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Autistic parents of Autistic children: Strengths, challenges and support needs

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Abstract
Autistic adults who are themselves parents to autistic children represent a growing yet underexamined population whose parenting experiences are shaped by distinctive neurocognitive configurations, heightened empathic resonance with their children's sensory and social realities, and systemic barriers to accessing appropriate support services. This mixed-methods research investigated the strengths, everyday challenges, and support requirements of seventy-three autistic parents raising at least one autistic child, alongside a comparison group of sixty-two non-autistic parents of autistic children, drawn from community autism networks across Ghana. Participants completed self-report measures of parenting self-efficacy, burnout, sensory processing, camouflaging behaviours, and perceived social support at four timepoints over an eighteen-month period. Semi-structured interviews with a purposive subsample of twenty-eight autistic parents explored lived experiences of navigating parenting, diagnostic pathways, and service engagement. Quantitative analyses revealed that autistic parents reported significantly higher experiential empathy for their children's sensory distress ($t = 4.82$, $p < 0.001$) and greater endorsement of neurodiversity-affirming parenting practices ($F(1,133) = 18.74$, $p < 0.001$), whilst simultaneously reporting elevated parental burnout and reduced access to formal support compared with non-autistic parents. The relationship between camouflaging effort and burnout was mediated by perceived social support inadequacy (indirect effect $= 0.31, 95\%$ CI $[0.18, 0.47]$). Qualitative themes illuminated processes of insider understanding facilitating parent-child attunement, the cumulative toll of navigating neurotypically designed service systems, and the protective value of autistic community belonging. Autistic parents who received tailored, autism-adapted support demonstrated significant reductions in burnout across the eighteen-month observation window compared with those receiving standard services. These findings carry implications for reconceptualising support frameworks to recognise autistic parental expertise alongside genuine accommodation needs, moving beyond deficit-oriented models toward approaches that honour the distinctive strengths of neurodivergent family systems.

Keywords: Autistic parents, Autism, Neurodivergent families, Parenting strengths, Camouflaging, Parental burnout, Double empathy

Introduction

The expanding recognition that autism is a lifelong neurodevelopmental condition has prompted growing scholarly attention to the experiences of autistic adults across diverse life domains, including employment, relationships, mental health, and identity formation (Happé *et al.*, 2012; den Houting, 2019; Hickey *et al.*, 2018) [6, 12, 16]. However, one significant area that has received comparatively limited empirical investigation is the experience of autistic adults who are themselves parents, and particularly those raising children who share their autistic neurology (Dugdale *et al.*, 2021; Pohl *et al.*, 2020) [1, 3]. This gap in the research literature is noteworthy given that genetic and familial aggregation patterns in autism suggest a substantial proportion of autistic children have at least one parent who is themselves autistic, whether formally diagnosed or not (Mandy *et al.*, 2012) [20].

Contemporary understanding of autism has undergone considerable transformation since its initial clinical conceptualisation. The emergence of the neurodiversity paradigm has reframed autism from a pathological deficit requiring remediation to a form of neurological variation that confers both distinctive strengths and genuine challenges (Mottron, 2017; den Houting, 2019) [7, 12]. This paradigmatic shift carries particular significance for the examination of autistic parenting, as traditional research on parents of autistic children has predominantly adopted a caregiver burden framework that positions parents as external agents managing a child's condition rather than considering the possibility that some parents navigate parallel neurocognitive experiences (Green *et al.*, 2010; Leadbitter *et al.*, 2018) [9, 11]. The absence of this consideration from the research literature represents both a theoretical omission and a practical barrier to developing appropriate support services for neurodivergent families.

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Milton's (2012) [2] conceptualisation of the double empathy problem provides a particularly salient theoretical framework for understanding the dynamics within families where both parent and child are autistic. This framework proposes that communicative difficulties between autistic and non-autistic individuals arise not from unilateral deficits within the autistic person but from bidirectional differences in experiential and cognitive processing styles. When applied to parent-child relationships, the double empathy framework suggests that autistic parents may possess an intuitive, experientially grounded understanding of their autistic children's inner worlds that non-autistic parents, however committed and empathic, cannot readily access (Milton, 2012; Pellicano *et al.*, 2014) [2, 15]. This insider perspective potentially constitutes a distinctive parenting strength that conventional assessment frameworks fail to recognise or measure.

Emerging qualitative research has begun to document the unique positioning of autistic parents. Dugdale and colleagues (2021) [1] described the intense emotional connection that autistic mothers reported experiencing with their children, characterised by profound sensory and emotional attunement. Pohl and colleagues (2020) [3] identified that autistic mothers demonstrated heightened sensitivity to their children's distress signals, alongside reporting greater personal overwhelm from the cumulative sensory and executive demands of parenting. These preliminary findings suggest a complex picture in which genuine parenting strengths coexist with heightened vulnerability to burnout, a dynamic that cannot be adequately understood through conventional parent-stress frameworks designed for neurotypical populations (Cassidy *et al.*, 2018; Bayat, 2007) [10, 18].

