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A labour of love: Consequences of caregiving for an autistic child on mothers’ employment, financial status, and well-being

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ABSTRACT

Parents of autistic children report many benefits of caregiving, including improved family relationships and personal growth. However, there are also significant financial and emotional costs associated with this role. This has important consequences on women in particular who often tend to be the primary caregivers. Yet, despite this, few studies have examined the impact of caregiving on the financial and emotional well-being of mothers of autistic children. To address this gap, the current study sought to: 1) Compare the difference in income between mothers and fathers of autistic children in the same household; 2) Examine if the number of hours mothers spend navigating services predict their mental health after controlling for family income, child level of support needs, and education; and 3) Explore the impact of caregiving responsibilities on maternal work and employment. A total of 902 Ontario mothers of autistic children aged 17 years or younger completed a survey with both closed- and open-ended questions. Quantitative results indicated that mothers report a significantly lower average annual income compared to fathers. After controlling for demographic factors, regression analyses revealed that the number of hours spent navigating services predicted emotional well-being for mothers. Qualitative findings revealed various impacts of caregiving on mothers’ work and employment. Together these findings indicate that there are significant gender inequities in income and employment having a detrimental impact on women’s financial independence and well-being.

Introduction

Autism is a neurodevelopmental condition characterized by differences in social communication and behavior requiring a comprehensive range of services and supports across the lifespan (American Psychological Association, 2013). Caregivers play a significant role in the lives of autistic children contributing to their overall well-being and development. Despite this, however, caregiving is an underrecognized and often unpaid activity that falls disproportionately on women and mothers (Bailey et al., 2005; Baker & Drapela, 2010; Bromley et al., 2004). Although there are many positive aspects of parenting an autistic child (Corman, 2009; anonymized for reviewers), including improved personal growth and family functioning, there are also significant challenges (Altiere & von kluge, 2009; Rivard et al., 2014). Due to stigma, a lack of supports for families, and barriers in the physical environment, parents of autistic children often report higher levels of stress and caregiver burnout (i.e., a state of physical, emotional, and mental exhaustion) when compared to families of typically developing (TD) children (Hayes & Watson, 2012). These challenges not only

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affect caregivers' mental health and well-being (Fong et al., 2023), but also carry significant financial and employment consequences, an area that has received comparatively less research attention.

Although the research investigating the financial and employment impacts on parents is sparse, there are a number of exceptions. One qualitative study by Ozdemir and Koç (2022) examined the impact of their child's autism diagnosis on the careers of 18 fathers and 12 mothers living in Turkey. Findings indicated that both parents experienced difficulties maintaining their employment with one parent typically having to quit their jobs to support their children. Additionally, parents reported postponing or abandoning their career goals to be a full-time caregiver. Research has also focused on examining the impact of career-related disruptions on the emotional well-being of parents. For example, a study by Stoner and Stoner (2014), comprised of eight married couples of autistic children, found that parents struggled with the loss of their career, feelings of inadequacy, and emotional conflict when they had to leave their work. Similarly, research by Watt and Wagner (2013) found that parents of autistic children report more mental health problems and lower job satisfaction when compared to parents of TD children. Due to high out-of-pocket costs and insufficient coverage for services, studies have also shown that parents increase their work hours or continue working in jobs despite low satisfaction. For example, research by Watson et al., (2021) found that parents of autistic children in the U.S. avoid changing jobs in order to keep their health insurance.

Even fewer studies have compared the financial and employment impact across genders or examined the impact on mothers specifically. One exception is a study by Cidav et al. (2012) which compared mothers of autistic children, children with other health conditions, and TD children. Results indicated that mothers of autistic children earn 35% less than mothers of children with other health conditions and 56% less than mothers of TD children. Further, mothers were 6% less likely to work and worked seven hours less per week on average when compared to mothers of TD children. In contrast, there were no significant differences in employment outcomes for fathers across the three groups. This pattern also appears to emerge in other national contexts. For example, qualitative research by McCabe (2010) revealed that mothers in China report making sacrifices related to their employment due to caregiving responsibilities specifically related to managing their child's therapies. In a systematic international literature review, Maich et al. (2019) concluded that mothers of autistic children have decreased opportunities for employment, and this results in "substantial" economic consequences for families.

