Noens, I. (2022). Conceptualization of quality of life in autistic individuals. *Developmental Medicine & Child Neurology*, 64(8), 950–956. <https://doi.org/10.1111/dmcn.15205>
- Ezerins, M. E., Simon, L. S., Vogus, T. J., Gabriel, A. S., Calderwood, C., & Rosen, C. C. (2023). Autism and Employment: A Review of the “New Frontier” of Diversity Research. *Journal of Management*, 01492063231193362. <https://doi.org/10.1177/01492063231193362>
- Faragher, E. B., Cass, M., & Cooper, C. L. (2005). The relationship between job satisfaction and health: A meta-analysis. *Occupational and Environmental Medicine*, 62(2), 105–112. <https://doi.org/10.1136/oem.2002.006734>

- Farahar, C. (2022). Autistic identity, culture, community, and space for well-being. In D. Milton & S. Ryan (Eds.), *The Routledge International Handbook of Critical Autism Studies*. Taylor & Francis.
- Farmer, C., Swineford, L., Swedo, S. E., & Thurm, A. (2018). Classifying and characterizing the development of adaptive behavior in a naturalistic longitudinal study of young children with autism. *Journal of Neurodevelopmental Disorders, 10*(1), 1. <https://doi.org/10.1186/s11689-017-9222-9>
- Farmer, T., Robinson, K., Elliott, S. J., & Eyles, J. (2006). Developing and Implementing a Triangulation Protocol for Qualitative Health Research. *Qualitative Health Research, 16*(3), 377–394. <https://doi.org/10.1177/1049732305285708>
- Faso, D. J., Sasson, N. J., & Pinkham, A. E. (2015). Evaluating Posed and Evoked Facial Expressions of Emotion from Adults with Autism Spectrum Disorder. *Journal of Autism and Developmental Disorders, 45*(1), 75–89. <https://doi.org/10.1007/s10803-014-2194-7>
- Fayette, R., & Bond, C. (2018). A systematic literature review of qualitative research methods for eliciting the views of young people with ASD about their educational experiences. *European Journal of Special Needs Education, 33*(3), 349–365. <https://doi.org/10.1080/08856257.2017.1314111>
- Fisher, M. H., & Taylor, J. L. (2016). Let's talk about it: Peer victimization experiences as reported by adolescents with autism spectrum disorder. *Autism, 20*(4), 402–411. <https://doi.org/10.1177/1362361315585948>
- Flannelly, K. J., Flannelly, L. T., & Jankowski, K. R. B. (2018). Threats to the Internal Validity of Experimental and Quasi-Experimental Research in Healthcare. *Journal of Health Care Chaplaincy, 24*(3), 107–130. <https://doi.org/10.1080/08854726.2017.1421019>
- Fletcher-Watson, S., Adams, J., Brook, K., Charman, T., Crane, L., Cusack, J., Leekam, S., Milton, D., Parr, J. R., & Pellicano, E. (2019). Making the future together: Shaping autism

- research through meaningful participation. *Autism*, 23(4), Article 4.
<https://doi.org/10.1177/1362361318786721>
- Fletcher-Watson, S., Brook, K., Hallett, S., Murray, F., & Crompton, C. J. (2021). Inclusive Practices for Neurodevelopmental Research. *Current Developmental Disorders Reports*, 8(2), 88–97. <https://doi.org/10.1007/s40474-021-00227-z>
- Fletcher-Watson, S., & Happé, F. (2019). *Autism: A New Introduction to Psychological Theory and Current Debate* (2nd ed.). Routledge. <https://doi.org/10.4324/9781315101699>
- Flower, R. L., Dickens, L. M., & Hedley, D. (2021). Barriers to Employment: Raters' Perceptions of Male Autistic and Non-Autistic Candidates During a Simulated Job Interview and the Impact of Diagnostic Disclosure. *Autism in Adulthood*, 3(4), 300–309.
<https://doi.org/10.1089/aut.2020.0075>
- Flower, R. L., Hedley, D., Spoor, J. R., & Dissanayake, C. (2019). An alternative pathway to employment for autistic job-seekers: A case study of a training and assessment program targeted to autistic job candidates. *Journal of Vocational Education & Training*, 71(3), 407–428. <https://doi.org/10.1080/13636820.2019.1636846>
- Flowers, J., Dawes, J., McCleary, D., & Marzolf, H. (2023). Words matter: Language preferences in a sample of autistic adults. *Neurodiversity*, 1, 27546330231216548.
<https://doi.org/10.1177/27546330231216548>
- Frazier, T. W., Strauss, M., Klingemier, E. W., Zetzer, E. E., Hardan, A. Y., Eng, C., & Youngstrom, E. A. (2017). A Meta-Analysis of Gaze Differences to Social and Nonsocial Information Between Individuals With and Without Autism. *Journal of the American Academy of Child & Adolescent Psychiatry*, 56(7), 546–555.
<https://doi.org/10.1016/j.jaac.2017.05.005>

- Friedman, N. D., Warfield, M. E., & Parish, S. L. (2013). Transition to adulthood for individuals with autism spectrum disorder: Current issues and future perspectives. *Neuropsychiatry*, 3(2), 181–192. <https://doi.org/10.2217/npv.13.13>
- Fuentes, K., & Lindsay, S. (2023). Workplace accommodations during the COVID-19 pandemic: A scoping review of the impacts and implications for people with disabilities. *Work*, 74(2), 381–406. <https://doi.org/10.3233/WOR-220129>
- García-Villamizar, D., & Rojahn, J. (2015). Comorbid psychopathology and stress mediate the relationship between autistic traits and repetitive behaviours in adults with autism. *Journal of Intellectual Disability Research*, 59(2), 116–124. <https://doi.org/10.1111/jir.12083>
- García-Villamizar, D., Wehman, P., & Navarro, M. D. (2002). Changes in the quality of autistic people's life that work in supported and sheltered employment. A 5-year follow-up study. *Journal of Vocational Rehabilitation*, 17(4), 309–312.
- Gardiner, E., & Iarocci, G. (2014). Students with Autism Spectrum Disorder in the University Context: Peer Acceptance Predicts Intention to Volunteer. *Journal of Autism and Developmental Disorders*, 44(5), 1008–1017. <https://doi.org/10.1007/s10803-013-1950-4>
- Gartlehner, G., Hansen, R. A., Nissman, D., Lohr, K. N., & Carey, T. S. (2006a). A simple and valid tool distinguished efficacy from effectiveness studies. *Journal of Clinical Epidemiology*, 59(10), 1040–1048. <https://doi.org/10.1016/j.jclinepi.2006.01.011>
- Gartlehner, G., Hansen, R. A., Nissman, D., Lohr, K. N., & Carey, T. S. (2006b). Introduction. In *Criteria for Distinguishing Effectiveness From Efficacy Trials in Systematic Reviews*. Agency for Healthcare Research and Quality (US). <https://www.ncbi.nlm.nih.gov/books/NBK44024/>

- Ghanouni, P., Quirke, S., Blok, J., & Casey, A. (2021). Independent living in adults with autism spectrum disorder: Stakeholders' perspectives and experiences. *Research in Developmental Disabilities, 119*, 104085. <https://doi.org/10.1016/j.ridd.2021.104085>
- Gillespie-Lynch, K., Bisson, J. B., Saade, S., Obeid, R., Kofner, B., Harrison, A. J., Daou, N., Tricarico, N., Delos Santos, J., Pinkava, W., & Jordan, A. (2022). If you want to develop an effective autism training, ask autistic students to help you. *Autism, 26*(5), 1082–1094. <https://doi.org/10.1177/13623613211041006>
- Gillespie-Lynch, K., Brooks, P. J., Someki, F., Obeid, R., Shane-Simpson, C., Kapp, S. K., Daou, N., & Smith, D. S. (2015). Changing College Students' Conceptions of Autism: An Online Training to Increase Knowledge and Decrease Stigma. *Journal of Autism and Developmental Disorders, 45*(8), Article 8. <https://doi.org/10.1007/s10803-015-2422-9>
- Gillespie-Lynch, K., Daou, N., Sanchez-Ruiz, M.-J., Kapp, S. K., Obeid, R., Brooks, P. J., Someki, F., Silton, N., & Abi-Habib, R. (2019). Factors underlying cross-cultural differences in stigma toward autism among college students in Lebanon and the United States. *Autism, 23*(8), 1993–2006. <https://doi.org/10.1177/1362361318823550>
- Gillespie-Lynch, K., Kapp, S. K., Brooks, P. J., Pickens, J., & Schwartzman, B. (2017). Whose Expertise Is It? Evidence for Autistic Adults as Critical Autism Experts. *Frontiers in Psychology, 8*, 438. <https://doi.org/10.3389/fpsyg.2017.00438>
- Goffman, E. (1963). *Stigma: Notes on the Management of Spoiled Identity*. Simon and Schuster.
- Goldfarb, Y., Golan, O., & Gal, E. (2023). A Self-Determination Theory Approach to Work Motivation of Autistic Adults: A Qualitative Exploratory Study. *Journal of Autism and Developmental Disorders, 53*(4), 1529–1542. <https://doi.org/10.1007/s10803-021-05185-4>
- Goodare, H., & Lockwood, S. (1999). Involving patients in clinical research: Improves the quality of research. *BMJ, 319*(7212), 724–725. <https://doi.org/10.1136/bmj.319.7212.724>

- Goozner, M., Caplan, A., Moreno, J., Kramer, B. S., Babor, T. F., & Husser, W. C. (2009). A common standard for conflict of interest disclosure in addiction journals. *Addiction*, *104*(11), 1779–1784. <https://doi.org/10.1111/j.1360-0443.2009.02594.x>
- Gorman, D. M. (2018). Can We Trust Positive Findings of Intervention Research? The Role of Conflict of Interest. *Prevention Science*, *19*(3), 295–305. <https://doi.org/10.1007/s11121-016-0648-1>
- Gray, K. M., Keating, C. M., Taffe, J. R., Brereton, A. V., Einfeld, S. L., Reardon, T. C., & Tonge, B. J. (2014). Adult Outcomes in Autism: Community Inclusion and Living Skills. *Journal of Autism and Developmental Disorders*, *44*(12), 3006–3015. <https://doi.org/10.1007/s10803-014-2159-x>
- Grenawalt, T. A., Brinck, E. A., Kesselmayer, R. F., Phillips, B. N., Geslak, D., Strauser, D. R., Chan, F., & Tansey, T. N. (2020). Autism in the workforce: A case study. *Journal of Management & Organization*, 1–16. <https://doi.org/10.1017/jmo.2020.15>
- Grinker, R. R., Chambers, N., Njongwe, N., Lagman, A. E., Guthrie, W., Stronach, S., Richard, B. O., Kauchali, S., Killian, B., Chhagan, M., Yucel, F., Kudumu, M., Barker-Cummings, C., Grether, J., & Wetherby, A. M. (2012). “Communities” in Community Engagement: Lessons Learned From Autism Research in South Korea and South Africa. *Autism Research*, *5*(3), 201–210. <https://doi.org/10.1002/aur.1229>
- Gurbuz, E., Hanley, M., & Riby, D. M. (2019). University Students with Autism: The Social and Academic Experiences of University in the UK. *Journal of Autism and Developmental Disorders*, *49*(2), 617–631. <https://doi.org/10.1007/s10803-018-3741-4>
- Ha, J., McClain, M. B., Covington, B., & Golson, M. E. (2022). Brief Report: A Brief Video Intervention for Increasing Autism Knowledge in a General Population Sample. *Journal of Autism and Developmental Disorders*, *52*(11), 5058–5063. <https://doi.org/10.1007/s10803-021-05341-w>

- Haegele, J. A., & Hodge, S. (2016). Disability Discourse: Overview and Critiques of the Medical and Social Models. *Quest*, *68*(2), 193–206.
<https://doi.org/10.1080/00336297.2016.1143849>
- Hagner, D., & Cooney, B. (2003). Building employer capacity to support employees with severe disabilities in the workplace. *Work*, *21*(1), 77–82.
- Hagner, D., & Cooney, B. F. (2005). “I Do That for Everybody”: Supervising Employees With Autism. *Focus on Autism and Other Developmental Disabilities*, *20*(2), 91–97.
<https://doi.org/10.1177/10883576050200020501>
- Han, E., Scior, K., Avramides, K., & Crane, L. (2022). A systematic review on autistic people’s experiences of stigma and coping strategies. *Autism Research*, *15*(1), 12–26.
<https://doi.org/10.1002/aur.2652>
- Han, E., Scior, K., Heath, E., Umagami, K., & Crane, L. (2023). Development of stigma-related support for autistic adults: Insights from the autism community. *Autism*, *13623613221143590*. <https://doi.org/10.1177/13623613221143590>
- Han, E., Scior, K., Umagami, K., Heath, E. L., Dufresne, S., & Crane, L. (2023). *Who, When, How to Share: Pilot study of a new disclosure decision-making programme for autistic adults*. OSF Preprints. <https://doi.org/10.31219/osf.io/bztuq>
- Happé, F. (2011). Criteria, Categories, and Continua: Autism and Related Disorders in DSM-5. *Journal of the American Academy of Child & Adolescent Psychiatry*, *50*(6), 540–542.
<https://doi.org/10.1016/j.jaac.2011.03.015>
- Happé, F., & Frith, U. (2020). Annual Research Review: Looking back to look forward – changes in the concept of autism and implications for future research. *Journal of Child Psychology and Psychiatry*, *61*(3), Article 3. <https://doi.org/10.1111/jcpp.13176>
- Happé, F., Ronald, A., & Plomin, R. (2006). Time to give up on a single explanation for autism. *Nature Neuroscience*, *9*(10), 1218–1221. <https://doi.org/10.1038/nn1770>

- Harmuth, E., Silletta, E., Bailey, A., Adams, T., Beck, C., & Barbic, S. P. (2018). Barriers and Facilitators to Employment for Adults With Autism: A Scoping Review. *Annals of International Occupational Therapy, 1*(1), 31–40. <https://doi.org/10.3928/24761222-20180212-01>
- Harrison, P., & Oakland, T. (2015). *Adaptive Behaviour Assessment System, Third Edition [Manual]* (Third Edition). Western Psychological Services.
- Hartnett, H. P., Stuart, H., Thurman, H., Loy, B., & Batiste, L. C. (2011). Employers' perceptions of the benefits of workplace accommodations: Reasons to hire, retain and promote people with disabilities. *Journal of Vocational Rehabilitation, 34*(1), 17–23. <https://doi.org/10.3233/JVR-2010-0530>
- Harvery, M., Froude, E. H., Foley, K.-R., Trollor, J. N., & Arnold, S. R. C. (2021). Employment profiles of autistic adults in Australia. *Autism Research, 14*(10), 2061–2077. <https://doi.org/10.1002/aur.2588>
- Hatfield, M., Falkmer, M., Falkmer, T., & Ciccarelli, M. (2017). “Leaps of faith”: Parents' and professionals' viewpoints on preparing adolescents on the autism spectrum for leaving school. *Journal of Research in Special Educational Needs, 17*(3), 187–197. <https://doi.org/10.1111/1471-3802.12377>
- Hayward, S. M., McVilly, K. R., & Stokes, M. A. (2018). Challenges for females with high functioning autism in the workplace: A systematic review. *Disability and Rehabilitation, 40*(3), 249–258. <https://doi.org/10.1080/09638288.2016.1254284>
- Hayward, S. M., McVilly, K. R., & Stokes, M. A. (2019a). Autism and employment: What works. *Research in Autism Spectrum Disorders, 60*, 48–58. <https://doi.org/10.1016/j.rasd.2019.01.006>

- Hayward, S. M., McVilly, K. R., & Stokes, M. A. (2019b). "I Would Love to Just Be Myself": What Autistic Women Want at Work. *Autism in Adulthood*, 1(4), 297–305.
<https://doi.org/10.1089/aut.2019.0020>
- Heasman, B., & Gillespie, A. (2018). Perspective-taking is two-sided: Misunderstandings between people with Asperger's syndrome and their family members. *Autism*, 22(6), 740–750. <https://doi.org/10.1177/1362361317708287>
- Heasman, B., & Gillespie, A. (2019a). Neurodivergent intersubjectivity: Distinctive features of how autistic people create shared understanding. *Autism*, 23(4), 910–921.
<https://doi.org/10.1177/1362361318785172>
- Heasman, B., & Gillespie, A. (2019b). Participants Over-Estimate How Helpful They Are in a Two-Player Game Scenario Toward an Artificial Confederate That Discloses a Diagnosis of Autism. *Frontiers in Psychology*, 10, 1349. <https://doi.org/10.3389/fpsyg.2019.01349>
- Hedley, D., Cai, R., Uljarevic, M., Wilmot, M., Spoor, J. R., Richdale, A., & Dissanayake, C. (2018). Transition to work: Perspectives from the autism spectrum. *Autism*, 22(5), Article 5. <https://doi.org/10.1177/1362361316687697>
- Hedley, D., Hedley, D. F., Walkowiak, E., Bury, S. M., Spoor, J. R., & Shiell, A. (2023). Cost-benefit analysis of a non-government organization and Australian government collaborative supported employment program for autistic people. *Autism*, 27(5), 1377–1390. <https://doi.org/10.1177/13623613221138643>
- Hedley, D., Uljarević, M., Bury, S. M., & Dissanayake, C. (2019). Predictors of mental health and well-being in employed adults with autism spectrum disorder at 12-month follow-up. *Autism Research*, 12(3), Article 3. <https://doi.org/10.1002/aur.2064>
- Hedley, D., Uljarević, M., Cameron, L., Halder, S., Richdale, A., & Dissanayake, C. (2017). Employment programmes and interventions targeting adults with autism spectrum

