

Tracking the Long-Term Outcomes of a New Work Experience Initiative for Autistic Adults Without an Intellectual Disability

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Background

- Supported employment initiatives that include work experience (like internships) can increase employment rates for autistic people^{1,2}, but many evaluations of such programmes only focus on employment outcomes like employment and job retention rates and income¹.
- (Un)employment can have a wider influence on autistic people's wellbeing, so it is important to examine the broader impact of work experience initiatives for autistic people².

Aim

- The current study aimed to track and evaluate the long-term employment and wider outcomes of autistic adults involved with a previously unevaluated paid internship scheme, *Employ Autism*.

Employ Autism

- The UK autism education and employment charity, *Ambitious about Autism* started Employ Autism to provide work experience for autistic adults age 18≤ and build their confidence in their transition to employment.
- Employ Autism partners with organisations in the UK to offer paid internships to autistic people, and delivers tailored training and support to the autistic people and employers involved throughout the process.

Methods

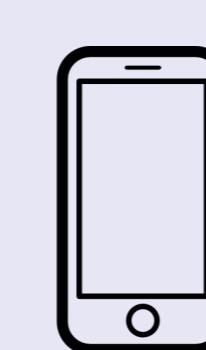
- 27 autistic adults ('interns'; $M_{age} = 23$ years) from Employ Autism internships completed surveys:
 - Before the internship ('baseline')
 - 6-months post-internship
 - 12 – 24 months post-internship
- The surveys measured:
 - Employment outcomes** (e.g., employment status); and,
 - Wider outcomes**:
 - Practical, everyday skills³
 - General self-efficacy⁴
 - Quality of Life^{5,6}
 - Mental Health⁷

Our research provides the first evidence of the impact of a new internship scheme called *Employ Autism*. Following the internship:

The proportion of interns in employment doubled from 26% before the internship to 56% 12 – 24 months after the internship.

The interns' income and workplace seniority also increased.

The interns' practical skills that are useful for engaging with work or community settings improved, but other aspects did not change, including quality of life and mental health.