Another line of research has also explored protective factors which mitigate the negative impact on mothers' employment. For example, one study by Baker and Drapela (2010) found that there were lower rates of adverse impacts on maternal employment when work environments were flexible and accommodating for caregivers. More recent findings by Brekke et al. (2024) observed that mothers in the U.S. experienced greater negative impacts on employment than mothers in Norway, attributing this to differences in childcare access and policy. Together, this literature highlights significant financial and employment inequities for mothers of autistic children, but these can be mitigated by social policy.

This has important consequences for women and mothers as income and employment are key social determinants of health and well-being (Commission on Social Determinants of Health, 2008; Maich et al., 2019). Research has consistently shown that being unemployed is linked to higher rates of stress, anxiety, and depression in caregivers of autistic children, most of whom are mothers (Alibekova et al., 2022; Chen & Newacheck, 2006). There are also significant implications for society as a whole. For example, lower salaries and employment rates for women contribute to increased poverty rates, having a cascading effect on families and communities (Farwell, 2014; Shaw & Mariano, 2021). However, much of the existing literature aggregates caregiving effects across parents, thereby masking important gender differences in work and employment outcomes. An understanding of the relationship between maternal caregiving responsibilities, income, and mental health is urgently needed to advance equity and inform policy change that better supports families.

The theoretical framework guiding the current study is the Stress Process Model (SPM), developed by Pearlin et al. (1981, 1990), which conceptualizes stressors as interrelated processes shaping caregiver outcomes. According to this model, primary stressors encompass the direct demands of caregiving (e.g., managing therapies), while secondary stressors reflect spillover effects that arise from these demands (e.g., disrupted employment). Over time these demands accumulate and interact, creating compounded strain that disproportionately affects mothers of autistic children. This framework also emphasizes the role of protective resources, including supportive networks and services access, in alleviating the challenges associated with caregiving. The SPM guided our analysis (e.g., identifying primary and secondary stressors) and helped situate maternal caregiving within the broader landscape of social and structural inequities. Guided by this framework, the current study sought to examine the following research questions:

1. What is the difference in income between mothers and fathers of autistic children in the same household?
2. Does the number of hours mothers spend navigating services predict their mental health after controlling for family income, child level of support needs (e.g., amount of daily assistance required) and education?
3. What is the impact of caregiving responsibilities on maternal work and employment?

Methods

Study setting

Our study took place in Ontario, Canada's most populous province. Here, families of autistic children receive financial support for eligible services and supports through the Ontario Autism Program (OAP). The OAP has undergone significant changes in the past decade due to shifts in government policies and protests led by parents (The Canadian Press, 2019; Jones, 2019). During the period of study (summer 2021), the government took steps to address long-standing backlogs in support by directly providing funding to most eligible families. Children aged five and under received one-time funding of $20,000 for eligible intervention services such as behavioral therapy, speech/language therapy, and respite care. Children between the ages of six and 18 were eligible to receive $5000 in direct funding for similar services. Some families transitioning from an earlier version of the program received needs-based behavioral therapy during this time, while others began transitioning into newly developed program streams in addition to their allocated budgets. These new streams included school readiness programs and caregiver-mediated early intervention training. Starting in 2022, a new iteration of the OAP has been gradually implemented, whereby funding is determined based on a combination of age and the child's individual needs (Government of Ontario, 2019), but long wait times (in some cases lasting over five years) persist for most families who are trying to access funding for core therapies (i.e., behavioral, speech-language pathology, occupational therapy, and mental health services). This is particularly stressful since parents are often advised to seek therapy for their children as early as possible in order to have the greatest long-term impact, yet have no way of practically being able to afford it (Ogilvie, 2023).

In addition to province-wide service delivery changes and upheaval during the research period, the COVID-19 virus was rapidly spreading across Canada, leading to a surge in cases, particularly in provinces like Ontario (World Health Organization, 2023). In order to mitigate the rapid spread of the virus, various public health measures were implemented, including travel restrictions, social distancing requirements, and the temporary closure of schools and non-essential businesses (such as therapy centers).