- disorder: A systematic review of the literature. *Autism*, 21(8), Article 8.
<https://doi.org/10.1177/1362361316661855>
- Hedley, D., Uljarević, M., & Hedley, D. F. E. (2017a). Employment and Living with Autism: Personal, Social and Economic Impact. In S. Halder & L. C. Assaf (Eds.), *Inclusion, Disability and Culture* (pp. 295–311). Springer International Publishing.
https://doi.org/10.1007/978-3-319-55224-8_19
- Hedley, D., Uljarević, M., & Hedley, D. F. E. (2017b). Employment and Living with Autism: Personal, Social and Economic Impact. In S. Halder & L. C. Assaf (Eds.), *Inclusion, Disability and Culture: An Ethnographic Perspective Traversing Abilities and Challenges* (pp. 295–311). Springer International Publishing. https://doi.org/10.1007/978-3-319-55224-8_19
- Heidgerken, A. D., Geffken, G., Modi, A., & Frakey, L. (2005). A Survey of Autism Knowledge in a Health Care Setting. *Journal of Autism and Developmental Disorders*, 35(3), 323–330.
<https://doi.org/10.1007/s10803-005-3298-x>
- Hellawell, B. (2017). A review of parent–professional partnerships and some new obligations and concerns arising from the introduction of the SEND Code of Practice 2015. *British Journal of Special Education*, 44(4), Article 4. <https://doi.org/10.1111/1467-8578.12185>
- Hendricks, D. (2010). Employment and adults with autism spectrum disorders: Challenges and strategies for success. *Journal of Vocational Rehabilitation*, 32(2), 125–134.
<https://doi.org/10.3233/JVR-2010-0502>
- Hendricks, D. R., & Wehman, P. (2009). Transition From School to Adulthood for Youth With Autism Spectrum Disorders: Review and Recommendations. *Focus on Autism and Other Developmental Disabilities*, 24(2), 77–88. <https://doi.org/10.1177/1088357608329827>

- Henninger, N. A., & Taylor, J. L. (2013). Outcomes in adults with autism spectrum disorders: A historical perspective. *Autism, 17*(1), 103–116.
<https://doi.org/10.1177/1362361312441266>
- Higgins, J. M., Arnold, S. R., Weise, J., Pellicano, E., & Trollor, J. N. (2021). Defining autistic burnout through experts by lived experience: Grounded Delphi method investigating #AutisticBurnout. *Autism, 25*(8), 2356–2369.
<https://doi.org/10.1177/13623613211019858>
- Hillier, A., Campbell, H., Mastriani, K., Izzo, M. V., Kool-Tucker, A. K., Cherry, L., & Beversdorf, D. Q. (2007). Two-Year Evaluation of a Vocational Support Program for Adults on the Autism Spectrum. *Career Development for Exceptional Individuals, 30*(1), 35–47.
<https://doi.org/10.1177/08857288070300010501>
- Holland, P. (2021). Will Disabled Workers Be Winners or Losers in the Post-COVID-19 Labour Market? *Disabilities, 1*(3), Article 3. <https://doi.org/10.3390/disabilities1030013>
- Holmes, A. G. D. (2020). Researcher Positionality—A Consideration of Its Influence and Place in Qualitative Research—A New Researcher Guide. *Shanlax International Journal of Education, 8*(4), 1–10.
- Holmes, L. G., Kirby, A. V., Strassberg, D. S., & Himle, M. B. (2018). Parent Expectations and Preparatory Activities as Adolescents with ASD Transition to Adulthood. *Journal of Autism and Developmental Disorders, 48*(9), 2925–2937.
<https://doi.org/10.1007/s10803-018-3545-6>
- Holwerda, A., van der Klink, J. J. L., de Boer, M. R., Groothoff, J. W., & Brouwer, S. (2013). Predictors of work participation of young adults with mild intellectual disabilities. *Research in Developmental Disabilities, 34*(6), Article 6.
<https://doi.org/10.1016/j.ridd.2013.03.018>

- Honey, A., Boydell, K. M., Coniglio, F., Do, T. T., Dunn, L., Gill, K., Glover, H., Hines, M., Scanlan, J. N., & Tooth, B. (2020). Lived experience research as a resource for recovery: A mixed methods study. *BMC Psychiatry*, *20*(1), Article 1.
<https://doi.org/10.1186/s12888-020-02861-0>
- Honeybourne, V. (2019). *The Neurodiverse Workplace: An Employer's Guide to Managing and Working with Neurodivergent Employees, Clients and Customers*. Jessica Kingsley Publishers.
- Horsburgh, D. (2003). Evaluation of qualitative research. *Journal of Clinical Nursing*, *12*(2), 307–312. <https://doi.org/10.1046/j.1365-2702.2003.00683.x>
- Hosseini, S. A., & Molla, M. (2024). Asperger Syndrome. In *StatPearls*. StatPearls Publishing.
<http://www.ncbi.nlm.nih.gov/books/NBK557548/>
- Howlin, P., Alcock, J., & Burkin, C. (2005). An 8 year follow-up of a specialist supported employment service for high-ability adults with autism or Asperger syndrome. *Autism*, *9*(5), Article 5. <https://doi.org/10.1177/1362361305057871>
- Howlin, P., Goode, S., Hutton, J., & Rutter, M. (2004). Adult outcome for children with autism. *Journal of Child Psychology and Psychiatry*, *45*(2), Article 2.
<https://doi.org/10.1111/j.1469-7610.2004.00215.x>
- Hull, L., Petrides, K. V., Allison, C., Smith, P., Baron-Cohen, S., Lai, M.-C., & Mandy, W. (2017). “Putting on My Best Normal”: Social Camouflaging in Adults with Autism Spectrum Conditions. *Journal of Autism and Developmental Disorders*, *47*(8), 2519–2534.
<https://doi.org/10.1007/s10803-017-3166-5>
- Humphrey, N., & Lewis, S. (2008). ‘Make me normal’: The views and experiences of pupils on the autistic spectrum in mainstream secondary schools. *Autism*, *12*(1), 23–46.
<https://doi.org/10.1177/1362361307085267>

- Institute of Medicine. (2002). *Integrity in Scientific Research: Creating an Environment That Promotes Responsible Conduct*. National Academies Press.
- Jaarsma, P., & Welin, S. (2012). Autism as a Natural Human Variation: Reflections on the Claims of the Neurodiversity Movement. *Health Care Analysis, 20*(1), 20–30.
<https://doi.org/10.1007/s10728-011-0169-9>
- Jackson, S. L. J., Hart, L., & Volkmar, F. R. (2018). Preface: Special Issue—College Experiences for Students with Autism Spectrum Disorder. *Journal of Autism and Developmental Disorders, 48*(3), 639–642. <https://doi.org/10.1007/s10803-018-3463-7>
- Jacobson, N. S., & Truax, P. (1992). Clinical significance: A statistical approach to defining meaningful change in psychotherapy research. In *Methodological issues & strategies in clinical research* (pp. 631–648). American Psychological Association.
<https://doi.org/10.1037/10109-042>
- Jafar, A. J. N. (2018). What is positionality and should it be expressed in quantitative studies? *Emergency Medicine Journal, 35*(5), 323–324. <https://doi.org/10.1136/emered-2017-207158>
- Jarrold, C., & Brock, J. (2004). To Match or Not to Match? Methodological Issues in Autism-Related Research. *Journal of Autism and Developmental Disorders, 34*(1), 81–86.
<https://doi.org/10.1023/B:JADD.0000018078.82542.ab>
- Jasim, S., & Perry, A. (2023). Repetitive and restricted behaviors and interests in autism spectrum disorder: Relation to individual characteristics and mental health problems. *BMC Psychiatry, 23*(1), 356. <https://doi.org/10.1186/s12888-023-04766-0>
- Johnson, T. D., & Joshi, A. (2014). Disclosure on the Spectrum: Understanding Disclosure Among Employees on the Autism Spectrum. *Industrial and Organizational Psychology, 7*(2), 278–281. <https://doi.org/10.1111/iops.12149>

- Jones, D. R., DeBrabander, K. M., & Sasson, N. J. (2021). Effects of autism acceptance training on explicit and implicit biases toward autism. *Autism*, 25(5), 1246–1261.
<https://doi.org/10.1177/1362361320984896>
- Jones, R. S. P., Quigney, C., & Huws, J. C. (2003). First-hand accounts of sensory perceptual experiences in autism: A qualitative analysis. *Journal of Intellectual & Developmental Disability*, 28(2), 112–121. <https://doi.org/10.1080/1366825031000147058>
- Jost, J. T., & Banaji, M. R. (1994). The role of stereotyping in system-justification and the production of false consciousness. *British Journal of Social Psychology*, 33(1), 1–27.
<https://doi.org/10.1111/j.2044-8309.1994.tb01008.x>
- Kanner, L. (1943). Autistic disturbances of affective contact. *Pathology*, 217–250.
- Kapp, S. K. (Ed.). (2020). *Autistic Community and the Neurodiversity Movement: Stories from the Frontline*. Springer Singapore. <https://doi.org/10.1007/978-981-13-8437-0>
- Kapp, S. K. (2023). Profound Concerns about “Profound Autism”: Dangers of Severity Scales and Functioning Labels for Support Needs. *Education Sciences*, 13(2), Article 2.
<https://doi.org/10.3390/educsci13020106>
- Kapp, S. K., Gantman, A., & Laugeson, E., A. (2011). Transition to adulthood for high-functioning individuals with autism spectrum disorders. In M.-R. Mohammadi (Ed.), *A Comprehensive Book on Autism Spectrum Disorders* (pp. 451–478). BoD – Books on Demand.
- Kapp, S. K., Gillespie-Lynch, K., Sherman, L. E., & Hutman, T. (2013). Deficit, difference, or both? Autism and neurodiversity. *Developmental Psychology*, 49(1), 59–71.
<https://doi.org/10.1037/a0028353>
- Kapp, S. K., Steward, R., Crane, L., Elliott, D., Elphick, C., Pellicano, E., & Russell, G. (2019). ‘People should be allowed to do what they like’: Autistic adults’ views and experiences of stimming. *Autism*, 23(7), 1782–1792. <https://doi.org/10.1177/1362361319829628>

- Kay, A. C., Gaucher, D., Peach, J. M., Laurin, K., Friesen, J., Zanna, M. P., & Spencer, S. J. (2009). Inequality, discrimination, and the power of the status quo: Direct evidence for a motivation to see the way things are as the way they should be. *Journal of Personality and Social Psychology, 97*(3), 421–434. <https://doi.org/10.1037/a0015997>
- Keating, C. T., Hickman, L., Leung, J., Monk, R., Montgomery, A., Heath, H., & Sowden, S. (2023). Autism-related language preferences of English-speaking individuals across the globe: A mixed methods investigation. *Autism Research, 16*(2), 406–428. <https://doi.org/10.1002/aur.2864>
- Keel, J. H., Mesibov, G. B., & Woods, A. V. (1997). TEACCH-Supported Employment Program. *Journal of Autism and Developmental Disorders, 27*(1), 3–9. <https://doi.org/10.1023/A:1025813020229>
- Kenny, L., Hattersley, C., Molins, B., Buckley, C., Povey, C., & Pellicano, E. (2016). Which terms should be used to describe autism? Perspectives from the UK autism community. *Autism, 20*(4), Article 4. <https://doi.org/10.1177/1362361315588200>
- Khan, M. H., Grabarski, M. K., Ali, M., & Buckmaster, S. (2023). Insights into Creating and Managing an Inclusive Neurodiverse Workplace for Positive Outcomes: A Multistaged Theoretical Framework. *Group & Organization Management, 48*(5), 1339–1386. <https://doi.org/10.1177/10596011221133583>
- Kim, S. Y., & Bottema-Beutel, K. (2019). Negotiation of Individual and Collective Identities in the Online Discourse of Autistic Adults. *Autism in Adulthood, 1*(1), 69–78. <https://doi.org/10.1089/aut.2018.0029>
- Kirby, A. V. (2016). Parent Expectations Mediate Outcomes for Young Adults with Autism Spectrum Disorder. *Journal of Autism and Developmental Disorders, 46*(5), 1643–1655. <https://doi.org/10.1007/s10803-015-2691-3>

- Koo, T. K., & Li, M. Y. (2016). A Guideline of Selecting and Reporting Intraclass Correlation Coefficients for Reliability Research. *Journal of Chiropractic Medicine*, *15*(2), 155–163. <https://doi.org/10.1016/j.jcm.2016.02.012>
- Lai, M.-C., Kassee, C., Besney, R., Bonato, S., Hull, L., Mandy, W., Szatmari, P., & Ameis, S. H. (2019). Prevalence of co-occurring mental health diagnoses in the autism population: A systematic review and meta-analysis. *The Lancet Psychiatry*, *6*(10), 819–829. [https://doi.org/10.1016/S2215-0366\(19\)30289-5](https://doi.org/10.1016/S2215-0366(19)30289-5)
- Lam, G. Y. H., Sabnis, S., Migueliz Valcarlos, M., & Wolgemuth, J. R. (2021). A Critical Review of Academic Literature Constructing Well-Being in Autistic Adults. *Autism in Adulthood*, *3*(1), 61–71. <https://doi.org/10.1089/aut.2020.0053>
- Lam, K. S. L., & Aman, M. G. (2007). The Repetitive Behavior Scale-Revised: Independent Validation in Individuals with Autism Spectrum Disorders. *Journal of Autism and Developmental Disorders*, *37*(5), 855–866. <https://doi.org/10.1007/s10803-006-0213-z>
- Lawson, L. P., Richdale, A. L., Haschek, A., Flower, R. L., Vartuli, J., Arnold, S. R., & Trollor, J. N. (2020). Cross-sectional and longitudinal predictors of quality of life in autistic individuals from adolescence to adulthood: The role of mental health and sleep quality. *Autism*, *24*(4), 954–967. <https://doi.org/10.1177/1362361320908107>
- Leadbitter, K., Buckle, K. L., Ellis, C., & Dekker, M. (2021). Autistic Self-Advocacy and the Neurodiversity Movement: Implications for Autism Early Intervention Research and Practice. *Frontiers in Psychology*, *12*, 782. <https://doi.org/10.3389/fpsyg.2021.635690>
- Lee, E. A. L., Black, M. H., Tan, T., Falkmer, T., & Girdler, S. (2019a). “I’m Destined to Ace This”: Work Experience Placement During High School for Individuals with Autism Spectrum Disorder. *Journal of Autism and Developmental Disorders*, *49*(8), 3089–3101. <https://doi.org/10.1007/s10803-019-04024-x>

- Lee, E. A. L., Black, M. H., Tan, T., Falkmer, T., & Girdler, S. (2019b). "I'm Destined to Ace This": Work Experience Placement During High School for Individuals with Autism Spectrum Disorder. *Journal of Autism and Developmental Disorders*, *49*(8), 3089–3101. <https://doi.org/10.1007/s10803-019-04024-x>
- Leekam, S. R., Prior, M. R., & Uljarevic, M. (2011). Restricted and repetitive behaviors in autism spectrum disorders: A review of research in the last decade. *Psychological Bulletin*, *137*(4), 562–593. <https://doi.org/10.1037/a0023341>
- Lei, J., Jones, L., & Brosnan, M. (2021). Exploring an e-learning community's response to the language and terminology use in autism from two massive open online courses on autism education and technology use. *Autism*, *25*(5), 1349–1367. <https://doi.org/10.1177/1362361320987963>
- Levy, S. E., Giarelli, E., Lee, L.-C., Schieve, L. A., Kirby, R. S., Cunniff, C., Nicholas, J., Reaven, J., & Rice, C. E. (2010). Autism Spectrum Disorder and Co-occurring Developmental, Psychiatric, and Medical Conditions Among Children in Multiple Populations of the United States. *Journal of Developmental & Behavioral Pediatrics*, *31*(4), 267. <https://doi.org/10.1097/DBP.0b013e3181d5d03b>
- Lewis, L. F., & Stevens, K. (2023). The lived experience of meltdowns for autistic adults. *Autism*, *27*(6), 1817–1825. <https://doi.org/10.1177/13623613221145783>
- Linden, M., & Milchus, K. (2014). Teleworkers with disabilities: Characteristics and accommodation use. *Work*, *47*(4), 473–483. <https://doi.org/10.3233/WOR-141834>
- Lindner, K.-T., & Schwab, S. (2020). Differentiation and individualisation in inclusive education: A systematic review and narrative synthesis. *International Journal of Inclusive Education*, *0*(0), 1–21. <https://doi.org/10.1080/13603116.2020.1813450>
- Link, B. G., & Phelan, J. C. (2001). Conceptualizing Stigma. *Annual Review of Sociology*, *27*(Volume 27, 2001), 363–385. <https://doi.org/10.1146/annurev.soc.27.1.363>