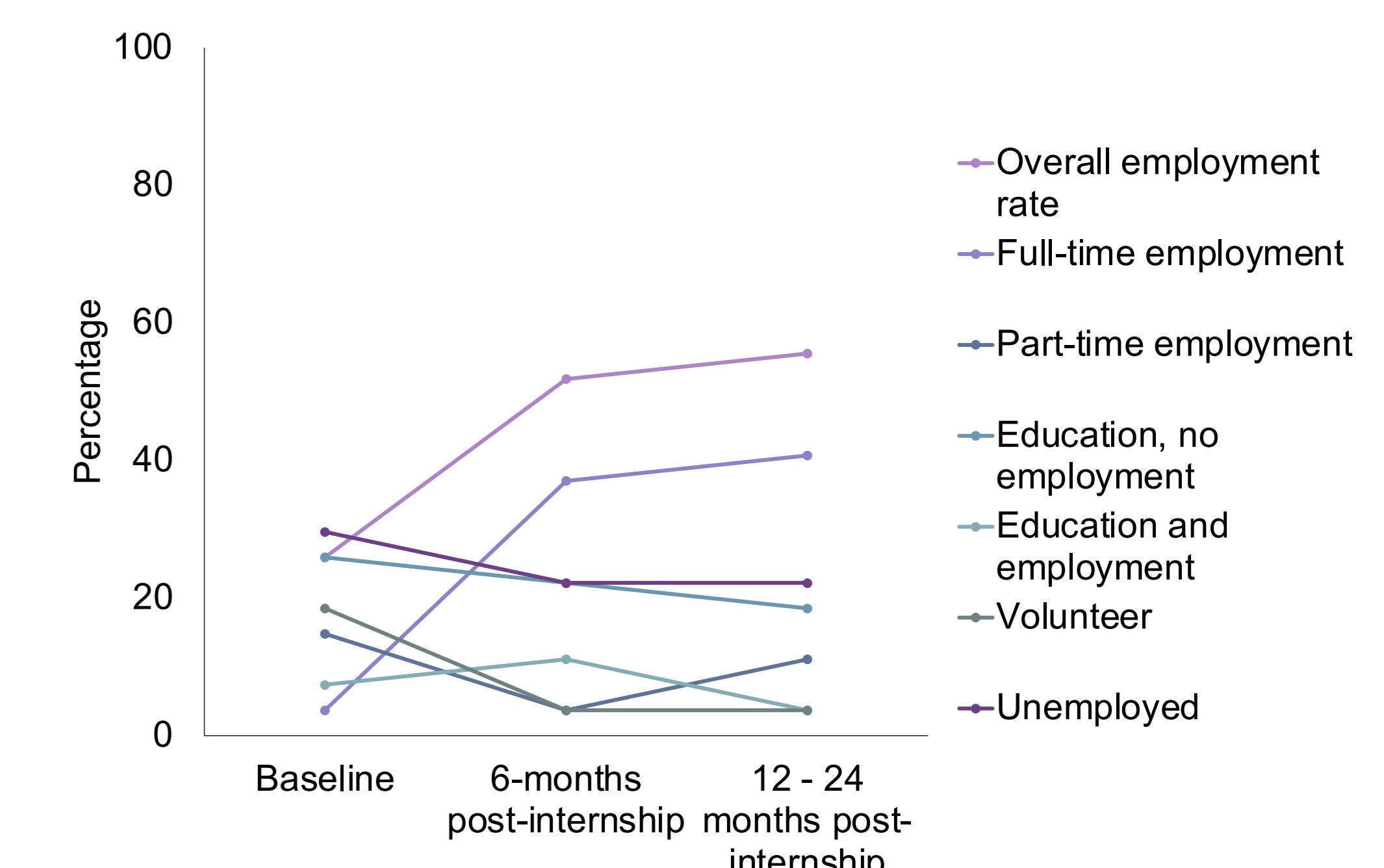
Take a picture to find out more.

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Results

Employment Outcomes

- The overall employment rate increased from 26% before the internship, to 52% 6-months, and 56% 12 – 24 months post-internship.



- At baseline most interns' highest level of employment was at a volunteer (25%) or intern (42%) level. By 12 – 24 months post-internship, 52% had worked at an entry or graduate-level role.
- At baseline, 75% said they earned less than £10k a year, but 12 – 24 months post-internship 60% earned £10k - £20k or more.

Wider Outcomes

- Repeated measures ANOVAs showed interns' practical, everyday skills increased significantly from baseline to 12 – 24 months post-internship (all $p < .05$).
- There were no significant changes in the interns' general self-efficacy, quality of life, or mental health (all $p > .09$).

Conclusions

- Work experience may support employment outcomes and the development of practical, applied skills, but they are not a panacea for more global factors such as mental health.
- Other forms of support (e.g. educational, social, and mental health) remain vital alongside employment initiatives.

References

¹Baker-Ericzen, M. J., Elshamy, R., & Kammer, 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. ²Hadley, D., Uliarević, M., Cameron, L., Helder, 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). ³Harrison, P., & Oakland, T. (2015). *Adaptive Behaviour Assessment System, Third Edition* (1st Edition). Western Psychological Services. ⁴Schwarzer, 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, pg. 35–37). NFER-Nelson. ⁵World Health Organisation. (1998). *Programme on Mental Health: WHOQOL User Manual (WHO/HIS/HIS Rev. 2012)*. World Health Organization. ⁶McConachie, H., Mason, D., Parr, J. R., Garland, D., Wilson, C., & Rodgers, J. (2016). Enhancing the Validity of a Quality of Life Measure for Autistic People. *Journal of Autism and Developmental Disorders*, 46(5), Article 5. <https://doi.org/10.1007/s10803-017-3402-z>. ⁷Lovibond, S. H., & Lovibond, P. F. (1995). *Manual for the Depression Anxiety & Stress Scales* (Second Edition). Psychology Foundation.