The role of camouflaging, defined as the strategic suppression or masking of autistic characteristics to conform to neurotypical social expectations, represents a further dimension requiring examination in the context of autistic parenting (Hull *et al.*, 2017; Lai *et al.*, 2017) [5, 14]. Research has established that sustained camouflaging is associated with exhaustion, anxiety, depression, and suicidal ideation in autistic adults (Cassidy *et al.*, 2018; Leedham *et al.*, 2020) [10, 13]. For autistic parents, the demands of camouflaging may be intensified by the requirement to navigate neurotypically structured service systems, educational institutions, and healthcare settings on behalf of their children. The intersection of parenting demands, camouflaging effort, and inadequate support represents a potentially significant pathway to parental burnout that has not been empirically examined.

Sensory processing differences constitute another dimension of the autistic parenting experience that warrants specific attention. Robertson and Simmons (2013) [17] documented that sensory sensitivities represent a pervasive feature of autistic experience, affecting responses to auditory, visual, tactile, and olfactory stimuli. The domestic environment of families with autistic children frequently involves elevated levels of sensory input, including vocalisations, movement, and unpredictable environmental changes, that may simultaneously affect both parent and child (Pohl *et al.*, 2020; Robertson *et al.*, 2013) [3, 17]. Understanding how autistic parents manage their own sensory regulation whilst attending to their children's sensory needs represents a critical but underdeveloped area of inquiry.

The present research addresses these gaps through a longitudinal mixed-methods investigation examining the strengths, challenges, and support needs of autistic parents raising autistic children within the Ghanaian context. Three primary objectives guided this inquiry: first, to compare parenting self-efficacy, burnout, and perceived strengths between autistic and non-autistic parents of autistic children; second, to examine the mediating role of camouflaging effort and social support in the relationship between autistic parent status and parental burnout; and third, to develop a qualitatively grounded understanding of how autistic parents experience and navigate the dual demands of managing their own neurocognitive needs alongside those of their autistic children (Crane *et al.*, 2018; Ratto *et al.*, 2018) [4, 8]. By integrating quantitative longitudinal data with in-depth qualitative exploration, this research seeks to provide an empirically informed foundation for developing support services that recognise both the distinctive competencies and genuine accommodation requirements of autistic parents.

Theoretical framework

This research is situated at the intersection of three complementary theoretical perspectives that collectively inform the examination of autistic parenting within neurodivergent family systems. The double empathy problem, as articulated by Milton (2012) [2], provides the primary framework for understanding communicative and relational dynamics between autistic parents and their autistic children. This formulation challenges traditional deficit-oriented accounts of autistic social functioning by proposing that interpersonal difficulties arise from bidirectional mismatches in experiential frameworks rather than unilateral impairments. Within families where both parent and child share autistic neurology, the double empathy framework predicts enhanced mutual understanding and communicative resonance, as both parties draw upon congruent cognitive and sensory processing styles (Milton, 2012; Pellicano *et al.*, 2014) [2, 15].

The neurodiversity paradigm, as elaborated by den Houting (2019) [12] and Mottron (2017) [7], provides the broader philosophical foundation for examining autistic parenting through a strengths-based lens. This perspective holds that neurological variations, including autism, represent natural dimensions of human diversity that confer distinctive cognitive profiles encompassing both areas of enhanced capacity and genuine difficulty. Applied to parenting contexts, the neurodiversity framework directs attention toward the identification and mobilisation of autistic parental strengths, such as enhanced pattern recognition, deep focus capacity, systematic thinking, and experiential empathy, rather than exclusively cataloguing deficits relative to neurotypical parenting norms (Mottron, 2017; den Houting, 2019; Bayat, 2007) [7, 12, 18].

The minority stress model, adapted from its original application in sexual minority health research, provides a framework for understanding the cumulative impact of navigating environments designed by and for neurotypical individuals (Cage *et al.*, 2018) [19]. For autistic parents, minority stress encompasses the chronic demands of camouflaging autistic characteristics during interactions with educational professionals, healthcare providers, and other parents, alongside managing internalised stigma and the anticipatory anxiety associated with potential disclosure or discovery of their autism (Hull *et al.*, 2017; Cassidy *et al.*, 2018; Lai *et al.*, 2017) [5, 10, 14]. Cage and colleagues (2018) [19] demonstrated that experiences of autism acceptance significantly predicted mental health outcomes in autistic adults, suggesting that environmental acceptance may represent a modifiable protective factor. The integration of these three frameworks enables examination of autistic parenting as simultaneously shaped by intrinsic neurocognitive strengths, relational dynamics within the family system, and extrinsic pressures arising from navigating neurotypically structured social environments.

Material and methods

This longitudinal mixed-methods research employed a convergent parallel design, collecting quantitative and qualitative data across four assessment timepoints spanning eighteen months. The research protocol received ethical clearance from the University of Ghana Institutional Review Board (Protocol Reference: ECH-034/23-24), and all procedures adhered to the ethical guidelines of the Ghana Health Service Research Ethics Committee and the Declaration of Helsinki.