- Livingston, L. A., Hargitai, L. D., & Shah, P. (2024). The double empathy problem: A derivation chain analysis and cautionary note. *Psychological Review*. <https://dx.doi.org/10.1037/rev0000468>
- Locke, J., Ishijima, E. H., Kasari, C., & London, N. (2010). Loneliness, friendship quality and the social networks of adolescents with high-functioning autism in an inclusive school setting. *Journal of Research in Special Educational Needs*, *10*(2), 74–81. <https://doi.org/10.1111/j.1471-3802.2010.01148.x>
- Lombardo, M. V., Lai, M.-C., & Baron-Cohen, S. (2019). Big data approaches to decomposing heterogeneity across the autism spectrum. *Molecular Psychiatry*, *24*(10), 1435–1450. <https://doi.org/10.1038/s41380-018-0321-0>
- Long, J., Panese, J., Ferguson, J., Hamill, M. A., & Miller, J. (2017). Enabling voice and participation in autism services: Using practitioner research to develop inclusive practice. *Good Autism Practice*, *18*(2), 6–14.
- Lord, C., Charman, T., Havdahl, A., Carbone, P., Anagnostou, E., Boyd, B., Carr, T., Vries, P. J. de, Dissanayake, C., Divan, G., Freitag, C. M., Gotelli, M. M., Kasari, C., Knapp, M., Mundy, P., Plank, A., Scahill, L., Servili, C., Shattuck, P., ... McCauley, J. B. (2022). The Lancet Commission on the future of care and clinical research in autism. *The Lancet*, *399*(10321), 271–334. [https://doi.org/10.1016/S0140-6736\(21\)01541-5](https://doi.org/10.1016/S0140-6736(21)01541-5)
- Lorenz, T., Frischling, C., Cuadros, R., & Heinitz, K. (2016). Autism and Overcoming Job Barriers: Comparing Job-Related Barriers and Possible Solutions in and outside of Autism-Specific Employment. *PLOS ONE*, *11*(1), Article 1. <https://doi.org/10.1371/journal.pone.0147040>
- Lovibond, S. H., & Lovibond, P. F. (1995). *Manual for the Depression Anxiety & Stress Scales* (Second Edition). Psychology Foundation.

- Lynch, S. L., & Irvine, A. N. (2009). Inclusive education and best practice for children with autism spectrum disorder: An integrated approach. *International Journal of Inclusive Education*, 13(8), 845–859. <https://doi.org/10.1080/13603110802475518>
- Maciejewski, M. L. (2020). Quasi-experimental design. *Biostatistics & Epidemiology*, 4(1), 38–47. <https://doi.org/10.1080/24709360.2018.1477468>
- MacKenzie, K. T., Theodat, A., Beck, K. B., Conner, C. M., Mazefsky, C. A., & Eack, S. M. (2024). Correlates of quality of life in autistic individuals. *Research in Autism Spectrum Disorders*, 115, 102401. <https://doi.org/10.1016/j.rasd.2024.102401>
- Mallipeddi, S., Dickter, C. L., & Burk, J. A. (2024). The Impact of an Autistic Character Media Portrayal on Autistic Stereotypes. *Journal of Autism and Developmental Disorders*. <https://doi.org/10.1007/s10803-023-06197-y>
- Malone, K. M., Pearson, J. N., Palazzo, K. N., Manns, L. D., Rivera, A. Q., & Mason Martin, D. L. (2022). The Scholarly Neglect of Black Autistic Adults in Autism Research. *Autism in Adulthood*, 4(4), 271–280. <https://doi.org/10.1089/aut.2021.0086>
- Mannheim, K. (1936). *Ideology and Utopia: An introduction to sociology of knowledge*. Philosophy and Scientific Method.
- Marks, D. (1997). Models of disability. *Disability and Rehabilitation*, 19(3), 85–91. <https://doi.org/10.3109/09638289709166831>
- Mason, D., McConachie, H., Garland, D., Petrou, A., Rodgers, J., & Parr, J. R. (2018). Predictors of quality of life for autistic adults. *Autism Research*, 11(8), 1138–1147. <https://doi.org/10.1002/aur.1965>
- Mavranouzouli, I., Megnin-Viggars, O., Cheema, N., Howlin, P., Baron-Cohen, S., & Pilling, S. (2013). The cost-effectiveness of supported employment for adults with autism in the United Kingdom: *Autism*. <https://doi.org/10.1177/1362361313505720>

- Mawhood, L., & Howlin, P. (1999). The Outcome of a Supported Employment Scheme for High-Functioning Adults with Autism or Asperger Syndrome. *Autism*, 3(3), 229–254.
<https://doi.org/10.1177/1362361399003003003>
- Maxwell, J. A. (2012). *A Realist Approach for Qualitative Research*. SAGE.
- Mayes, S. D., & Calhoun, S. L. (2003). Analysis of WISC-III, Stanford-Binet:IV, and Academic Achievement Test Scores in Children with Autism. *Journal of Autism and Developmental Disorders*, 33(3), 329–341. <https://doi.org/10.1023/A:1024462719081>
- McCall, R. B. (1977). Challenges to a Science of Developmental Psychology. *Child Development*, 48(2), 333–344. <https://doi.org/10.2307/1128626>
- McConachie, H., Mason, D., Parr, J. R., Garland, D., Wilson, C., & Rodgers, J. (2018). Enhancing the Validity of a Quality of Life Measure for Autistic People. *Journal of Autism and Developmental Disorders*, 48(5), Article 5. <https://doi.org/10.1007/s10803-017-3402-z>
- McConachie, H., Wilson, C., Mason, D., Garland, D., Parr, J. R., Rattazzi, A., Rodgers, J., Skevington, S., Uljarevic, M., & Magiati, I. (2020). What Is Important in Measuring Quality of Life? Reflections by Autistic Adults in Four Countries. *Autism in Adulthood*, 2(1), 4–12. <https://doi.org/10.1089/aut.2019.0008>
- McMahon, C. M., Henry, S., & Linthicum, M. (2021). Employability in Autism Spectrum Disorder (ASD): Job Candidate's Diagnostic Disclosure and ASD Characteristics and Employer's ASD Knowledge and Social Desirability. *Journal of Experimental Psychology: Applied*, 21(1), 142. <http://dx.doi.org/10.1037/xap0000282>
- Mellifont, D. (2022). COVID-19 related factors affecting the experiences of neurodivergent persons in the workplace: A rapid review. *Work*, 71(1), 3–12.
<https://doi.org/10.3233/WOR-210811>

- Memcott, A. (2021, October 26). *Employment poll. Nearly 1000 votes. About 4 in every 10 autistic people are in paid work full time (I count 31+ hrs/wk as full time). About 3 in 10 are in part time paid work. About 3 in 10 are not paid for work e.g. Caring, volunteering/do not work (e.g. Retired, unemployed). <https://t.co/o02Hu7tchd> [Tweet].*
Twitter. <https://twitter.com/AnnMemcott/status/1452892755919835139>
- Memcott, A. (2022, October 11). *Autistic people and employment. We still have a lot of organisations and charities claiming they 'know' that hardly any autistic people are in paid employment. Really? Let's have another look at the linked thread, and discuss here/ <https://t.co/nakpalfsxc> [Tweet].* Twitter.
<https://twitter.com/AnnMemcott/status/1579804630976200705>
- Memcott, A. (2023, November 28).
<https://journals.sagepub.com/doi/10.1177/13623613231214834> May be useful. New research on employment for autistic young people. What helps, or needs improving. Uses the ONS figure for employment, which unfortunately was based on a misunderstanding of how to engage autistic ppl (tip—Don't phone in evenings!). [Tweet].
Twitter. <https://twitter.com/AnnMemcott/status/1729572944081232085>
- Mercer, J. (2007). The challenges of insider research in educational institutions: Wielding a double-edged sword and resolving delicate dilemmas. *Oxford Review of Education*, 33(1), 1–17. <https://doi.org/10.1080/03054980601094651>
- Micai, M., Fatta, L. M., Gila, L., Caruso, A., Salvitti, T., Fulceri, F., Ciaramella, A., D'Amico, R., Del Giovane, C., Bertelli, M., Romano, G., Schünemann, H. J., & Scattoni, M. L. (2023). Prevalence of co-occurring conditions in children and adults with autism spectrum disorder: A systematic review and meta-analysis. *Neuroscience & Biobehavioral Reviews*, 155, 105436. <https://doi.org/10.1016/j.neubiorev.2023.105436>

- Milton, D. (2014). Autistic expertise: A critical reflection on the production of knowledge in autism studies. *Autism*, 18(7), 794–802. <https://doi.org/10.1177/1362361314525281>
- Milton, D. E. M. (2012). On the ontological status of autism: The ‘double empathy problem’. *Disability & Society*, 27(6), 883–887. <https://doi.org/10.1080/09687599.2012.710008>
- Milton, D. E. M., & Bracher, M. (2013). *Autistics speak but are they heard?* 7(2).
- Milton, D. E. M., Heasman, B., & Sheppard, E. (2020). Double Empathy. In F. R. Volkmar (Ed.), *Encyclopedia of Autism Spectrum Disorders* (pp. 1–9). Springer. https://doi.org/10.1007/978-1-4614-6435-8_102273-2
- Milton, D., Gurbuz, E., & López, B. (2022). The ‘double empathy problem’: Ten years on. *Autism*, 26(8), 1901–1903. <https://doi.org/10.1177/13623613221129123>
- Mirenda, P. (2013). Autism Spectrum Disorder: Past, Present, and Future. *Perspectives on Augmentative and Alternative Communication*, 22(3), 131–138. <https://doi.org/10.1044/aac22.3.131>
- Mirkovic, B., & Gérardin, P. (2019). Asperger’s syndrome: What to consider? *L’Encéphale*, 45(2), 169–174. <https://doi.org/10.1016/j.encep.2018.11.005>
- Monique Botha is actually they/them 🧑🏻 [@DrMBotha]. (2024, June 4). *One of my biggest pet peeves is when people hold neurodiversity aligning theories like the double empathy problem (first written about 12 years ago), to a substantially higher standards than old school pathologizing ones that are three times older.* [Tweet]. Twitter. <https://x.com/DrMBotha/status/1797913034134065588>
- Moon, K., & Blackman, D. (2014). A Guide to Understanding Social Science Research for Natural Scientists. *Conservation Biology*, 28(5), 1167–1177. <https://doi.org/10.1111/cobi.12326>
- Morrison, K. E., DeBrabander, K. M., Faso, D. J., & Sasson, N. J. (2019). Variability in first impressions of autistic adults made by neurotypical raters is driven more by

- characteristics of the rater than by characteristics of autistic adults. *Autism*, 23(7), 1817–1829. <https://doi.org/10.1177/1362361318824104>
- Morrison, K. E., DeBrabander, K. M., Jones, D. R., Faso, D. J., Ackerman, R. A., & Sasson, N. J. (2020). Outcomes of real-world social interaction for autistic adults paired with autistic compared to typically developing partners. *Autism*, 24(5), 1067–1080. <https://doi.org/10.1177/1362361319892701>
- Müller, E., Schuler, A., Burton, B. A., & Yates, G. B. (2003). Meeting the vocational support needs of individuals with Asperger Syndrome and other autism spectrum disabilities. *Journal of Vocational Rehabilitation*, 18(3), 163–175.
- National Autistic Society, N. (2016). *The autism employment gap*. <https://www.autism.org.uk/about/health/hospital-passport.aspx>
- National Institute for Health Research. (2016). *Policy on payment of fees and expenses for members of the public actively involved with INVOLVE*. <https://www.invo.org.uk/wp-content/uploads/2016/05/INVOLVE-internal-payment-policy-2016-final-1.pdf>
- Nelson, N., & Wright, S. (1995). *Power and Participatory Development: Theory and Practice*. ITDG Publishing. <http://research.gold.ac.uk/11803/>
- Nevill, R. E. A., & White, S. W. (2011). College Students' Openness Toward Autism Spectrum Disorders: Improving Peer Acceptance. *Journal of Autism and Developmental Disorders*, 41(12), 1619–1628. <https://doi.org/10.1007/s10803-011-1189-x>
- Nicholas, D. B., Attridge, M., Zwaigenbaum, L., & Clarke, M. (2015). Vocational support approaches in autism spectrum disorder: A synthesis review of the literature. *Autism*, 19(2), Article 2. <https://doi.org/10.1177/1362361313516548>
- Nicholas, D. B., Zwaigenbaum, L., Zwicker, J., Clarke, M. E., Lamsal, R., Stoddart, K. P., Carroll, C., Muskat, B., Spoelstra, M., & Lowe, K. (2018). Evaluation of employment-support

services for adults with autism spectrum disorder. *Autism*, 22(6), 693–702.

<https://doi.org/10.1177/1362361317702507>

Nicolaidis, C., Raymaker, D., Kapp, S. K., Baggs, A., Ashkenazy, E., McDonald, K., Weiner, M., Maslak, J., Hunter, M., & Joyce, A. (2019). The AASPIRE practice-based guidelines for the inclusion of autistic adults in research as co-researchers and study participants.

Autism, 23(8), Article 8. <https://doi.org/10.1177/1362361319830523>

Noah Sasson [@Noahsasson]. (2024, June 6). *And signaling out one that is still in its early days of empirical investigation. Of course there are going to be challenges and even inconsistencies as researchers test out new ideas. Why try to undermine and discredit an exciting new area that's still in its infancy?* [Tweet]. Twitter.

<https://x.com/Noahsasson/status/1798701861949825430>

Norton, P. J. (2007). Depression Anxiety and Stress Scales (DASS-21): Psychometric analysis across four racial groups. *Anxiety, Stress, & Coping*, 20(3), 253–265.