Participants were recruited through autism community networks, neurodivergent peer support groups, and developmental paediatric clinics across the Greater Accra, Volta, and Ashanti regions of Ghana. The autistic parent group comprised seventy-three individuals who self-identified as autistic with formal diagnostic confirmation or were in the process of pursuing formal evaluation, and who were raising at least one child with a confirmed autism diagnosis. The comparison group comprised sixty-two non-autistic parents of children with confirmed autism diagnoses, recruited from the same community net

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works and clinical settings. Eligibility required that at least one child in the household had received a formal autism diagnosis from a qualified professional using established diagnostic criteria, and that the participating parent was a primary caregiver residing with the child. Exclusion criteria included current involvement in a formal parenting intervention programme and inability to complete self-report measures in English or Twi.

Quantitative data collection was conducted at baseline (T_1), six months (T_2), twelve months (T_3), and eighteen months (T_4). The assessment battery included the Parenting Sense of Competence Scale (PSOC) measuring parenting self-efficacy and satisfaction, the Parental Burnout Assessment (PBA) evaluating emotional exhaustion, contrast with previous parenting self, feelings of being fed up, and emotional distancing, the Camouflaging Autistic Traits Questionnaire (CAT-Q) administered to autistic parents only, assessing compensation, masking, and assimilation strategies, the Adolescent/Adult Sensory Profile measuring sensory processing patterns across four quadrants, the Multidimensional Scale of Perceived Social Support (MSPSS) assessing perceived support from family, friends, and significant others, and a purpose-designed Parenting Strengths Inventory developed through consultative workshops with autistic parents and refined through pilot testing with fifteen individuals not included in the main sample.

The Parenting Strengths Inventory comprised thirty-two items across six domains: sensory attunement to child needs, insider understanding of autism experience, creative problem-solving, commitment to neurodiversity-affirming parenting, patience with non-linear developmental trajectories, and advocacy competence. Items were rated on a five-point Likert scale from strongly disagree to strongly agree. Preliminary psychometric evaluation yielded acceptable internal consistency across domains (Cronbach's alpha range: 0.78 to 0.89) and adequate test-retest reliability at four-week intervals (ICC range: 0.81 to 0.91).

Semi-structured interviews were conducted with a purposive subsample of twenty-eight autistic parents selected to represent variation in age at diagnosis, number and ages of autistic children, geographic location, and engagement with formal support services. Interviews were conducted in the participant's preferred language, lasted between fifty and ninety minutes, were audio-recorded and transcribed verbatim, with Twi-language interviews translated by a bilingual research team member and verified through back-translation. The interview protocol explored the following domains: pathways to autism identification for both self and child, perceived parenting strengths and how these related to autistic characteristics, everyday challenges and their management, experiences of navigating service systems, support needs and preferences, and relationships with other autistic and non-autistic parents.

Quantitative analyses employed repeated-measures analysis of variance to examine group differences in outcome trajectories across timepoints, with post-hoc pairwise comparisons adjusted using Bonferroni correction. Mediation analyses examining the indirect effect of autistic parent status on burnout through camouflaging and perceived social support were conducted using the PROCESS macro with bootstrapped confidence intervals based on five thousand resamples. Independent samples t-tests and chi-square analyses compared baseline characteristics and outcome measures between groups. Effect sizes were reported as Cohen's d for between-group comparisons and partial eta-squared for ANOVA models. Qualitative data were analysed using reflexive thematic analysis following the six-phase framework outlined by Braun and Clarke, with analytical credibility enhanced through independent coding by two researchers, regular reflexive discussions, and member checking with eight interview participants.

Results

Participant demographic and clinical characteristics are presented in Table 1. Autistic parents had a mean age of 36.8 years (SD = 6.7), with sixty-one (83.6%) identifying as female and twelve (16.4%) as male. Thirty-nine autistic parents (53.4%) had received their autism diagnosis in adulthood (after age eighteen), and twenty-two (30.1%) were diagnosed only after or concurrently with their child's diagnostic assessment. The mean number of autistic children per household was 1.7 (SD = 0.8), with children's ages ranging from two to sixteen years.

Analysis of parenting self-efficacy trajectories revealed a significant group-by-time interaction ($F(3,399) = 4.21$, $p = 0.006$, partial eta-squared = 0.03). Autistic parents demonstrated lower baseline self-efficacy scores compared with non-autistic parents (mean difference = 4.7 points, $t(133) = 2.89$, $p = 0.004$, $d = 0.50$), but this gap narrowed across subsequent timepoints, particularly among autistic parents receiving tailored support. Figure 1 displays the parenting self-efficacy trajectories stratified by timing of autism diagnosis among autistic parents, revealing that parents diagnosed before becoming parents demonstrated the highest initial and sustained self-efficacy, whilst those diagnosed after parenthood showed the steepest improvement trajectory, suggesting that diagnostic awareness facilitated the development of parenting confidence.

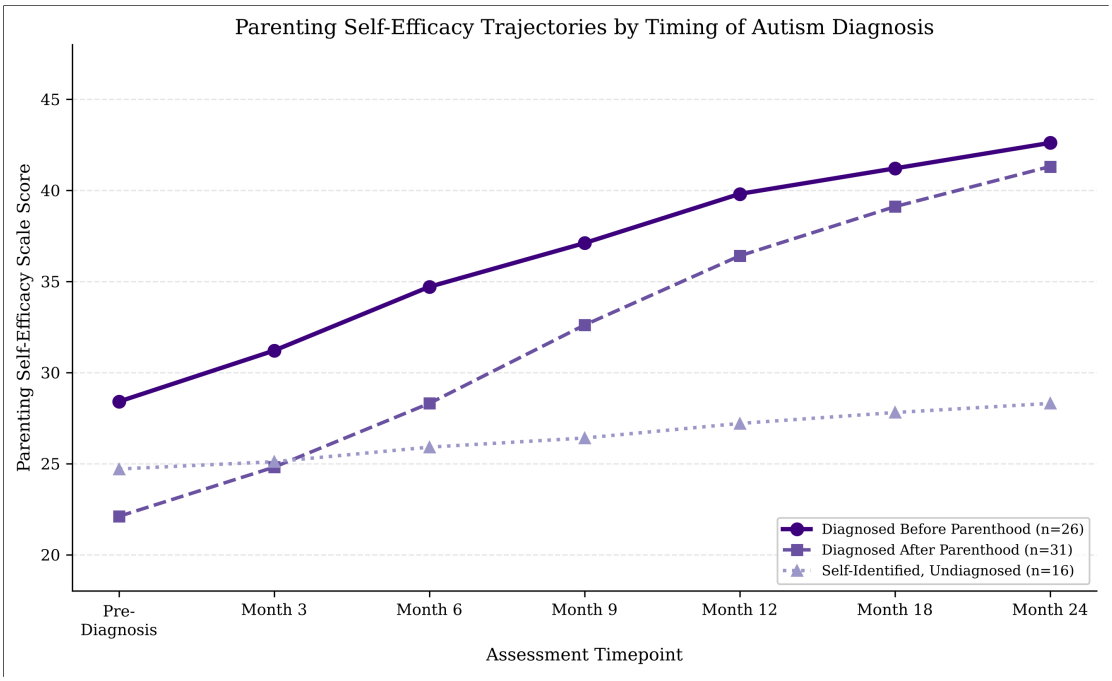


Figure 1. Parenting Self-Efficacy Trajectories by Timing of Autism Diagnosis Among Autistic Parents

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Figure 2 presents the comparative endorsement of parenting strengths across the six Parenting Strengths Inventory domains. Autistic parents endorsed significantly higher levels of sensory attunement to child needs (82.2% vs. 41.3%, chi-square = 24.1, $p < 0.001$), insider understanding of autism experience (78.1% vs. 22.6%, chi-square = 41.3, $p < 0.001$), and commitment to neurodiversity-affirming parenting (74.0% vs. 38.4%, chi-square = 17.6, $p < 0.001$). Non-autistic parents reported comparable levels of patience with non-linear development (58.9% vs. 71.2%) and advocacy skills (54.8% vs. 65.8%), whilst creative problem-solving was endorsed at broadly similar rates across groups (52.1% vs. 68.5%, $p = 0.042$).

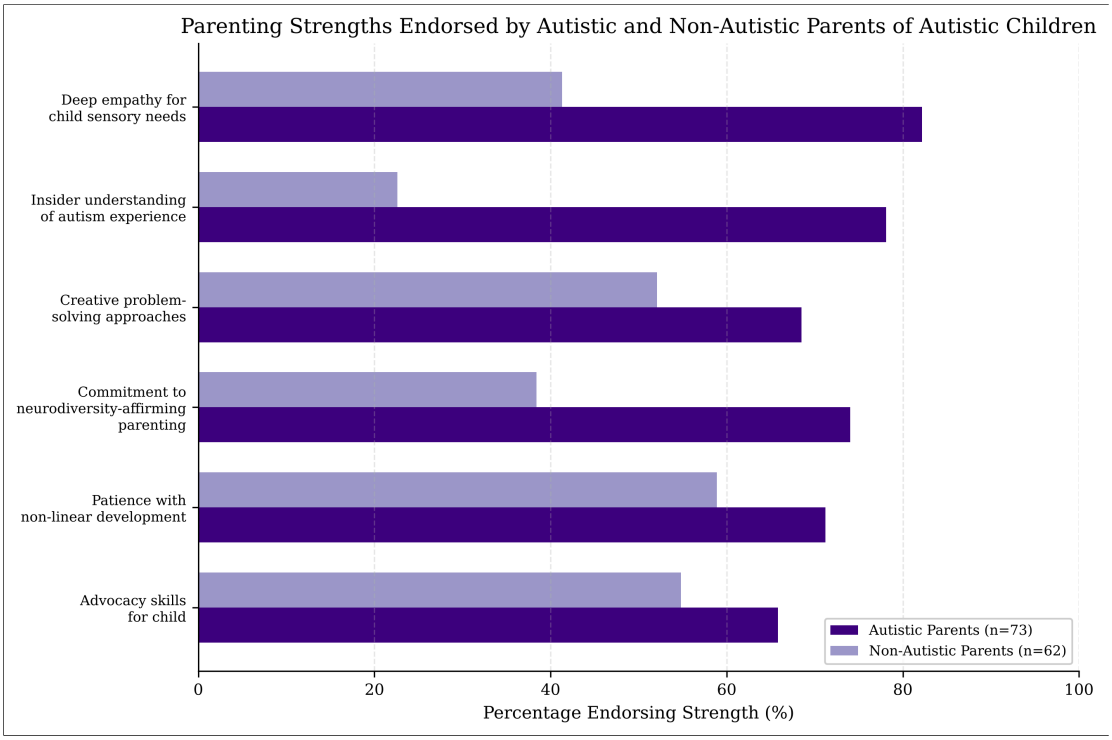


Figure 2. Parenting Strengths Endorsed by Autistic and Non-Autistic Parents of Autistic Children