<https://doi.org/10.1080/10615800701309279>

Norwich, B., & Eaton, A. (2015). The new special educational needs (SEN) legislation in England and implications for services for children and young people with social, emotional and behavioural difficulties. *Emotional and Behavioural Difficulties*, 20(2),

Article 2. <https://doi.org/10.1080/13632752.2014.989056>

Nowell, L. S., Norris, J. M., White, D. E., & Moules, N. J. (2017). Thematic Analysis: Striving to Meet the Trustworthiness Criteria. *International Journal of Qualitative Methods*, 16(1),

Article 1. <https://doi.org/10.1177/1609406917733847>

Nwoko, J. C., Crowe, M. J., Malau-Aduli, A. E. O., & Malau-Aduli, B. S. (2022). Exploring private school teachers' perspectives on inclusive education: A case study. *International Journal of Inclusive Education*, 26(1), 77–92. <https://doi.org/10.1080/13603116.2019.1629122>

- Obeid, R., Daou, N., DeNigris, D., Shane-Simpson, C., Brooks, P. J., & Gillespie-Lynch, K. (2015). A Cross-Cultural Comparison of Knowledge and Stigma Associated with Autism Spectrum Disorder Among College Students in Lebanon and the United States. *Journal of Autism and Developmental Disorders*, *45*(11), 3520–3536.
<https://doi.org/10.1007/s10803-015-2499-1>
- Office for National Statistics, O. (2022). *Outcomes for disabled people in the UK*.
<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/disability/articles/outcomesfordisabledpeopleintheuk/2021>
- Office for National Statistics, O. (2023). *Employment in the UK - Office for National Statistics*.
<https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/bulletins/employmentintheuk/march2023>
- O'Hagan, S., Bond, C., & Hebron, J. (2021). What do we know about home education and autism? A thematic synthesis review. *Research in Autism Spectrum Disorders*, *80*, 101711. <https://doi.org/10.1016/j.rasd.2020.101711>
- Oliver, M. (1996). *Understanding Disability: From Theory to Practice*. Bloomsbury Publishing.
- Oliver, M. (2013). The social model of disability: Thirty years on. *Disability & Society*, *28*(7), 1024–1026. <https://doi.org/10.1080/09687599.2013.818773>
- Palikara, O., Castro, S., Gaona, C., & Eirinaki, V. (2018). Capturing the Voices of Children in the Education Health and Care Plans: Are We There Yet? *Frontiers in Education*, *3*.
<https://doi.org/10.3389/feduc.2018.00024>
- Palmen, A., Didden, R., & Korzilius, H. (2010). Effectiveness of behavioral skills training on staff performance in a job training setting for high-functioning adolescents with autism spectrum disorders. *Research in Autism Spectrum Disorders*, *4*(4), Article 4.
<https://doi.org/10.1016/j.rasd.2010.01.012>

- Paluck, E. L., Green, S. A., & Green, D. P. (2019). The contact hypothesis re-evaluated. *Behavioural Public Policy*, 3(2), 129–158. <https://doi.org/10.1017/bpp.2018.25>
- Parrish, E. M., Kamarsu, S., Harvey, P. D., Pinkham, A., Depp, C. A., & Moore, R. C. (2021). Remote Ecological Momentary Testing of Learning and Memory in Adults With Serious Mental Illness. *Schizophrenia Bulletin*, 47(3), 740–750. <https://doi.org/10.1093/schbul/sbaa172>
- Pathak, M., Bennett, A., & Shui, A. M. (2019). Correlates of adaptive behavior profiles in a large cohort of children with autism: The autism speaks Autism Treatment Network registry data. *Autism*, 23(1), 87–99. <https://doi.org/10.1177/1362361317733113>
- Paul, K. I., & Moser, K. (2009). Unemployment impairs mental health: Meta-analyses. *Journal of Vocational Behavior*, 74(3), 264–282. <https://doi.org/10.1016/j.jvb.2009.01.001>
- Peijen, R., & Bos, M. C. M. (2022). Brief Report: The Benefits of an Employer-Based Work-Experience Program for Participants with ASD. *Journal of Autism and Developmental Disorders*, 52(2), 890–896. <https://doi.org/10.1007/s10803-021-04976-z>
- Pellicano, E., Cribb, S., & Kenny, L. (2020). Patterns of Continuity and Change in the Psychosocial Outcomes of Young Autistic People: A Mixed-Methods Study. *Journal of Abnormal Child Psychology*, 48(2), 301–313. <https://doi.org/10.1007/s10802-019-00602-w>
- Pellicano, E., & den Houting, J. (2022). Annual Research Review: Shifting from ‘normal science’ to neurodiversity in autism science. *Journal of Child Psychology and Psychiatry*, 63(4), 381–396. <https://doi.org/10.1111/jcpp.13534>
- Pellicano, E., Dinsmore, A., & Charman, T. (2014a). Views on Researcher-Community Engagement in Autism Research in the United Kingdom: A Mixed-Methods Study. *PLoS ONE*, 9(10), Article 10. <https://doi.org/10.1371/journal.pone.0109946>

- Pellicano, E., Dinsmore, A., & Charman, T. (2014b). What should autism research focus upon? Community views and priorities from the United Kingdom. *Autism, 18*(7), 756–770.
<https://doi.org/10.1177/1362361314529627>
- Pellicano, E., Dinsmore, A., & Charman, T. (2014c). What should autism research focus upon? Community views and priorities from the United Kingdom. *Autism, 18*(7), Article 7.
<https://doi.org/10.1177/1362361314529627>
- Pellicano, E., Hall, G., & Ying Cai, R. (2024). Autistic adults' experiences of financial wellbeing: Part II. *Autism, 28*(5), 1090–1106. <https://doi.org/10.1177/13623613231191594>
- Perepa, P. (2007). Are ASD services for minority ethnic communities accessible? *Good Autism Practice (GAP), 8*(2), 3–8.
- Perepa, P. (2019). *Autism, Ethnicity and Culture: Working with Children and Families*. Jessica Kingsley Publishers.
- Petty, S., Tunstall, L., Richardson, H., & Eccles, N. (2023). Workplace Adjustments for Autistic Employees: What is 'Reasonable'? *Journal of Autism and Developmental Disorders, 53*(1), 236–244. <https://doi.org/10.1007/s10803-021-05413-x>
- Pezzimenti, F., Durrani, E., Zheng, S., Adams, R. E., Bishop, S. L., & Taylor, J. L. (2024). Perspectives on Employer-Initiated Terminations Among Young Adults on the Autism Spectrum. *Journal of Autism and Developmental Disorders, 54*(4), 1332–1343.
<https://doi.org/10.1007/s10803-022-05884-6>
- Pfeiffer, B., Brusilovskiy, E., Davidson, A., & Persch, A. (2018). Impact of person-environment fit on job satisfaction for working adults with autism spectrum disorders. *Journal of Vocational Rehabilitation, 48*(1), 49–57. <https://doi.org/10.3233/JVR-170915>
- Pierce, N. P., O'Reilly, M. F., Sorrells, A. M., Fragale, C. L., White, P. J., Aguilar, J. M., & Cole, H. A. (2014). Ethnicity Reporting Practices for Empirical Research in Three Autism-Related

- Journals. *Journal of Autism and Developmental Disorders*, 44(7), 1507–1519.
<https://doi.org/10.1007/s10803-014-2041-x>
- Pillay, Y., & Brownlow, C. (2017). Predictors of Successful Employment Outcomes for Adolescents with Autism Spectrum Disorders: A Systematic Literature Review. *Review Journal of Autism and Developmental Disorders*, 4(1), Article 1.
<https://doi.org/10.1007/s40489-016-0092-y>
- Plesa Skwerer, D., Jordan, S. E., Brukilacchio, B. H., & Tager-Flusberg, H. (2016). Comparing methods for assessing receptive language skills in minimally verbal children and adolescents with autism spectrum disorders. *Autism*, 20(5), 591–604.
<https://doi.org/10.1177/1362361315600146>
- Posar, A., & Visconti, P. (2017). Tribute to Grunya Efimovna Sukhareva, the Woman who First Described Infantile Autism. *Journal of Pediatric Neurosciences*, 12(3), 300–301.
https://doi.org/10.4103/jpn.JPN_46_17
- Prelock, P. J., & Nelson, N. W. (2012). Language and Communication in Autism: An Integrated View. *Pediatric Clinics*, 59(1), 129–145. <https://doi.org/10.1016/j.pcl.2011.10.008>
- Proudfoot, D., & Kay, A. C. (2014). System justification in organizational contexts: How a Motivated preference for the status quo can affect organizational attitudes and behaviors. *Research in Organizational Behavior*, 34, 173–187.
<https://doi.org/10.1016/j.riob.2014.03.001>
- Public Health Agency of Canada. (2020). *Autism Spectrum Disorder highlights from the Canadian Survey on Disability* [Education and awareness].
<https://www.canada.ca/en/public-health/services/publications/diseases-conditions/infographic-autism-spectrum-disorder-highlights-canadian-survey-disability.html>

- Rashid, M., Hodgetts, S., & Nicholas, D. (2017). Building Employers' Capacity to Support Vocational Opportunities for Adults with Developmental Disabilities. *Review Journal of Autism and Developmental Disorders*, 4(2), 165–173. <https://doi.org/10.1007/s40489-017-0105-5>
- Raymaker, D. M., Sharer, M., Maslak, J., Powers, L. E., McDonald, K. E., Kapp, S. K., Moura, I., Wallington, A. "Furra", & Nicolaidis, C. (2023). "[I] don't wanna just be like a cog in the machine": Narratives of autism and skilled employment. *Autism*, 27(1), 65–75. <https://doi.org/10.1177/13623613221080813>
- Remington, A., Heasman, B., Romualdez, A. M., & Pellicano, E. (2021). Experiences of autistic and non-autistic individuals participating in a corporate internship scheme. *Autism*, 13623613211025115. <https://doi.org/10.1177/13623613211025115>
- Remington, A., & Pellicano, E. (2019). 'Sometimes you just need someone to take a chance on you': An internship programme for autistic graduates at Deutsche Bank, UK. *Journal of Management & Organization*, 25(04), 516–534. <https://doi.org/10.1017/jmo.2018.66>
- Richards, J., Sang, K., Marks, A., & Gill, S. (2019). "I've found it extremely draining": Emotional labour and the lived experience of line managing neurodiversity. *Personnel Review*, 48(7), 1903–1923. <https://doi.org/10.1108/PR-08-2018-0289>
- Robertson, A. E., & Simmons, D. R. (2015). The Sensory Experiences of Adults with Autism Spectrum Disorder: A Qualitative Analysis. *Perception*, 44(5), 569–586. <https://doi.org/10.1068/p7833>
- Roche, L., Adams, D., & Clark, M. (2021). Research priorities of the autism community: A systematic review of key stakeholder perspectives. *Autism*, 25(2), 336–348. <https://doi.org/10.1177/1362361320967790>

- Romain, P. L. (2015). Conflicts of interest in research: Looking out for number one means keeping the primary interest front and center. *Current Reviews in Musculoskeletal Medicine*, 8(2), 122–127. <https://doi.org/10.1007/s12178-015-9270-2>
- Rommelse, N., Langerak, I., Meer, J. van der, Bruijn, Y. de, Staal, W., Oerlemans, A., & Buitelaar, J. (2015). Intelligence May Moderate the Cognitive Profile of Patients with ASD. *PLOS ONE*, 10(10), e0138698. <https://doi.org/10.1371/journal.pone.0138698>
- Romoser, M. (2000). Male employment in autism. *Focus on Autism and Other Developmental Disabilities*, 15(4), 246.
- Romualdez, A. M., Heasman, B., Walker, Z., Davies, J., & Remington, A. (2021). “People Might Understand Me Better”: Diagnostic Disclosure Experiences of Autistic Individuals in the Workplace. *Autism in Adulthood*, 3(2), 157–167. <https://doi.org/10.1089/aut.2020.0063>
- Romualdez, A. M., Walker, Z., & Remington, A. (2021). Autistic adults’ experiences of diagnostic disclosure in the workplace: Decision-making and factors associated with outcomes. *Autism & Developmental Language Impairments*, 6, 23969415211022955. <https://doi.org/10.1177/23969415211022955>
- Romualdez, A. M., Yirrell, K., & Remington, A. (2020). Exploring Participants’ Views on a Supported Work Internship Program for Autistic and Learning Disabled Young People. *International Journal of Disability Management*, 15, e3. <https://doi.org/10.1017/idm.2020.4>
- Rosen, T. E., Mazefsky, C. A., Vasa, R. A., & Lerner, M. D. (2018). Co-occurring psychiatric conditions in autism spectrum disorder. *International Review of Psychiatry*, 30(1), 40–61. <https://doi.org/10.1080/09540261.2018.1450229>
- Rossman, G. B., & Wilson, B. L. (1994). Numbers and words revisited: Being “shamelessly eclectic”. *Quality and Quantity*, 28(3), 315–327. <https://doi.org/10.1007/BF01098947>

- Roux, A. M., Rast, J. E., Garfield, T., Shattuck, P., & Shea, L. L. (2021). *National Autism Indicators Report: Family Perspectives on Services and Supports*. Life Course Outcomes Research Program, A.J. Drexel Autism Institute, Drexel University.
<https://drexel.edu/~media/Files/autismoutcomes/publications/NAIR%20Family%202021%20Final.ashx>
- Rutkowski, S., Daston, M., Van Kuiken, D., & Riehle, E. (2006). Project SEARCH: A demand-side model of high school transition. *Journal of Vocational Rehabilitation, 25*(2), Article 2.
- Saade, S., Bean, Y. F., Gillespie-Lynch, K., Poirier, N., & Harrison, A. J. (2021). Can participation in an online ASD training enhance attitudes toward inclusion, teaching self-Efficacy and ASD knowledge among preservice educators in diverse cultural contexts? *International Journal of Inclusive Education, 0*(0), 1–16.
<https://doi.org/10.1080/13603116.2021.1931716>
- Sapey-Triomphe, L.-A., Dierckx, J., Vettori, S., van Overwalle, J., & Wagemans, J. (2023). A multilevel investigation of sensory sensitivity and responsivity in autistic adults. *Autism Research, 16*(7), 1299–1320. <https://doi.org/10.1002/aur.2962>
- Sarrett, J. (2017). Interviews, Disclosures, and Misperceptions: Autistic Adults' Perspectives on Employment Related Challenges. *Disability Studies Quarterly, 37*(2), Article 2.
<https://doi.org/10.18061/dsq.v37i2.5524>
- Sasson, N. J., Faso, D. J., Nugent, J., Lovell, S., Kennedy, D. P., & Grossman, R. B. (2017). Neurotypical Peers are Less Willing to Interact with Those with Autism based on Thin Slice Judgments. *Scientific Reports, 7*(1), 40700. <https://doi.org/10.1038/srep40700>
- Sasson, N. J., & Morrison, K. E. (2019a). First impressions of adults with autism improve with diagnostic disclosure and increased autism knowledge of peers. *Autism, 23*(1), 50–59.
<https://doi.org/10.1177/1362361317729526>

- Sasson, N. J., & Morrison, K. E. (2019b). First impressions of adults with autism improve with diagnostic disclosure and increased autism knowledge of peers. *Autism*, 23(1), 50–59. <https://doi.org/10.1177/1362361317729526>
- Savin-Baden, M., & Major, C. H. (2013). *Qualitative Research: The Essential Guide to Theory and Practice*. Taylor & Francis.
- Schall, C. M., Wehman, P., Brooke, V., Graham, C., McDonough, J., Brooke, A., Ham, W., Rounds, R., Lau, S., & Allen, J. (2015). Employment Interventions for Individuals with ASD: The Relative Efficacy of Supported Employment With or Without Prior Project SEARCH Training. *Journal of Autism and Developmental Disorders*, 45(12), Article 12. <https://doi.org/10.1007/s10803-015-2426-5>
- Schall, C., Sima, A. P., Avellone, L., Wehman, P., McDonough, J., & Brown, A. (2020). The Effect of Business Internships Model and Employment on Enhancing the Independence of Young Adults With Significant Impact From Autism. *Intellectual and Developmental Disabilities*, 58(4), Article 4. <https://doi.org/10.1352/1934-9556-58.4.301>
- Schall, C., Wehman, P., Avellone, L., & Taylor, J. P. (2020). Competitive Integrated Employment for Youth and Adults with Autism: Findings from a Scoping Review. *Child and Adolescent Psychiatric Clinics of North America*, 29(2), 373–397. <https://doi.org/10.1016/j.chc.2019.12.001>
- Schulz, S. E., & Stevenson, R. A. (2020). Differentiating between sensory sensitivity and sensory reactivity in relation to restricted interests and repetitive behaviours. *Autism*, 24(1), 121–134. <https://doi.org/10.1177/1362361319850402>
- Schwartzman, J. M., & Corbett, B. A. (2022). Depression and Employment Outcomes in Autistic Adults: A Systematic Review. *Review Journal of Autism and Developmental Disorders*. <https://doi.org/10.1007/s40489-022-00331-9>

- Schwarzer, R., & Jerusalem, M. (1995). General self-efficacy scale. In *Measures in health psychology—A user's portfolio: Causal and control beliefs* (In J. Weinman, S. Wright, M. Johnston, pp. 35–37). NFER-Nelson.
- Scott, M., Falkmer, M., Falkmer, T., & Girdler, S. (2018). Evaluating the Effectiveness of an Autism-Specific Workplace Tool for Employers: A Randomised Controlled Trial. *Journal of Autism and Developmental Disorders*, *48*(10), 3377–3392.
<https://doi.org/10.1007/s10803-018-3611-0>
- Scott, M., Falkmer, M., Girdler, S., & Falkmer, T. (2015). Viewpoints on Factors for Successful Employment for Adults with Autism Spectrum Disorder. *PLOS ONE*, *10*(10), e0139281.
<https://doi.org/10.1371/journal.pone.0139281>
- Scott, M., Jacob, A., Hendrie, D., Parsons, R., Girdler, S., Falkmer, T., & Falkmer, M. (2017). Employers' perception of the costs and the benefits of hiring individuals with autism spectrum disorder in open employment in Australia. *PLOS ONE*, *12*(5), e0177607.
<https://doi.org/10.1371/journal.pone.0177607>
- Scott, M., Milbourn, B., Falkmer, M., Black, M., Bölte, S., Halladay, A., Lerner, M., Taylor, J. L., & Girdler, S. (2019). Factors impacting employment for people with autism spectrum disorder: A scoping review. *Autism*, *23*(4), Article 4.
<https://doi.org/10.1177/1362361318787789>
- Scott, M., & Sedgewick, F. (2021). 'I have more control over my life': A qualitative exploration of challenges, opportunities, and support needs among autistic university students. *Autism & Developmental Language Impairments*, *6*, 23969415211010419.
<https://doi.org/10.1177/23969415211010419>
- Shattuck, P. T., Narendorf, S. C., Cooper, B., Sterzing, P. R., Wagner, M., & Taylor, J. L. (2012). Postsecondary Education and Employment Among Youth With an Autism Spectrum Disorder. *Pediatrics*, *129*(6), Article 6. <https://doi.org/10.1542/peds.2011-2864>