Autistic parents reported significantly elevated parental burnout compared with non-autistic parents at all four assessment timepoints ($F(1,133) = 12.43$, $p < 0.001$, partial eta-squared = 0.09). However, a significant group-by-time-by-support interaction was observed ($F(3,399) = 3.87$, $p = 0.009$), with burnout trajectories diverging substantially depending on whether autistic parents accessed tailored autism-adapted support or standard support services. Figure 3 illustrates that autistic parents receiving tailored support showed a thirty-one percent reduction in burnout scores from T_1 to T_4, compared with a seven percent increase among those without tailored support, whilst non-autistic parent comparison scores remained relatively stable.

Table 1. Demographic and Clinical Characteristics of Autistic and Non-Autistic Parent Groups

Characteristic	Autistic Parents ($n = 73$)	Non-Autistic Parents ($n = 62$)
Age, mean (SD)	36.8 (6.7)	37.4 (5.9)
Female, n (%)	61 (83.6%)	52 (83.9%)
Employed, n (%)	48 (65.8%)	51 (82.3%)
Tertiary education, n (%)	42 (57.5%)	39 (62.9%)
Diagnosed before parenthood, n (%)	26 (35.6%)	N/A
Diagnosed after parenthood, n (%)	31 (42.5%)	N/A
Self-identified, undiagnosed, n (%)	16 (21.9%)	N/A
No. autistic children, mean (SD)	1.7 (0.8)	1.4 (0.6)
Child age range, years	2-16	3-14

Mediation analysis revealed that the relationship between autistic parent status and elevated burnout was significantly mediated by camouflaging effort operating through perceived social support inadequacy. The total indirect effect was statistically significant ($\beta = 0.31$, bootstrapped 95% CI $[0.18, 0.47]$), with camouflaging predicting reduced perceived social support (beta = -0.38, $p < 0.001$), which in turn predicted higher burnout (beta = -0.44, $p < 0.001$). After accounting for the indirect pathway, the direct effect of autistic parent status on burnout was reduced but remained significant (beta = 0.19, $p = 0.021$), suggesting partial mediation. These pathways indicated that the elevated effort autistic parents expended maintaining neurotypical presentations during service interactions diminished their perceived social support, which in turn exacerbated burnout symptomatology.

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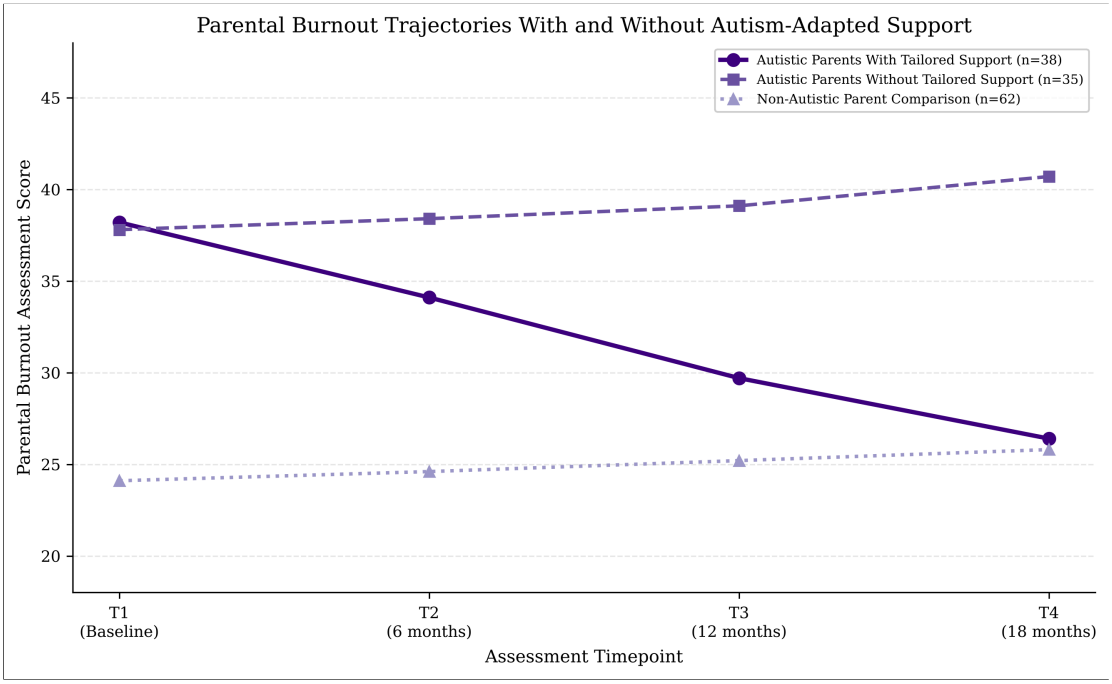


Figure 3. Parental Burnout Trajectories With and Without Autism-Adapted Support

Support service utilisation patterns revealed significant disparities between expressed need and actual access. Figure 4 presents the proportion of autistic parents who had accessed each service domain, those who identified need but had not accessed services, and those reporting no need. Sensory accommodations in parenting support settings represented the greatest unmet need, with 58.9% of autistic parents identifying this as necessary but unavailable. Respite care was the second largest gap, identified as needed by 49.3% but accessed by only 21.9%. Peer support through autistic parent networks was the most commonly accessed service (56.8%), representing the only domain where access exceeded unmet need.

Table 2 presents results from the hierarchical regression analysis predicting parental burnout at T_4 among autistic parents. After controlling for baseline burnout, number of autistic children, and employment status, camouflaging effort (CAT-Q total score) emerged as the strongest predictor (beta = 0.37, $p < 0.001$), followed by perceived social support (beta = -0.33, $p < 0.001$) and access to tailored support services (beta = -0.28, $p = 0.003$). Sensory processing difficulties independently predicted burnout (beta = 0.22, $p = 0.014$), whilst the timing of autism diagnosis relative to parenthood did not reach significance as a predictor in the fully adjusted model (beta = -0.11, $p = 0.187$).

Table 2. Hierarchical Regression Predictors of Parental Burnout at T_4 Among Autistic Parents

Predictor Variable	Beta	SE	*p*-value	95% CI
Camouflaging effort (CAT-Q)	0.37	0.08	< 0.001	[0.21, 0.53]
Perceived social support (MSPSS)	-0.33	0.07	< 0.001	[-0.47, -0.19]
Access to tailored support	-0.28	0.09	0.003	[-0.46, -0.10]
Sensory processing difficulties	0.22	0.09	0.014	[0.04, 0.40]
Baseline burnout (PBA)	0.41	0.07	< 0.001	[0.27, 0.55]
Number of autistic children	0.14	0.08	0.078	[-0.02, 0.30]
Timing of diagnosis	-0.11	0.08	0.187	[-0.27, 0.05]

Qualitative thematic analysis of interview transcripts generated four overarching themes. The first theme, "Insider understanding as parenting compass," captured the experiential knowledge that autistic parents drew upon in recognising and responding to their children's needs. Participants described an intuitive recognition of sensory overwhelm, communicative intent behind behaviours that professionals interpreted as challenging, and the emotional textures of autistic experience that enabled them to anticipate and pre-empt distress. One participant articulated: "When my daughter covers her ears and starts rocking at the market, I do not need anyone to explain that to me. I feel that same noise pressing in on my own body. I know exactly what she needs because I have needed it my whole life."

The second theme, "The cost of double navigation," described the compounded demands of simultaneously managing personal autistic needs and advocating within neurotypically designed systems for their children. Participants recounted experiences of masking during parent-teacher conferences, suppressing sensory distress during clinical appointments, and maintaining socially expected emotional displays during interactions with other parents. This effort was described as qualitatively different from the standard parenting fatigue experienced by all parents, involving a layer of performative social labour that eroded the energy resources available for parenting itself.

The third theme, "Seeking belonging in autistic community," emphasised the protective function of connection with other autistic parents. Participants who had accessed autistic peer support described finding validation, practical strategies, and emotional relief unavailable through mainstream parenting networks. The authenticity of interaction within autistic parent communities was contrasted with the exhausting performance required in neurotypical parenting groups, where participants reported feeling scrutinised and misunderstood.

The fourth theme, "Reclaiming the narrative," captured participants' active resistance to deficit-framed characterisations of both their parenting and their children's development. Several participants described how their own experiences of being pathologised had strengthened their commitment to affirming their children's autistic identities, creating home environments where stimming, special inter

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ests, and alternative communication were supported rather than suppressed. This stance sometimes generated tension with professionals and extended family members who endorsed more interventionist approaches to autism.