- Shattuck, P. T., Wagner, M., Narendorf, S., Sterzing, P., & Hensley, M. (2011). Post-High School Service Use Among Young Adults With an Autism Spectrum Disorder. *Archives of Pediatrics & Adolescent Medicine*, *165*(2), 141–146.
<https://doi.org/10.1001/archpediatrics.2010.279>
- Sheppard, E., Pillai, D., Wong, G. T.-L., Ropar, D., & Mitchell, P. (2016). How Easy is it to Read the Minds of People with Autism Spectrum Disorder? *Journal of Autism and Developmental Disorders*, *46*(4), 1247–1254. <https://doi.org/10.1007/s10803-015-2662-8>
- Shrout, P. E., & Fleiss, J. L. (1979). Intraclass correlations: Uses in assessing rater reliability. *Psychological Bulletin*, *86*(2), 420–428. <https://doi.org/10.1037/0033-2909.86.2.420>
- Siller, M., Morgan, L., Wedderburn, Q., Fuhrmeister, S., & Rudrabhatla, A. (2021). Inclusive Early Childhood Education for Children With and Without Autism: Progress, Barriers, and Future Directions. *Frontiers in Psychiatry*, *12*. <https://doi.org/10.3389/fpsyt.2021.754648>
- Singh, S. K., Pradhan, R. K., Panigrahy, N. P., & Jena, L. K. (2019). Self-efficacy and workplace well-being: Moderating role of sustainability practices. *Benchmarking: An International Journal*, *26*(6), Article 6. <https://doi.org/10.1108/BIJ-07-2018-0219>
- Skevington, S. M., Lotfy, M., & O'Connell, K. A. (2004). The World Health Organization's WHOQOL-BREF quality of life assessment: Psychometric properties and results of the international field trial. A Report from the WHOQOL Group. *Quality of Life Research*, *13*(2), 299–310. <https://doi.org/10.1023/B:QURE.0000018486.91360.00>
- Sng, C. Y., Carter, M., Stephenson, J., & Sweller, N. (2020). Partner Perceptions of Conversations with Individuals with Autism Spectrum Disorder. *Journal of Autism and Developmental Disorders*, *50*(4), 1182–1197. <https://doi.org/10.1007/s10803-019-04348-8>
- Someki, F., Torii, M., Brooks, P. J., Koeda, T., & Gillespie-Lynch, K. (2018a). Stigma associated with autism among college students in Japan and the United States: An online training

- study. *Research in Developmental Disabilities*, 76, 88–98.
<https://doi.org/10.1016/j.ridd.2018.02.016>
- Someki, F., Torii, M., Brooks, P. J., Koeda, T., & Gillespie-Lynch, K. (2018b). Stigma associated with autism among college students in Japan and the United States: An online training study. *Research in Developmental Disabilities*, 76, 88–98.
<https://doi.org/10.1016/j.ridd.2018.02.016>
- Sosnowy, C., Silverman, C., & Shattuck, P. (2018). Parents' and young adults' perspectives on transition outcomes for young adults with autism. *Autism*, 22(1), 29–39.
<https://doi.org/10.1177/1362361317699585>
- Spirkin, A. (1975). Dialectical Materialism. In T. J. Blakeley (Ed.), *Themes in Soviet Marxist Philosophy: Selected Articles from the 'Filosofskaja Enciklopedija'* (pp. 5–47). Springer Netherlands. https://doi.org/10.1007/978-94-010-1873-9_2
- Spoor, J. R., Bury, S. M., & Hedley, D. (2021). Non-autistic employees' perspectives on the implementation of an autism employment programme. *Autism*, 13623613211012880.
<https://doi.org/10.1177/13623613211012880>
- Spoor, J. R., Flower, R. L., Bury, S. M., & Hedley, D. (2021). Employee engagement and commitment to two Australian autism employment programs: Associations with workload and perceived supervisor support. *Equality, Diversity and Inclusion: An International Journal, ahead-of-print*(ahead-of-print). <https://doi.org/10.1108/EDI-05-2020-0132>
- Staniland, J. J., & Byrne, M. K. (2013). The Effects of a Multi-Component Higher-Functioning Autism Anti-Stigma Program on Adolescent Boys. *Journal of Autism and Developmental Disorders*, 43(12), 2816–2829. <https://doi.org/10.1007/s10803-013-1829-4>
- Steinhausen, H.-C., Mohr Jensen, C., & Lauritsen, M. B. (2016). A systematic review and meta-analysis of the long-term overall outcome of autism spectrum disorders in adolescence

- and adulthood. *Acta Psychiatrica Scandinavica*, 133(6), 445–452.
<https://doi.org/10.1111/acps.12559>
- Stone, W. (1987). Cross-Disciplinary Perspectives on Autism. *Journal of Pediatric Psychology*, 12(4). <https://academic.oup.com/jpepsy/article-abstract/12/4/615/915449>
- Szatmari, P., Georgiades, S., Duku, E., Bennett, T. A., Bryson, S., Fombonne, E., Mirenda, P., Roberts, W., Smith, I. M., Vaillancourt, T., Volden, J., Waddell, C., Zwaigenbaum, L., Elsabbagh, M., Thompson, A., & for the Pathways in ASD Study Team. (2015). Developmental Trajectories of Symptom Severity and Adaptive Functioning in an Inception Cohort of Preschool Children With Autism Spectrum Disorder. *JAMA Psychiatry*, 72(3), 276–283. <https://doi.org/10.1001/jamapsychiatry.2014.2463>
- Tager-Flusberg, H., & Kasari, C. (2013). Minimally Verbal School-Aged Children with Autism Spectrum Disorder: The Neglected End of the Spectrum. *Autism Research*, 6(6), 468–478. <https://doi.org/10.1002/aur.1329>
- Tager-Flusberg, H., Paul, R., & Lord, C. (2005). Language and Communication in Autism. In *Handbook of Autism and Pervasive Developmental Disorders* (pp. 335–364). John Wiley & Sons, Ltd. <https://doi.org/10.1002/9780470939345.ch12>
- Tashakkori, A., & Creswell, J. W. (2007). Editorial: The New Era of Mixed Methods. *Journal of Mixed Methods Research*, 1(1), 3–7. <https://doi.org/10.1177/2345678906293042>
- Taylor, E. C., Livingston, L. A., Clutterbuck, R. A., Callan, M. J., & Shah, P. (2023). Psychological strengths and well-being: Strengths use predicts quality of life, well-being and mental health in autism. *Autism*, 27(6), 1826–1839. <https://doi.org/10.1177/13623613221146440>
- Taylor, J. L., & DaWalt, L. S. (2017). Brief Report: Postsecondary Work and Educational Disruptions for Youth on the Autism Spectrum. *Journal of Autism and Developmental Disorders*, 47(12), 4025–4031. <https://doi.org/10.1007/s10803-017-3305-z>

- Taylor, J. L., & Mailick, M. R. (2014). A longitudinal examination of 10-year change in vocational and educational activities for adults with autism spectrum disorders. *Developmental Psychology, 50*(3), 699–708. <https://doi.org/10.1037/a0034297>
- Taylor, J. L., & Seltzer, M. M. (2011a). Changes in the Mother–Child Relationship During the Transition to Adulthood for Youth with Autism Spectrum Disorders. *Journal of Autism and Developmental Disorders, 41*(10), 1397–1410. <https://doi.org/10.1007/s10803-010-1166-9>
- Taylor, J. L., & Seltzer, M. M. (2011b). Employment and Post-Secondary Educational Activities for Young Adults with Autism Spectrum Disorders During the Transition to Adulthood. *Journal of Autism and Developmental Disorders, 41*(5), Article 5. <https://doi.org/10.1007/s10803-010-1070-3>
- Teti, D. M. (2008). *Handbook of Research Methods in Developmental Science*. John Wiley & Sons.
- Thomas, G., Dobson, G., & Loxley, A. (2023). The increasing use of private special schools: A policy gap for inclusive education. *British Educational Research Journal, 49*(6), 1357–1371. <https://doi.org/10.1002/berj.3901>
- Thorpe, D., McKinlay, M., Richards, J., Sang, K., & Stewart, M. E. (2024). The Lived Experience of Autistic Adults in Employment: A Systematic Search and Synthesis. *Autism in Adulthood*. <https://doi.org/10.1089/aut.2022.0114>
- Tipton, L. A., & Blacher, J. (2014). Brief Report: Autism Awareness: Views from a Campus Community. *Journal of Autism and Developmental Disorders, 44*(2), 477–483. <https://doi.org/10.1007/s10803-013-1893-9>
- Tritter, J. Q., & McCallum, A. (2006). The snakes and ladders of user involvement: Moving beyond Arnstein. *Health Policy, 76*(2), Article 2. <https://doi.org/10.1016/j.healthpol.2005.05.008>

- Turnock, A., Langley, K., & Jones, C. R. G. (2022). Understanding Stigma in Autism: A Narrative Review and Theoretical Model. *Autism in Adulthood*, 4(1), 76–91.
<https://doi.org/10.1089/aut.2021.0005>
- Uljarević, M., Frazier, T. W., Jo, B., Billingham, W. D., Cooper, M. N., Youngstrom, E. A., Scahill, L., & Hardan, A. Y. (2022). Big Data Approach to Characterize Restricted and Repetitive Behaviors in Autism. *Journal of the American Academy of Child & Adolescent Psychiatry*, 61(3), 446–457. <https://doi.org/10.1016/j.jaac.2021.08.006>
- Unger, D. (2007). Addressing employer personnel needs and improving employment training, job placement and retention for individuals with disabilities through public-private partnerships. *Journal of Vocational Rehabilitation*, 26(1), 39–48.
- Unger, D. D. (2002). Employers' Attitudes Toward Persons with Disabilities in the Workforce: Myths or Realities? *Focus on Autism and Other Developmental Disabilities*, 17(1), 2–10.
<https://doi.org/10.1177/108835760201700101>
- United Nations. (2007). *Convention on the Rights of Persons with Disabilities and Optional Protocol*. UN.
- Van Bourgondien, M., Dawkins, T., & Marcus, L. (2014). Families of adults with autism spectrum disorders. In F. R. Volkmar, B. Reichow, & J. C. McPartland, *Adolescents and Adults with Autism Spectrum Disorders*. Springer New York. <https://doi.org/10.1007/978-1-4939-0506-5>
- Vincent, J. (2020). Employability for UK University Students and Graduates on the Autism Spectrum: Mobilities and Materialities. *Scandinavian Journal of Disability Research*, 22(1), Article 1. <https://doi.org/10.16993/sjdr.656>
- Vincent, J., & Fabri, M. (2020). The Ecosystem of Competitive Employment for University Graduates with Autism. *International Journal of Disability, Development and Education*, 0(0), Article 0. <https://doi.org/10.1080/1034912X.2020.1821874>

- Vincent, J., & Ralston, K. (2020). Trainee teachers' knowledge of autism: Implications for understanding and inclusive practice. *Oxford Review of Education*, 46(2), 202–221. <https://doi.org/10.1080/03054985.2019.1645651>
- Vincent, J., & Ralston, K. (2023). Uncovering employment outcomes for autistic university graduates in the United Kingdom: An analysis of population data. *Autism*, 13623613231182756. <https://doi.org/10.1177/13623613231182756>
- Volpone, S. D., Avery, D. R., & Wayne, J. H. (2022). Shaping Organizational Climates to Develop and Leverage Workforce Neurodiversity. In S. M. Bruyère & A. Colella, *Neurodiversity in the Workplace*. Taylor & Francis. <https://doi.org/10.4324/9781003023616-2>
- Waisman, T., Williams, Z. J., Cage, E., Santhanam, S. P., Magiati, I., Dwyer, P., Stockwell, K. M., Kofner, B., Brown, H., Davidson, D., Herrell, J., Shore, S. M., Caudel, D., Gurbuz, E., & Gillespie-Lynch, K. (2023). Learning from the experts: Evaluating a participatory autism and universal design training for university educators. *Autism*, 27(2), 356–370. <https://doi.org/10.1177/13623613221097207>
- Walsh, L., Lydon, S., & Healy, O. (2014). Employment and Vocational Skills Among Individuals with Autism Spectrum Disorder: Predictors, Impact, and Interventions. *Review Journal of Autism and Developmental Disorders*, 1(4), 266–275. <https://doi.org/10.1007/s40489-014-0024-7>
- Wehman, P. (2006). *Life beyond the classroom: Transition strategies for young people with disabilities*, 4th ed (pp. xxx, 719). Paul H. Brookes Publishing Co.
- Wehman, P. H., Schall, C. M., McDonough, J., Kregel, J., Brooke, V., Molinelli, A., Ham, W., Graham, C. W., Erin Riehle, J., Collins, H. T., & Thiss, W. (2014). Competitive Employment for Youth with Autism Spectrum Disorders: Early Results from a

- Randomized Clinical Trial. *Journal of Autism and Developmental Disorders*, 44(3), Article 3. <https://doi.org/10.1007/s10803-013-1892-x>
- Wehman, P., Schall, C., Carr, S., Targett, P., West, M., & Cifu, G. (2014). Transition From School to Adulthood for Youth With Autism Spectrum Disorder: What We Know and What We Need to Know. *Journal of Disability Policy Studies*, 25(1), Article 1. <https://doi.org/10.1177/1044207313518071>
- Wehman, P., Schall, C. M., McDonough, J., Graham, C., Brooke, V., Riehle, J. E., Brooke, A., Ham, W., Lau, S., Allen, J., & Avellone, L. (2017). Effects of an employer-based intervention on employment outcomes for youth with significant support needs due to autism. *Autism*, 21(3), 276–290. <https://doi.org/10.1177/1362361316635826>
- Wehman, P., Schall, C., McDonough, J., Molinelli, A., Riehle, E., Ham, W., & Thiss, W. R. (2013). Project SEARCH for Youth With Autism Spectrum Disorders: Increasing Competitive Employment On Transition From High School. *Journal of Positive Behavior Interventions*, 15(3), 144–155. <https://doi.org/10.1177/1098300712459760>
- Wehman, P., Schall, C., McDonough, J., Sima, A., Brooke, A., Ham, W., Whittenburg, H., Brooke, V., Avellone, L., & Riehle, E. (2020). Competitive Employment for Transition-Aged Youth with Significant Impact from Autism: A Multi-site Randomized Clinical Trial. *Journal of Autism and Developmental Disorders*, 50(6), 1882–1897. <https://doi.org/10.1007/s10803-019-03940-2>
- Weschler, D. (2011). *WASI-II: Wechsler abbreviated scale of intelligence*.
- White, D., Hillier, A., Frye, A., & Makrez, E. (2019). College Students' Knowledge and Attitudes Towards Students on the Autism Spectrum. *Journal of Autism and Developmental Disorders*, 49(7), 2699–2705. <https://doi.org/10.1007/s10803-016-2818-1>

- White, H. (2013). An introduction to the use of randomised control trials to evaluate development interventions. *Journal of Development Effectiveness*, 5(1), 30–49. <https://doi.org/10.1080/19439342.2013.764652>
- White, S. W., Oswald, D., Ollendick, T., & Scahill, L. (2009). Anxiety in children and adolescents with autism spectrum disorders. *Clinical Psychology Review*, 29(3), 216–229. <https://doi.org/10.1016/j.cpr.2009.01.003>
- Willig, C. (2013). *EBOOK: Introducing Qualitative Research in Psychology*. McGraw-Hill Education (UK).
- Wolff, N., Eberlein, M., Stroth, S., Poustka, L., Roepke, S., Kamp-Becker, I., & Roessner, V. (2022). Abilities and Disabilities—Applying Machine Learning to Disentangle the Role of Intelligence in Diagnosing Autism Spectrum Disorders. *Frontiers in Psychiatry*, 13. <https://doi.org/10.3389/fpsy.2022.826043>
- Wolff, N., Stroth, S., Kamp-Becker, I., Roepke, S., & Roessner, V. (2022). Autism Spectrum Disorder and IQ – A Complex Interplay. *Frontiers in Psychiatry*, 13. <https://doi.org/10.3389/fpsy.2022.856084>
- World Health Organisation. (n.d.). *International Classification of Functioning, Disability and Health (ICF)*. Retrieved 17 July 2024, from <https://www.who.int/standards/classifications/international-classification-of-functioning-disability-and-health>
- World Health Organisation. (1998). *Programme on Mental Health: WHOQOL User Manual* (WHO/HIS/HSI Rev. 2012). World Health Organization.
- Wright, A. J. (2020). Equivalence of remote, digital administration and traditional, in-person administration of the Wechsler Intelligence Scale for Children, Fifth Edition (WISC-V). *Psychological Assessment*, 32(9), 809–817. <https://doi.org/10.1037/pas0000939>

- Zahra, D., & Hedge, C. (2010). The reliable change index: Why isn't it more popular in academic psychology? *Psychology Postgraduate Affairs Group Quarterly*, 76(76), 14–19.
- Zahra, D., Hedge, C., Pesola, F., & Burr, S. (2016). Accounting for test reliability in student progression: The reliable change index. *Medical Education*, 50(7), 738–745.
<https://doi.org/10.1111/medu.13059>
- Zeidan, J., Fombonne, E., Scolah, J., Ibrahim, A., Durkin, M. S., Saxena, S., Yusuf, A., Shih, A., & Elsabbagh, M. (2022). Global prevalence of autism: A systematic review update. *Autism Research*, 15(5), 778–790. <https://doi.org/10.1002/aur.2696>
- Zhang, W., & Creswell, J. (2013). The Use of “Mixing” Procedure of Mixed Methods in Health Services Research. *Medical Care*, 51(8), e51.
<https://doi.org/10.1097/MLR.0b013e31824642fd>
- Zisk, A. H., & Dalton, E. (2019). Augmentative and Alternative Communication for Speaking Autistic Adults: Overview and Recommendations. *Autism in Adulthood*, 1(2), 93–100.
<https://doi.org/10.1089/aut.2018.0007>

Appendix A

Operationalising Learning Disability in my Thesis

The DSM defines intellectual disability (hereafter referred to as *learning disability* (LD)) in line with UK terminology guidance; Department of Health and Social Care, 2019) as ‘impairments’ of mental abilities that affect adaptive functioning in conceptual, social, and practical domains (American Psychiatric Association, 2022a). IQ scores are not included in the diagnostic criteria for an intellectual disability so as not to overemphasise IQ as the crucial factor for someone’s ability. However, the DSM-5 still advises that IQ should still be included in individual’s assessment and that a LD is the equivalent of an IQ about 70 or below (i.e., two standard deviations below the population; American Psychiatric Association, 2013). The DSM-5-TR added that this diagnosis would not be appropriate for individuals with an IQ markedly higher than the 65 – 70 range (American Psychiatric Association, 2022b).