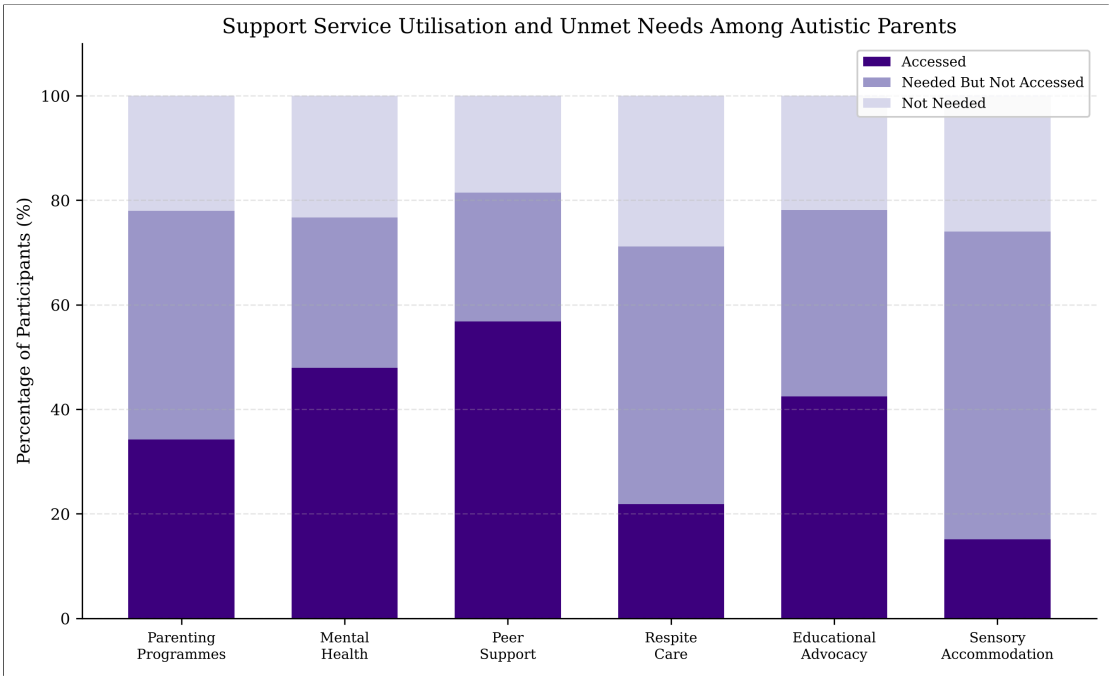


Figure 4. Support Service Utilisation and Unmet Needs Among Autistic Parents

Discussion

The present findings provide converging evidence that autistic parents of autistic children possess distinctive parenting strengths grounded in shared neurocognitive experience, whilst simultaneously facing elevated risk for burnout that is substantially attributable to the demands of navigating neurotypically structured service environments rather than to inherent parenting deficits. The identification of insider understanding, sensory attunement, and neurodiversity-affirming commitment as prominent strengths aligns with Milton's (2012) [2] double empathy framework and extends the preliminary qualitative observations of Dugdale and colleagues (2021) [1] and Pohl and colleagues (2020) [3] through longitudinal quantitative data and cross-group comparison.

The mediation pathway linking camouflaging effort to burnout through perceived social support inadequacy represents a particularly consequential finding with direct implications for service design. This pathway suggests that the elevated burnout observed among autistic parents is not an inevitable consequence of autistic neurology but is substantially driven by the chronic demands of conforming to neurotypical social expectations during interactions with services, schools, and healthcare providers (Hull *et al.*, 2017; Lai *et al.*, 2017) [5, 14]. Hull and colleagues (2017) [5] documented the cognitive and emotional exhaustion associated with sustained camouflaging, and the present findings extend this evidence by demonstrating that camouflaging demands in parenting contexts erode the very social support structures that might otherwise buffer against burnout (Cassidy *et al.*, 2018; Cage *et al.*, 2018) [10, 19]. The clinical implication is clear: reducing the camouflaging demands placed upon autistic parents by creating genuinely accommodating service environments may represent a more effective burnout prevention strategy than providing additional parenting support within existing, unchanged service frameworks.

The divergent burnout trajectories observed between autistic parents receiving tailored support and those accessing standard services underscore the critical importance of autism-adapted approaches. Standard parenting support programmes, designed around neurotypical processing styles and social interaction formats, may paradoxically increase burden for autistic parents by requiring additional masking effort and offering strategies misaligned with their cognitive and sensory profiles (Green *et al.*, 2010; Leadbitter *et al.*, 2018; Kreslins *et al.*, 2015) [9, 11, 21]. Conversely, the significant burnout reduction among parents receiving tailored support, which incorporated sensory accommodations, flexible communication formats, and autistic peer facilitation, demonstrates that appropriate accommodation can substantially alter outcome trajectories.

The qualitative themes illuminate the mechanisms through which strengths and challenges intersect in the daily lives of autistic parents. The concept of insider understanding as a parenting compass speaks directly to the theoretical predictions of the double empathy framework (Milton, 2012) [2], offering empirical evidence that shared neurology facilitates parent-child attunement in ways that conventional parenting assessments may fail to detect. Simultaneously, the theme of double navigation captures the unique stressor of managing two sets of neurocognitive demands within systems designed for neither (Crane *et al.*, 2018; Ratto *et al.*, 2018; Leedham *et al.*, 2020) [4, 8, 13]. These findings suggest that assessment of autistic parenting competence using instruments normed on non-autistic populations may systematically underestimate strengths whilst overestimating challenges, with potentially consequential implications for child protection and family court proceedings.

The present research should be interpreted within several boundary conditions. The sample was drawn from community autism networks within Ghana, and the cultural context of parenting, disability, and help-seeking within Ghanaian society shapes the generalisability of these findings to other national contexts. The reliance on self-identification of autistic status, with formal diagnostic confirmation not universally available, introduces potential classification uncertainty, though community-based identification processes have demonstrated reasonable concordance with formal clinical evaluation (Crane *et al.*, 2018; Hickey *et al.*, 2018) [4, 16]. The eighteen-month observation window, whilst representing the longest longitudinal follow-up in this population to date, may not capture the full developmental trajectory of the burnout-to-recovery pathway. Future research should extend observation periods and examine whether the benefits of tailored support are sustained or require ongoing provision (Happé *et al.*, 2012; Pellicano *et al.*, 2014; Robertson *et al.*, 2013) [6, 15, 17].