Drawing from this rationale and in the absence of a full clinical assessment of conceptual, social, and practical abilities, I have operationalised LD as an IQ below 70 for the scope of this thesis. In doing this, I acknowledge that while IQ does not define or represent an autistic individual’s overall ability, it can provide an indication of characteristics. This marker provides an important reference point for contextualising the discussions of literature and applying knowledge in this thesis. As such, when I refer to autistic people with or without a LD, I am referring to autistic people with or without an IQ below 70, respectively.

Appendix B1

Informed Consent for Overall Evaluation

Why are we doing this research?

The Centre for Research in Autism and Education (CRAE) at UCL Institute of Education is conducting research to evaluate Ambitious about Autism's *Employ Autism* programme, which aims to help the transition from education to employment for autistic young adults, and understand experiences of people who process and perceive the world in unique ways.

Transition from education to employment is an important area of research for understanding quality of life for autistic adults. There is also a national autism-employment gap where autistic adults are less likely to be in full-time employment than people belonging to other disability categories.

We would like to hear from you to understand more about:

- Experiences of Ambitious about Autism's Employ Autism programme
- Neurodivergent experiences of young people transitioning to the workplace
- Experiences of enabling employment practices for everyone

Who can take part? (people taking part or people in connection with people taking part in Employ Autism)

- Any autistic adult (age 18+) taking part in the Employ Autism programme can participate. You will have the opportunity to specify any diagnoses, self-diagnoses, or important factors that you feel are relevant to shaping your experiences of employment in the demographics section to follow.
- Parents/carers, members of Employ Autism's regional network staff, teachers, careers or employability advisors, members of staff from colleges, universities, local authorities, job centres/recruitment agencies, autism/disability charities and youth organisations who ALSO support an autistic young person taking part in the Employ Autism programme.

How long will it take?

Completing consent and demographic information to receive your anonymous ID will take **3 - 5 minutes** (depending on your processing time). With your ID you can choose which topics you would like to take from the topic hub. Each topic will take around **5-15 minutes**. There is no time limit on completing topics, but answers may not save if you leave before submitting.

Who is conducting this research?

This research will be conducted by Maria Ashworth, Dr Brett Heasman and Dr Anna Remington in association with the charity Ambitious about Autism.

About the researchers

The Centre for Research in Autism and Education (CRAE) at UCL is dedicated to conducting research that will enhance the lives of autistic people and their families.

Maria Ashworth is a doctoral student at CRAE conducting the evaluation of Ambitious about Autism's Employ Autism network programme as her PhD. Anonymised answers to the survey questions will also be published as studies in her PhD.

Dr Brett Heasman's research focusses on how non-autistic people understand autistic perspectives. His post-doctoral research is funded by Autistica and explores enabling employment environments for autistic people.

Dr Anna Remington's research focusses on the employment experiences of autistic graduates and also the enhanced abilities of autistic people.

What happens if I take part in the research?

If you take part in this research you will complete a number of different surveys about different topics.

If you are a parent or carer of an autistic person taking part in the Employ Autism programme who has additional intellectual/learning disability and cannot complete the surveys themselves, you can complete the surveys on behalf of them, by proxy. You will be asked to indicate whether you are completing the surveys on your own behalf or on behalf of someone else.

What happens next?

Once you have read the participant information, completed the consent form and demographic questions, you will be issued with an anonymous ID. Your anonymous ID will allow you to pick which topics you would like to answer in the topic hub.

The topic hub will contain links to topics within the survey. Using your anonymous ID means you can return to different parts of the survey without having to enter in your demographic information each time.

Opportunity to take part in an interview or focus group

There will also be an opportunity to take part in an interview or focus group about the experiences of employment and autism, and the Employ Autism programme. Interviews and focus groups can be conducted in a way that is most convenient and comfortable for you (for example, by including via Zoom/Skype/Microsoft teams (audio/video/text chat) or over the telephone.

If you are interested in taking part in an interview or focus group in the future, you can indicate your interest at the consent part of this survey. Indicating your interest in possibly taking part in an interview or focus group in the future does not mean you have to do this, and you can change your mind at a later date if you want to.

If you do express interest, Maria email with some more information about the interviews and focus groups in the future when they are happening, and you can decide whether you would like to take part in an interview or focus group based off this information.

Will anyone know I have been involved?

All information provided is strictly confidential and will not be released by researchers in any form that would permit identification of any participants, unless otherwise agreed by you. We will remove any personally identifying information you provide in questionnaires to ensure anonymity of yourself and the people you know.

Do I have to take part?

No, you do not have to take part, but if you choose to then you will have the opportunity to complete a consent form shortly. Anyone who completes a consent form is still free to stop taking part at any time and without giving a reason. Your decision about whether or not to participate in this research will have no impact on your work opportunities.


Can I withdraw from the study?

Yes, you are welcome to withdraw from the study at any time during the research.

What happens if I feel uncomfortable talking about my experiences?

At the start of each question topic you will be given a short description of what the section is about and will have the option to skip the section if you feel it may cause you to be uncomfortable. If, at a later date, you feel comfortable to answer a particular question, then please get in touch with the researchers who will advise on completing the remaining parts of the survey.

Data Protection Privacy Notice

The controller for this project will be University College London (UCL). The UCL Data Protection Officer provides oversight of UCL activities involving the processing of personal data, and can be contacted at 


This 'local' privacy notice sets out the information that applies to this particular study. Further information on how UCL uses participant information can be found in our 'general' privacy notice:

For participants in health and care research studies, [click here](#)

The information that is required to be provided to participants under data protection legislation (GDPR and DPA 2018) is provided across both the 'local' and 'general' privacy notices.

The lawful basis that will be used to process your personal data are: 'Public task' for personal data and 'Research purposes' for special category data.

Your personal data will be processed so long as it is required for the research project. If we are able to anonymise or pseudonymise the personal data you provide we will undertake this, and will endeavour to minimise the processing of personal data wherever possible.

If you are concerned about how your personal data is being processed, or if you would like to contact us about your rights, please contact UCL in the first instance at 

Contact

Please contact  if you have any questions about the research.

Appendix B2

Informed Consent for Interviews

Hello,

At this stage in the research, I would like to invite you to talk to me about your experiences of autism and employment, and the Employ Autism programme.

Please read the following information about the research and what will happen if you do an interview or focus group. Then, if you decide you want to do an interview or a focus group you can sign the consent form at the end of this document.

Best wishes,

Maria

Why are we doing interviews or focus groups in relation to the Employ Autism programme?

For her PhD, Maria Ashworth (from the Centre for Research in Autism and Education (CRAE) at UCL Institute of Education) is conducting research to evaluate Ambitious about Autism's Employ Autism Programme. This research aims to help the transition from education to employment for autistic young adults, and understand experiences of people who process and perceive the world in unique ways.

So far, Maria has collected information about a range of different aspects, including mental health and organisational culture, via surveys. To get a deeper and more detailed understanding about autism and employment and the Employ Autism programme, three groups of people are being invited to do an interview or focus group:

- (1) the **young people** doing the Employ Autism internship;
- (2) the **employers/employees** of the organisation hosting the internship, and;
- (3) **parents/carers** of the young people doing the internship.

Talking to people in these three community groups will help build a more complete understanding experiences of autism and employment, and the Employ Autism programme.

Who is conducting this research?

This research is conducted by Maria Ashworth, Dr Brett Heasman and Dr Anna Remington in association with the charity Ambitious about Autism. Only researchers based at CRAE will have access to data.

About the researchers

The Centre for Research in Autism and Education (CRAE) at UCL is dedicated to conducting research that will enhance the lives of autistic people and their families.

Maria Ashworth is a doctoral student at CRAE conducting the evaluation of Ambitious about Autism's Autism Employ Autism programme as her PhD. Anonymised answers to the survey questions will also be published as studies in her PhD.

Dr Brett Heasman's research focusses on how non-autistic people understand autistic perspectives.

Dr Anna Remington's research focusses on the employment experiences of autistic graduates and also the enhanced abilities of autistic people.

Will I take part in an interview or a focus group, and what is the difference?

If you decide to take part, you will be invited to take part in an interview or a focus group depending on what community group you belong to. An interview will be a private talk between you and the researcher, Maria. A focus group will be a group conversation (guided by the researcher, Maria) with up to 8 other people from your community group.

- If you are a young person who has done the Employ Autism internship, you will be invited to take part in an individual interview with just you and the researcher, Maria.
- If you are an employer or employee at the organisation that hosted an Employ Autism internship you will be invited to take part in either an individual interview with Maria, or a focus group with other people from your organisation who want to do an internship.
- If you are a parent/carer of a young person who has done the Employ Autism internship, you will be invited to take part in either an individual interview, or a focus group with other parents/carers of young people who did an Employ Autism internship.
-

How will the interview or focus group happen?

Interviews and focus groups will happen on Zoom in a way that is most suitable to you (for example, by video, audio or text chat).

If you choose to do the interview or focus group by video or audio call, it will be recorded using the Zoom recording function to make sure everything you say is written down accurately. However, as we only need to record the audio, you can turn your video off so your image is not recorded.

The recording will only be listened to by Maria and one other member of the research team who is helping analyse the results. After the interview, it will be transcribed – we'll take out any information that could identify you will be taken out, – and then it will be deleted.

What will happen during the interview or focus group?

Maria will ask you questions about your experiences related to autism and employment before, during, and after the Employ Autism internship.

Some of the issues you might discuss can be personal. There are no "right" or "wrong" answers; we just want to know your thoughts.

If you want to stop the interview at any point, you can do that without giving a reason. Also, you don't have to answer any questions you do not want to.

You will receive a copy of the questions you'll be asked before you take part. You do not need to prepare your answers before the interview or focus group, but you can feel free to do so if you would like to.

What happens to the results of the research?

We will write about what we learned from the interviews and focus groups, which will be published (in a report and in an academic journal). We'll also tell people about it, on the CRAE website, and perhaps at conferences and events too. The results from this research may also be used as evidence to change the Employ Autism programme.

When we write/talk about the research, we won't mention people by name. We'd like to reassure you that any information we collect is kept strictly private and confidential. We will keep all your information stored securely on our computers at UCL Institute of Education. We will also send your interviews to someone to be transcribed, but they will not be given any of your personal information.

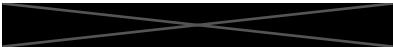
Do I have to take part?

It is up to you whether or not you want to take part. Take time to think about this decision. You can discuss this decision with a friend, family member, or someone else you know well, or even with the research team.


At the end of this letter, there is a form for you to sign if you want to take part. Even if you sign this form, you can stop taking part at any time, without having to tell us why.

Is there anything else I need to know?


If you want to take part, we have some important information to tell you about the way we will use your information. The data controller for this project will be University College London (UCL), which is where some of the researchers work. The UCL Data Protection Office is in

charge of UCL activities involving the processing of personal data, and can be contacted by email in 

The information you provide will be stored securely by Maria Ashworth, who is based at University College London (UCL). Further information about how researchers at UCL use participant information can be found here.

The legal basis that would be used to process your personal data will be performance of a task in the public interest (i.e., we feel it is ok to use your information, with permission, because we feel that this research is really important for people to know about). The legal basis used to process special category personal data (e.g., your ethnicity) will be for scientific research. If you are concerned about how your personal data is being processed, or if you would like to contact us about your rights, please contact UCL by emailing 

Will all my information be stored securely?

We will store all your information as securely as possible but, in any research study, there is always an element of risk. For example, as we are using Zoom software there is always a risk of intrusion (e.g., by hackers). Further, it's important to note that, whilst we will store any information you give us as securely as possible, you'll have to check how the owners of Zoom will store your information. You can do this by checking their data privacy notice via this link. Please contact Maria Ashworth  if you want to discuss this any further.

What should I do next?

If you have read all the information about the project and would like to do an interview or focus group, please fill in the form on the next page. If you have any questions, feel free to discuss the research with someone you know, or Maria.

Thanks so much for taking the time to read this information!

Maria Ashworth


Email: 

Centre for Research in Autism & Education (CRAE), UCL Institute of Education (IOE)

This research has been reviewed and approved by the UCL Institute of Education's Research Ethics Committee.

CONSENT FORM

Please note that you must say yes to all conditions if you want to take part in an interview or focus group.

	Yes	No
1. I have read the information sheet about the research.		
2. I confirm that I understand that my participation is voluntary and that I am free to stop at any time and without giving any reason.		
3. I understand that all information provided is strictly confidential and will not be released by researchers in any form that would permit identification of any of the participants, unless otherwise agreed by me.		
4. I agree to my data being collected, processed and stored according to the Data Protection Act of 2018.		
5. I understand that all electronic data will be encrypted and stored securely at UCL IOE.		
6. I am happy for my interview or focus group to be recorded on Zoom and my words written down.		
7. I understand that I can contact Maria Ashworth at any time  to discuss my participation.		
8. I agree to take part in an interview or focus group.		

Name: _____
(Forename) (Surname)

Signature (electronic written signature is acceptable): _____

Date: _____

Appendix C

Research Questions with a Comparison Group

1. Track and evaluate EA to determine whether it facilitates an effective transition from education to employment for autistic people without a LD in comparison to autistic people without a LD not involved with EA.
2. Enhance knowledge and practice about supported employment work experience initiatives for autistic people without a LD transitioning into employment.
 - a. Explore factors that facilitate engagement with supported employment initiatives for autistic people without a LD.
 - b. Explore barriers to engagement with supported employment initiatives for autistic people without a LD.
3. Follow the long-term outcomes of EA interns beyond the conclusion of the initiative in comparison to autistic people without a LD not involved with EA.

Appendix D

Format of Internships in Study 2 and Study 3

Organisation	Internship in Study 2 or Study 3	Internship Format
Advertising agency	Study 2	Hybrid
Departments in the Public Sector		
Internship round 1	Study 2 and Study 3	Mostly remote
Internship round 2	Study 3	Hybrid
Employment Agency	Study 2 and Study 3	Hybrid
Financial Services Company	Study 2 and Study 3	Mostly remote
Information Technology Company		
Internship round 1	Study 2 and Study 3	Hybrid
Internship round 2	Study 2 and Study 3	Hybrid
Information Services and Consulting Company	Study 2	In person
Recruitment Company	Study 2 and Study 3	Hybrid
Recruitment Company 2		
Internship round 1	Study 3	Hybrid
Internship round 2	Study 3	Hybrid
Reinsurance Company	Study 3	In person

Appendix E

Overall Structure of Understanding Autism in the Workplace Training

Course Content	Timeframe
<p>Introduce the trainer, introduce delegates (dependent on numbers and time permitted) and session overview.</p> <p>“Myth busting interactive activity” exploring the facts and myths about autism via a true or false exercise of common misconceptions about autism</p> <p>“Exploring Neurodiversity and Autism” via a Venn diagram about various neurodiversities and some characteristics can overlap</p>	30 minutes
<p>Understanding Autism – exploring the Autism Spectrum via definitions, explaining the shift in disability paradigm from medical to social models, and colour wheels of characteristics.</p> <p>Understanding Autism – exploring the four areas of difference (detailed in this training as differences in social communication, social interaction, sensory, and social imagination) via slides explaining how these may present.</p> <p>Understanding Autism – from the perspective of autistic young people via a “things not to say to an autistic person” video by autistic people.</p>	40 minutes
Break	10 minutes
<p>Identifying and explaining potential challenges for autistic professionals in the workspace and removing these with workplace adjustments</p> <p>Exploring the talent and skill sets of autistic professionals including quotes from employers.</p>	60 minutes
<p>Exploring intersectionality and the responsibility of line managers via a Venn diagram of neurodiversity, disability, gender, ethnicity, sexuality, and religion.</p> <p>Introducing a Transition to Employment toolkit for employers and other valuable resources.</p> <p>Exploring the lived experience of an autistic individual within the workplace via a video of an autistic man talking about his employment experience.</p> <p>Practical tips and additional useful resources including links to videos, free webinars, and co-produced toolkits with autistic youth patrons.</p>	30 minutes
Question and answer session	10 minutes

Appendix F

Employers' Employment Demographics by Trainer Type

	Autistic trainer		Non-autistic trainer	
	n	%	n	%
Income range				
£10, 000 - £19, 999	2	4.44	0	0.00
£20, 000 - £29, 000	4	8.89	10	11.91
£30, 000 - £39, 000	11	24.44	27	32.14
£40, 000 - £49, 000	1	2.22	10	11.91
£50, 000 - £59, 000	3	6.67	10	11.91
£60, 000 - £79, 0999	8	17.78	11	13.10
£80, 000 - £99, 999	6	13.33	6	7.14
£100, 000 - £149, 999	3	6.67	2	2.38
More than £150, 000	2	4.44	3	3.57
Prefer not to say	4	8.89	4	4.76
Missing	1	2.22	1	1.19
What is the highest level within an organisation you have worked at?				
Graduate employee	6.00	13.33	11.00	13.10
Assistant/Administrator	1.00	2.22	1.00	1.19
Senior employee	1.00	2.22	1.00	1.19
Supervisor	7.00	15.56	6.00	7.14
Manager	11.00	24.44	38.00	45.24
Senior manager	13.00	28.89	22.00	26.19
Director	1.00	2.22	2.00	2.38
Business leader or entrepreneur	1.00	2.22	1.00	1.19
Other	0.00	0.00	1.00	1.19
Prefer not to say	1.00	2.22	0.00	0.00

Missing	3.00	6.67	1.00	1.19
Organisation				
Advertising Agency	0	0.00	5	5.95
Aircraft Industry Company	4	8.89	0	0.00
Asset Management Company	2	4.44	0	0.00
Employment Agency Company	0	0.00	4	4.76
Financial Services Company	2	4.44	8	9.52
Information technology company	0	0.00	10	11.90
Insurance Broker Company	4	8.89	0	0.00
Insurance Company 1	2	4.44	0	0.00
Insurance Company 2	1	2.22	0	0.00
Management Consulting Company	0	0.00	1	1.19
Marketing Company	5	11.11	0	0.00
Media and Entertainment Company	5	11.11	0	0.00
Media Company	0	0.00	5	5.95
Public Sector: County Council	6	13.33	0	0.00
Public Sector: Government	7	15.56	44	52.38
Real Estate Advisors	3	6.67	0	0.00
Recruitment company 1	1	2.22	3	3.57
Recruitment Company 2	0	0.00	1	1.19
Recruitment Company 3	1	2.22	0	0.00
Software Company	0	0.00	1	1.19
Transport Service Company	1	2.22	2	2.38
Water Supply Company	1	2.22	0	0.00
Missing	0	0.00	0	0.00

Appendix G

Autism Awareness Scale Items and Commitment to Inclusion in the Workplace

Questionnaire Items

Autism Awareness Scale Items

	Pre-training			Post-training			ρ value	Percentage Change
	Mean	Range	SE	Mean	Range	SE		
1. Autism is more frequently diagnosed in males than females.	0.74	-2 – 2	0.08	0.53	-2 – 2	0.11	0.987	-27.78
2. Children with autism do not show attachments, even to parents/caregivers.	0.99	-2 – 2	0.07	1.44	-1 – 2	0.06	< .001*	45.46
3. People with autism are deliberately uncooperative.	1.60	0 – 2	0.06	1.79	0 – 2	0.04	< .001*	11.83
4. Children with autism can grow up to go to college and marry.	1.66	0 – 2	0.05	1.75	-2 – 2	0.05	0.042	5.43
5. There is one intervention that works for all people with autism.	1.50	-2 – 2	0.07	1.78	0 – 2	0.04	< .001*	18.60
6. Autism can be diagnosed as early as 15 months of age.	0.25	-2 – 2	0.07	0.59	-2 – 2	0.08	< .001*	139.84
7. With the proper treatment, most children diagnosed with autism eventually outgrow the disorder.	1.21	0 – 2	0.07	1.63	-2 – 2	0.06	< .001*	35.35
8. People with autism show affection.	1.07	-2 – 2	0.07	1.32	-2 – 2	0.07	0.001*	23.83
9. Most people with autism have low intelligence.	1.66	-2 – 2	0.06	1.75	-2 – 2	0.06	0.046	4.93

10. Children with autism grow up to be adults with autism.	0.83	-1 – 2	0.07	1.43	-2 – 2	0.08	< .001*	72.22
11. People with autism tend to be violent.	1.12	-1 – 2	0.07	1.57	-2 – 2	0.06	< .001*	41.17
12. People with autism are generally disinterested in making friends.	1.03	-1 – 2	0.07	1.39	-2 – 2	0.08	< .001*	35.90

Note. Items in bold are reverse coded.

* $p < .004$.

Commitment to Inclusion in the Workplace Questionnaire Items

	Pre-training			Post-training			<i>p</i> value	Percentage Change
	Mean	Range	SE	Mean	Range	SE		
1. Inclusive and accessible recruitment (e.g. making job adverts accessible, accepting applications in alternative formats).	1.50	0 – 3	0.07	1.68	0 – 3	0.08	0.003*	12.11
2. Communicating vacancies (e.g. advertising vacancies through a range of channels targeted at the disabled community, getting advice and support from Jobcentre Plus, and/or relevant advocate organisations, such as local charities).	1.23	0 – 3	0.07	1.46	0 – 3	0.07	< .001*	19.10
3. Offering an interview to disabled people or people with a condition (e.g. encourage applications by offering an interview to an applicant who declares they have a condition or disability and meets the essential criteria listed on person specification).	1.79	0 – 3	0.07	1.91	0 – 3	0.07	0.027	6.53
4. Providing workplace adjustments (e.g. changes to working patterns, adaptations to premises or equipment and provision of support packages).	1.89	0 – 3	0.07	2.03	0 – 3	0.08	0.01	7.14

4. Supporting existing employees (e.g. Supporting employees to declare a diagnosis, retaining an employee who declares a condition or disability).	1.79	0 – 3	0.06	1.92	0 – 3	0.07	0.031	7.03
--	------	-------	------	------	-------	------	-------	------

Note. * $p \leq .01$.

Appendix H

Individual-Level Chi-Square Analyses for the Autism Awareness Scale and Commitment to Inclusion in the Workplace Questionnaire

Autism Awareness Scale

Individual-level analysis

Autism knowledge scores increased in 96 participants (74.42%; autistic trainer n = 33 (73.33%); non-autistic trainer n = 63 (75%)) decreased in 21 participants (16.28%; autistic trainer n = 8 (17.78%); non-autistic trainer n = 13 (15.5%)), and stayed the same in 12 participants (9.3%; autistic trainer n = 4 (8.89%); non-autistic trainer n = 8 (9.5%)). A chi-square test showed there was no difference between the proportion of participants with an autistic or non-autistic trainer whose autism knowledge scores increased, decreased, or stayed the same ($\chi^2 (2, 129) = .12, p = .94$), so the groups were collapsed for the individual-level analyses.

Chi-squared analyses showed there was no significant difference in either the proportion of participants with a significant increase in autism knowledge scores according to the RCI between those who had an autistic or non-autistic trainer ($\chi^2 (1, 129) = .02, p = .89, \phi = -.01$).

Commitment to Inclusion in the Workplace Questionnaire (CIWQ)

Individual-level analysis

Commitment to inclusion in the workplace scores increased in 55 participants (45.83%; autistic trainer n = 16 (39.02%); non-autistic trainer n = 39 (49.37%)), decreased in 28 participants (23.33%; autistic trainer n = 7 (17.07%); non-autistic trainer n = 21 (26.58)), and stayed the same in 37 participants (30.83%; autistic trainer n = 18 (43.9); non-autistic trainer n = 19 (24.05%)). A chi-square test showed there was no difference between the proportion of participants with an autistic or non-autistic trainer whose commitment to inclusion in the

workplace scores increased, decreased, or stayed the same ($\chi^2 (2, 120) = 5.13, p = .08$), so the groups were collapsed for the individual-level analyses.

Chi-square analysis showed there was no significant difference in the proportion of participants with a significant increase in inclusion scores according to the RCI between those who had an autistic or non-autistic trainer ($\chi^2 (1, 120) = 1.79, p = .18, \phi = -.12$).

Appendix I1

Interns' Interview Schedule

Question Section 1: About you and your experiences so far.

To start, I'd like to learn a little more about you and your experience of transitioning into adulthood so far. We will speak about the Employ Autism internship in the next question section.

- 1) **Other than the Employ Autism internship you have just completed, have you had any employment experiences?**
 - Have you had any paid full-time or part-time jobs (e.g., working in a shop, cutting grass, or working in an office), volunteered, or done any internships?
 - a) **If so, what were those employment experiences?**
 - b) **What were those employment experiences like?**
 - Were they negative, positive or mixed? Why?
- 2) **Have you experienced any barriers that stopped you getting work?**
- 3) **Have you received any information or support about leaving education and finding/getting work experience?**
 - Was there anyone or anything that helped you find and/or get work? For example, did anyone at school or university talk to you about work?
 - a) **Was there anything that was particularly useful? If so, why?**
 - b) **When you left education, was there any other information or support you would like to have had?**
- 4) **What area/areas of work are you interested in getting into?**
 - What do you want to do for employment in the future?
 - What is your ideal career?

Question Section 2: The Employ Autism Internship

In this section I will ask you about your experiences of the Employ Autism internship.

- 1) **Please tell me about your internship.**
 - a) **What organisation did you work for?**

b) What was your job title and role?

- What were your responsibilities?
- What did you do day to day?

2) What was the application process like for the Employ Autism internship?

- How it easy to access and complete?
- Did anyone help you with the application?

3) For this question, I'd like us to think back to before you did the internship. Why did you apply for the internship?

- What skills or experience did you hope to get from the Employ Autism internship?

a) Were you surprised by anything on the internship?

- Was there anything on the internship that was different to what you had expected?

4) Now that you have done the internship, please tell me about how it felt to do the Employ Autism internship.**a) Tell me about any positive or good experiences.**

- What would you have kept the same?

b) Tell me about any challenging experiences.

- What would you have changed?

5) What was the best thing you have gained from your Employ Autism internship?

*** Only ask if the individual has had previous work experience:*

6) What was the Employ Autism internship like in comparison to other work experience you have had in the past?

- What was different?
- What was similar?

Question Section 3: Looking ahead

In this final section, I will ask some questions about your future.

1) What are your plans for the future?

- Work? More education?

- Has the Employ Autism programme affected these plans in any way? (Do you feel it has prepared you for work life?)

2) Is there anything else you'd like to say about the transition from leaving education and moving into work or adulthood, or the Employ Autism programme that we haven't talked about?

Appendix I2

Employers' Interview Schedule

Question Section 1: Before the Employ Autism internship

To start, I would like to learn a little more about you and ask you some questions about your views before the internship started. We will speak about the Employ Autism internship in the next question section.

- 1) **Without naming people or places/organisations, have you ever *knowingly* worked with autistic people before this experience?**
If yes,
 - a) **Please tell me a bit about this. What was it like?**
- 2) **Did you attend the Employ Autism training?**
If yes,
 - a) **What did you think of the training?**
 - What did you like about the training?
 - What didn't you like about the training?
 - b) **How did the training prepare you for welcoming an autistic young person as an intern at your workplace?**
 - c) **Did you think anything was missing from the training?**

Question Section 2: The Employ Autism programme

In this section I will ask you about your experiences of the Employ Autism programme.

- 1) **Did you work with the autistic young person/people doing the internships at your workplace?**
 - a) **If yes, in what capacity did you work and interact with the autistic young person?**
- 2) **What were your expectations of the Employ Autism programme and the internship?**
 - What did you think it would be like?
 - b) **Did the programme/internship meet your expectations?**
 - c) **Were you surprised by anything on the internship?**

- 3) How did the Employ Autism programme impact your ability to work with the autistic young person/people?**
 - Did you feel like you had enough knowledge or support yourself to adequately support the autistic young person/people doing the internship?
- 4) What were the benefits of providing an internship to the autistic young person/people at your workplace?**
 - How was/were the young person/people an asset to the workplace?
- 5) What were some difficulties or challenges in providing an internship to the autistic young person/people?**
 - a) How did you overcome (or try to overcome) these difficulties or challenges?**

Question Section 3: Looking ahead

In this final section I will ask some questions about your perspectives now that the internship has finished.

- 1) If you had more autistic interns at your workplace, what would you do differently?**
- 2) How has the Employ Autism programme/internship affected your views, attitudes and awareness about autism?**
 - What are your thoughts on working with more autistic people in the future?
 - Do you think your views on working with autistic people have changed? If so, how?
- 3) How has this experience affected other aspects of your life?**
 - For example, how you interact and work with other colleagues, family or friends.
- 4) What would you say to other organisations or colleagues about hiring autistic people?**
- 5) Is there anything else you'd like to say about the working with the autistic young person/young people or the Employ Autism programme that we haven't talked about?**

Appendix I3

Parents' Interview Schedule

Question Section 1: Experiences so far

To start, I'd like to learn a little more about your experience as a parent/carer of an autistic young person transitioning into adulthood so far. We will speak about the Employ Autism internship in the next question section.

1) What are your thoughts on the process of your young person finding and getting work experience?

- Was there information and/or support available for your young person to get relevant work experience?
- Were there any barriers that stopped your young person getting work? Any enablers?
- How involved have **you** been in these processes?

2) Other than the Employ Autism internship, has your young person had any other work experience?

If yes,

a) What are your thoughts on previous work experiences your young person has had?

- What were those employment experiences like? Were they negative, positive or mixed? Why?

3) If applicable, what information or support have you received as a parent/carer about your young person's transition from education into work?

- How easy was it to access this support?

a) Have you received any particularly useful support about your young person transitioning into adulthood and finding/getting work experience? Why was it useful?

b) Was there anything else you would have liked to have known about or had as someone supporting their young person transition from education into work?

Question Section 2: The Employ Autism internship

In the next section I will ask you about your views and perspectives of the Employ Autism programme and internship that your young person has been involved in.

- 1) How did you find out about the Employ Autism programme?**
 - Did you or your young person know about it first?
- 2) What did you hope your young person would get out of the Employ Autism programme and internship?**
 - What skills or experience did you hope your young person would get from the Employ Autism internship?
 - a) Do you think your young person got what you were hoping they would get from the internship?**
 - b) Were you surprised by anything on the internship?**
- 3) What do you think are the main benefits of your young person being involved in the Employ Autism programme?**
- 4) Did you have/have you any concerns about any aspect of the Employ Autism internship?**
 - a) If so, have these concerns been alleviated?**

*** Only ask if the individual has had previous work experience:*

- 5) If applicable, what was the Employ Autism internship like in comparison to other work experience your young person has had in the past?**
 - What was different?
 - What was similar?

Question Section 3: The future

In this final section I will ask some questions about your views and perspectives on how you see the future for you and your young person as they transition into adulthood.

- 1) What do you think your young person has gained from the Employ Autism programme?**
- 2) How has the Employ Autism programme impacted or affected you as a parent or carer, if at all?**
 - How do you feel about your outlook on your young person's future as they move into adulthood? Do you feel optimistic or concerned?