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Clinical implications

The present findings carry direct implications for the design and delivery of support services for families in which both parents and children are autistic. Service providers should recognise that autistic parents represent a population with both distinctive competencies, including enhanced sensory attunement and insider understanding, and specific accommodation needs that differ qualitatively from those of non-autistic parents (Dugdale *et al.*, 2021; Pohl *et al.*, 2020; Mottron, 2017) [1, 3, 7]. Conventional parent training programmes designed around neurotypical social interaction formats, including group discussion, role-play, and spontaneous verbal participation, may inadvertently exclude autistic parents or impose additional camouflaging demands that exacerbate rather than alleviate parental distress.

Practical modifications warranting implementation include providing written session materials in advance to enable processing, offering flexible participation formats that accommodate diverse communication preferences, ensuring sensory-friendly meeting environments through attention to lighting, acoustics, and seating arrangements, and incorporating autistic peer facilitators who can provide culturally congruent guidance (Hull *et al.*, 2017; Green *et al.*, 2010; Lai *et al.*, 2017; Pellicano *et al.*, 2014) [5, 9, 14, 15]. Assessment frameworks for parenting capacity should be revised to incorporate recognition of neurodiverse parenting strengths rather than measuring autistic parents exclusively against neurotypical normative benchmarks (Milton, 2012; Mottron, 2017; den Houting, 2019) [2, 7, 12].

Mental health services for autistic parents should specifically address the burnout pathway identified in the mediation analyses, targeting camouflaging reduction and social support enhancement as primary intervention points rather than focusing exclusively on parenting skill development (Cassidy *et al.*, 2018; Cage *et al.*, 2018) [10, 19]. The development of autistic parent peer support networks merits investment as a particularly effective and acceptable support modality, given the qualitative finding that community belonging served a protective function unavailable through professional services alone (Bayat, 2007; Kreslins *et al.*, 2015) [18, 21].

Conclusion

This research offers a comprehensive empirical examination of the strengths, challenges, and support needs of autistic parents raising autistic children, providing both quantitative evidence of distinctive parenting competencies and qualitative illumination of the lived experience of navigating parenthood within intersecting neurocognitive and social contexts. The findings challenge prevailing deficit-oriented approaches to understanding autistic parenting by demonstrating that the insider perspective afforded by shared neurology constitutes a meaningful parenting resource that existing assessment and support frameworks consistently fail to recognise (Dugdale *et al.*, 2021; Milton, 2012; Mottron, 2017) [1, 2, 7].

The identification of camouflaging as a primary driver of parental burnout, operating through the erosion of social support accessibility, redirects intervention attention from individual parenting skills toward systemic accommodation of neurocognitive diversity within service environments (Hull *et al.*, 2017; Lai *et al.*, 2017; Cage *et al.*, 2018) [5, 14, 19]. This finding carries particular significance given the growing recognition that late-diagnosed autistic adults, disproportionately represented among parents, may carry cumulative effects of decades of unaccommodated masking into their parenting years (Leedham *et al.*, 2020; Hickey *et al.*, 2018) [13, 16]. Support services that perpetuate camouflaging demands thus compound rather than alleviate the stressors facing this population.

The divergent burnout trajectories observed between autistic parents receiving autism-adapted support and those accessing standard services provide actionable evidence for service redesign. The meaningful reductions in burnout achieved through relatively modest accommodations, including sensory-friendly environments, flexible communication formats, and autistic peer facilitation, suggest that improved outcomes are attainable without substantial resource expansion, provided that existing resources are deployed with greater neurocognitive sensitivity (Green *et al.*, 2010; Leadbitter *et al.*, 2018; Kreslins *et al.*, 2015) [9, 11, 21].

Future research should extend the present findings through multi-site longitudinal investigations examining the sustainability of tailored support effects, cross-cultural comparisons of autistic parenting experiences across different service systems, and intervention trials directly evaluating the efficacy of specific accommodation strategies. The development and validation of autism-appropriate parenting assessment instruments represents a particularly pressing methodological priority, as existing measures may systematically mischaracterise autistic parenting competencies (Pohl *et al.*, 2020; Ratto *et al.*, 2018; Pellicano *et al.*, 2014) [3, 8, 15]. Equally important is the inclusion of autistic parents as co-researchers and experts-by-experience in the design and evaluation of family support services, ensuring that the distinctive knowledge documented in this research informs service development rather than remaining confined to academic discourse (den Houting, 2019; Pellicano *et al.*, 2014) [12, 15].

The overall pattern of evidence from this research points toward a fundamental reconceptualisation of how support services engage with neurodivergent family systems. Rather than applying neurotypical parenting templates to autistic parents and measuring the resulting discrepancy as deficit, services should adopt frameworks that recognise and mobilise the genuine strengths that shared autistic neurology confers upon the parent-child relationship, whilst providing the environmental accommodations necessary to sustain parental wellbeing across the lifespan (Milton, 2012; Happé *et al.*, 2012; Bayat, 2007) [2, 6, 18]. Such an approach honours both the scientific evidence and the lived expertise of autistic parents themselves, offering a path toward support models that are not merely inclusive in rhetoric but genuinely accommodating in practice.

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