- 3) What are your hopes and dreams for your young person as an adult?**
 - What achievements made by your young person would please you?
- 4) How do you see yourself being involved in your young person's transition into adulthood from now?**
 - What support would you like to have going forward?
 - What support would you like your young person to have going forward/?
- 5) Is there anything else you'd like to say about the transition into work/adulthood, or the Employ Autism programme that we haven't talked about?**

Appendix J

Further Illustrative Quotes for Study 2

Themes	Sub-themes	Illustrative Quotes
1. "An invaluable experience"	<i>1.1. An opportunity for interns' self-development</i>	I wish I'd done it sooner really... maybe if I'd done it earlier, I would have felt more confident and more like I could do real jobs and I'd have applied for different things and I'd have been better prepared in interviews I'd done. (I5)
		Knowing that they're capable of something at this level, not to sell themselves short, and to gain a greater deal of self-awareness as to what might be challenging and what they can take in their stride. (P9)
	<i>1.2. A path to independence</i>	I hope it's been a benefit for them... the feedback has been really, really great from everyone so I'm hoping [it's been] a bit of a confidence boost [for them] and [has provided] the opportunity that if they want to go elsewhere, they can because they can use us as a reference. (E22)
		Having more self-assertion of my own decisions I think also giving my self-confidence with organising my day. (I16)
		I like the independence, it was much less stressful and much more hands off than school. (I2)
		Like any parents you just want your child to be happy and fulfilled. And in [our young person's] case, I think just a bit more independence from myself and my husband, because we won't be around forever. (P6)
2. Breaking down barriers	<i>2.1. A way to get into employment</i>	The big corporate companies... they're quite daunting when you're on the outside but once you find your way in, like the Employ Autism programme has helped me to do, there's just so many opportunities to learn. (I3)

I didn't think there was any support out there, so to come to [Employ Autism] and people are trying to get the handle on how to get all these young people into work to make them feel valued [makes me feel confident]. (P3)

2.2. Enhanced two-way understanding

I think because the employers know they're working with autistic interns, they know what to expect, maybe they're going to have to offer some sort of flexibility or be more understanding... there was a lot more framework in place if I did need help, so I felt supported already. (I4)

Positive outcomes for the young people, positive outcomes for our organisation. (E4)

[There was] the massive impact on a colleague [being] able to divulge their neurodivergence. (E11)

2.3. Challenging preconceptions and stereotypes

I just made this assumption that during meetings [they] would want to be off video and off audio... and that wasn't the case. [They] wanted to be on video, and [they] wanted everyone else to be on video as well. That kind of reinforced for me that you can't make assumptions... that was definitely a key learning point. (E15)

2.4. Rethinking current systems and structures

I suppose [the internship experience] solidified, what can we do? What opportunities can we give individuals and not shy away if when we do our applications and [ask] are there any disability factors? We can actually put something to make sure we give individuals reasonable adjustments. (E8)

I would also encourage research and time to go into hiring an autistic person before, because what I think is quite unfair is if an autistic person was hired and were kind of used as a guinea pig to [see] how does an autistic person fit into our workplace. (E19)

3. Unmet expectations

A lot of people were nice, but then they would get too hyper conscious of overwhelming me and I get why but I personally find it a bit condescending and infantilising. (I15)

What I was given didn't really make very clear what their capacity was or what they would be capable of doing, what they would be interested in doing. (E12)

Whether [Employ Autism] creates false comfort for the future... we don't really know yet. (P10)

Note. Quotes followed by a bracketed I, E, or P are from an intern, employer, or parent participant, respectively.

Appendix K

Internal Reliability for Study 3's Measures

	α
ABAS-3	
Community Use subscale	
T1	0.91
T2	0.92
T3	0.85
Home Living subscale	
T1	0.87
T2	0.91
T3	0.91
Health and Safety	
T1	0.85
T2	0.93
T3	0.85
Self-Care subscale	
T1	0.86
T2	0.89
T3	0.86
Work subscale	
T1	0.82
T2	0.90
T3	0.90
Communication subscale	
T1	0.82
T2	0.88
T3	0.81
Functional Academics subscale	

T1	0.86
----	------

T2	0.86
----	------

T3	0.87
----	------

Self-Direction subscale

T1	0.88
----	------

T2	0.92
----	------

T3	0.91
----	------

Leisure

T1	0.90
----	------

T2	0.95
----	------

T3	0.93
----	------

Social subscale

T1	0.87
----	------

T2	0.94
----	------

T3	0.89
----	------

Total

General Self-Efficacy scale

T1	0.83
----	------

T2	0.87
----	------

T3	0.81
----	------

Quality of Life

Physical Health subscale

T1	0.80
----	------

T2	0.67
----	------

T3	0.61
----	------

Psychological subscale

T1	0.84
----	------

T2	0.80
----	------

T3	0.84
----	------

Social Relationship subscale

T1	0.71
----	------

T2	0.53
----	------

T3	0.60
----	------

Environment subscale

T1	0.80
----	------

T2	0.74
----	------

T3	0.75
----	------

Autism Quality of Life

T1	0.73
----	------

T2	0.73
----	------

T3	0.63
----	------

Mental Health (DASS-21)**Depression subscale**

T1	0.92
----	------

T2	0.92
----	------

T3	0.89
----	------

Anxiety subscale

T1	0.80
----	------

T2	0.70
----	------

T3	0.86
----	------

Stress subscale

T1	0.72
----	------

T2	0.83
----	------

T3	0.75
----	------

Appendix L

**Comparison of Demographic Proportions Between Study 3's Population and Final
Sample Participants**

Demographic	Population n	Population %	Sample n	Sample %	Total row
Gender					
Man (including trans man)	25	61	18	67	43
Woman (including trans woman)	13	32	9	33	22
Other	3	7	0	0	3
Total column	41		27		
Ethnicity					
White	34	83	23	85	57
Non-white/People of Colour	7	17	4	15	11
Total column	41		27		
Highest level of education					
Under university level	18	44	12	44	30
Higher education	23	56	15	56	38
Total column	41		27		
Education Status					
In education	13	32	8	20	21
Not currently in education	28	68	19	46	47
Total column	41		27		
Parents' highest level of education					
Under university level	15	50	12	50	27
Higher education	22	50	12	50	34
Total column	37		24		

Appendix M

Interns' Employment Journey in Study 3

Employment Status Key:

Full-time employment
Part-time employment
Education, no employment
Education with employment
Volunteer
Unemployed

Employment Journey Category Key:

Consistent employment
Consistent unemployment
Enters employment
Consistent education no employment
Consistent education with employment
Education to unemployment
Variable

Participant	Baseline	6-months post-internship	12 - 24 months post-internship	Employment Journey Category
1	Part-time employment	Full-time employment	Full-time employment	Consistent employment
2	Volunteer	Education, no employment	Education, no employment	Consistent unemployment
3	Unemployed	Full-time employment	Full-time employment	Enters employment
4	Education, no employment	Education, no employment	Education, no employment	Consistent education no employment
5	Education, no employment	Full-time employment	Full-time employment	Enters employment
6	Part-time employment	Full-time employment	Full-time employment	Consistent employment

7	Education with employment	Education with employment	Education with employment	Consistent education with employment
8	Education, no employment	Full-time employment	Full-time employment	Enters employment
9	Unemployed	Unemployed	Unemployed	Consistent unemployment
10	Unemployed	Part-time employment	Part-time employment	Enters employment
11	Unemployed	Unemployed	Unemployed	Consistent unemployment
12	Unemployed	Unemployed	Part-time employment	Enters employment
13	Volunteer	Unemployed	Unemployed	Consistent unemployment
14	Volunteer	Full-time employment	Full-time employment	Enters employment
15	Volunteer	Education, no employment	Education, no employment	Consistent unemployment
16	Part-time employment	Education with employment	Education, no employment	Variable
17	Part-time employment	Full-time employment	Full-time employment	Consistent employment
18	Unemployed	Full-time employment	Full-time employment	Enters employment
19	Volunteer	Volunteer	Unemployed	Consistent unemployment
20	Education, no employment	Education with employment	Full-time employment	Enters employment
21	Unemployed	Unemployed	Part-time employment	Enters employment
22	Education, no employment	Education, no employment	Unemployed	Education to unemployment
23	Unemployed	Full-time employment	Volunteer	Variable

24	Education, no employment	Education, no employment	Education, no employment	Consistent education no employment
25	Education, no employment	Education, no employment	Full-time employment	Enters employment
26	Full-time employment	Unemployed	Unemployed	Variable
27	Education with employment	Full-time employment	Full-time employment	Consistent employment

Appendix N

Area of Employment with Most Experience in Study 3

Area of Experience	Baseline		6-months post-internship		12 – 24 months post-internship	
	n	%	n	%	n	%
Administration	1	4.76	4	15.38	4	16.67
Animal care	1	4.76	0	0.00	0	0.00
Banking	0	0.00	0	0.00	1	4.17
Catering	1	4.76	1	3.85	0	0.00
Charity	3	14.29	2	7.69	1	4.17
Construction	0	0.00	0	0.00	1	4.17
Creative	0	0.00	2	7.69	0	0.00
Education	2	9.52	1	3.85	1	4.17
Hospitality	5	23.81	4	15.38	3	12.50
Insurance	0	0.00	1	3.85	2	8.33
IT	0	0.00	2	7.69	1	4.17
Leisure	0	0.00	1	3.85	0	0.00
Management consultancy	0	0.00	1	3.85	1	4.17
Manufacturing	1	4.76	0	0.00	0	0.00
Marketing	1	4.76	0	0.00	0	0.00
Media	1	4.76	0	0.00	0	0.00
PR	0	0.00	1	3.85	1	4.17
Public Sector	2	9.52	2	7.69	3	12.50
Recruitment	0	0.00	0	0.00	1	4.17
Retail	2	9.52	3	11.54	2	8.33
Sales	0	0.00	0	0.00	1	4.17
Science	0	0.00	0	0.00	1	4.17
Social care	0	0.00	1	3.85	0	0.00
Tourism	1	4.76	0	0.00	0	0.00

Missing

6

1

3

Appendix O2

**Participant-by-Participant Breakdown of Reliable Changes for the General Self-Efficacy
Scale**

Participant	General Self-Efficacy		
	T1-T2	T1-T3	T2 -T3
1	RI		
2	RI	RI	
3			
4			
5			
6			
7			
8	RI		
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			RI
19			
20			
21			
22			
23			
24			
25			
26		RD	
27			
Key:			
RI	: Reliable Increase		
RD	: Reliable Decrease		

Appendix O3

Participant-by-Participant Breakdown of Reliable Changes for the Quality of Life Measure

Participant	Physical Health			Psychological Health			Social Relationships			Environment			Autism Quality of Life			Global Autism Identity		
	T1-T2	T1-T3	T2-T3	T1-T2	T1-T3	T2-T3	T1-T2	T1-T3	T2-T3	T1-T2	T1-T3	T2-T3	T1-T2	T1-T3	T2-T3	T1-T2	T1-T3	T2-T3
1								RD								RI		RD
2					RI	RI							RI			RI		
3																		
4							RI									RI		RD
5								RI								RD		
6																		
7														RD				
8																		
9																RI	RI	RI
10				RI								RD		RD	RD	RI	RI	
11				RD				RI	RI									
12								RD				RI	RD					
13					RI			RI	RI									
14	RI				RI	RI				RI	RI		RI	RI		RI	RI	
15													RI			RI	RI	
16	RD				RD	RD		RD			RD		RI		RI	RD	RD	
17		RI	RI		RI			RI					RD			RI	RI	
18																RD		
19													RD		RI			
20																		
21								RI	RI							RD		
22													RI					
23																		
24		RI	RI			RI							RD		RI			
25																RI		
26																		
27																		

Key:	
RI	: Reliable Increase
RD	: Reliable Decrease

Appendix O4

Participant-by-Participant Breakdown of Reliable Changes for the DASS-21 Measure

Participant	Depression			Anxiety			Stress		
	T1-T2	T1-T3	T2 -T3	T1-T2	T1-T3	T2 -T3	T1-T2	T1-T3	T2 -T3
1						RI	RD		RI
2									RD
3									
4									
5									
6									
7									
8								RD	
9									
10	RD		RI			RI		RI	RI
11									
12									
13							RD		RI
14			RD				RD		
15									
16	RI	RI						RI	
17									
18				RD		RI	RD		RI
19						RD	RI		RD
20									
21									
22			RD						
23									
24	RI		RD	RI		RD			RD
25							RI		RD
26				RD	RD				
27									
Key:									
RI	: Reliable Increase								
RD	: Reliable Decrease								

Appendix P

		Depression						Anxiety						Stress					
		T1		T2		T3		T1		T2		T3		T1		T2		T3	
		Spearman's rho	p	Spearman's rho	p	Spearman's rho	p	Spearman's rho	p	Spearman's rho	p	Spearman's rho	p	Spearman's rho	p	Spearman's rho	p	Spearman's rho	p
Physical Health	T1	-0.502*	0.013	-0.307	0.154	-0.183	0.392	-0.316	0.132	0.008	0.971	-0.19	0.374	-0.392	0.058	0.025	0.912	-0.026	0.904
	T2	-0.28	0.207	-0.315	0.153	-0.22	0.326	0.112	0.621	0.074	0.743	0.167	0.456	0.012	0.957	-0.02	0.93	0.058	0.798
	T3	0.022	0.921	-0.409	0.059	-0.231	0.29	-0.089	0.686	0.009	0.969	-0.143	0.516	0.206	0.347	-0.103	0.647	-0.058	0.793
Psychological Health	T1	-0.529**	0.008	-0.353	0.099	-0.351	0.093	-0.399	0.054	-0.146	0.506	-0.202	0.343	-0.273	0.197	0.078	0.723	-0.155	0.469
	T2	-0.386	0.076	-0.669***	< .001	-0.456	0.033	-0.318	0.149	-0.251	0.26	-0.313	0.156	-0.073	0.747	-0.255	0.253	-0.23	0.302
	T3	-0.271	0.211	-0.555**	0.007	-0.691***	< .001	-0.258	0.235	-0.279	0.209	-0.417*	0.048	0.251	0.249	-0.067	0.767	-0.198	0.366
Social Relationships	T1	-0.452*	0.027	-0.42*	0.046	-0.161	0.451	-0.277	0.191	-0.124	0.572	-0.007	0.973	-0.113	0.598	-0.028	0.899	0.051	0.814
	T2	-0.258	0.246	-0.597**	0.003	-0.305	0.168	-0.447*	0.037	-0.342	0.119	-0.285	0.199	-0.109	0.63	-0.24	0.282	-0.28	0.207
	T3	-0.182	0.406	-0.534*	0.01	-0.31	0.15	-0.292	0.177	-0.205	0.361	-0.275	0.204	0.129	0.557	-0.108	0.633	-0.21	0.336
Environment	T1	-0.299	0.156	-0.42*	0.046	0.07	0.747	-0.161	0.454	0.102	0.644	0.237	0.265	-0.382	0.066	-0.139	0.528	0.171	0.424
	T2	-0.032	0.887	-0.426*	0.048	-0.14	0.533	-0.076	0.738	-0.125	0.579	0.098	0.664	0.019	0.932	-0.147	0.515	0.317	0.151
	T3	-0.007	0.975	-0.239	0.285	-0.362	0.09	-0.048	0.827	0.078	0.731	-0.109	0.62	0.134	0.541	0.198	0.377	0.21	0.336
Autism Quality of Life	T1	-0.357	0.087	-0.513*	0.012	-0.072	0.736	-0.503*	0.012	-0.214	0.328	-0.132	0.54	-0.48*	0.018	-0.133	0.547	0.071	0.742
	T2	-0.218	0.329	-0.508*	0.016	-0.352	0.108	-0.315	0.153	-0.368	0.092	-0.211	0.347	-0.168	0.454	-0.224	0.316	-0.067	0.768
	T3	-0.2	0.361	-0.451*	0.035	-0.435*	0.038	-0.353	0.099	-0.223	0.318	-0.306	0.156	0.025	0.909	0.02	0.928	-0.056	0.8
Global Autism Identity	T1	-0.078	0.717	0.082	0.711	0.333	0.112	0.005	0.983	-0.084	0.703	0.058	0.788	-0.337	0.107	-0.355	0.097	0.018	0.934
	T2	0.012	0.959	-0.154	0.493	0.071	0.754	-0.049	0.83	-0.319	0.148	-0.15	0.505	-0.355	0.105	-0.311	0.159	0.026	0.909
	T3	0.072	0.744	-0.059	0.795	0.165	0.451	0.056	0.801	-0.251	0.261	-0.013	0.953	-0.286	0.185	-0.327	0.138	0.114	0.605

* p < .05, ** p < .01, *** p < .001