Participants

A total of 902 mothers in Ontario participated in a survey that included both closed- and open-ended questions. The recruitment of parents of autistic children primarily took place through Autism Ontario, a charitable organization which maintains a database of families with autistic individuals. The inclusion criteria broadly included parents of children aged 17 years or younger diagnosed with autism. Although both mothers and fathers participated in the original survey (anonymized for reviewers), about 90% of respondents (who identified themselves as their child's "primary caregiver") were women. To address the current research objectives, only mothers were included in the analysis for this paper. The survey was conducted online and was available in both English and French from June 30 to July 23, 2021.

The average family income was $110,460 CAD, which is comparable to the provincial average income of $111,000 (Toronto, 2022). Thirteen percent of families resided in rural regions, while 33.5% lived in medium or smaller population centres (<100,000 people). Detailed demographic information for parents and their families can be found in Table 1. The reported age range of the autistic

Table 1
Family demographics.

Demographic information	Frequency (%) (N = 902)
Family and parenting situation	
Parent with partner support (e.g., married)	478
Parent with minimal/without partner support	400
Prefer not to answer	24
Ethno-cultural background	
Indigenous (e.g., First Nations, Métis, Inuk (Inuit))	28
Arab	11
Black	34
Chinese	46
Southeast Asian (e.g., Vietnamese, Thai, Cambodian, Laotian, etc.)	11
South Asian (e.g., East Indian, Pakistani, Sri Lankan, etc.)	54
Japanese	2
Korean	4
West Asian (e.g., Iranian, Afghan, etc.)	5
Latin American	2
White	605
Highest level of education	
Some high school	11
High school diploma or equivalent	38
Some college or university	91
College, CEGEP or other non-university certificate or diploma	268
University undergraduate degree	247
University graduate degree	247
Child's gender	
Female	207
Male	676
Non-binary/questioning gender	11
Other	5
Prefer not to say	3
Perceived level of child support needs	
Requires very substantial support	181
Requires substantial support	247
Requires support	472
Prefer not to say	2

children, as provided by parents, was between 1 and 17 years, with an average age of 8.9 years (SD = 4.1).

Measures

The survey used in this study was developed collaboratively with community partners from Autism Ontario and researchers who possessed complementary areas of expertise (refer to acknowledgements section). Prior to its administration, the survey underwent a pilot testing phase involving members of the autism community, including parent caregivers from diverse backgrounds (socioeconomic, ethnic, gender, geographic) and neurodivergent (autistic) perspectives. Feedback was gathered on content, language, comprehensiveness, clarity, and accessibility. Based on this input, revisions were made to strengthen the survey. A final evaluation by parents and researchers ensured that the online Qualtrics format was user-friendly and logically structured. A community-engaged approach was central to this work, with partners actively participating in ongoing knowledge exchange and mobilization activities to ensure practical use of research findings and meaningful impact.

The main objective of the survey was to collect information from primary caregivers of children or youth in Ontario diagnosed with autism regarding their recent experiences during the COVID-19 pandemic. The survey covered various topics, including 1) child education, 2) autism services and supports, 3) parent mental health, and 4) parent work and employment. The present study primarily focused on the sections related to parent mental health and work and employment. The analysis incorporated measures of maternal mental health, work and employment, and demographic characteristics, which will be discussed in detail in the subsequent sections.

Demographic questions

Participants were asked to provide sociodemographic information on themselves (e.g., age, gender, education level), their partner (e.g., age, gender), their child (e.g., age, gender, level of support needs), and family (e.g., family income). To compare the income between mothers and fathers, both partners also provided their annual incomes.

Hours spent navigating and accessing services

To assess the number of hours spent navigating services parents were asked, “Over the past 12 months, how much time per week do you spend on average researching, navigating, preparing, attending meetings, facilitating, traveling to, or delivering therapy or services for your child(ren) with an autism diagnosis?”

Mental health

Parents were asked to rate on a Likert scale ranging from 0 (*Not at all affected)* to 5 (*Extremely affected)* the extent to which their mental or emotional health has been affected by the challenges of accessing or navigating autism-related services and supports.

Impact of caregiving responsibilities on work and employment

The two open-ended questions which were qualitatively analyzed were as follows:

1) How has your employment and/or income been impacted by your parenting responsibilities with your child/ren on the autism spectrum, either before or during the COVID-19 pandemic?
2) Over the past 12 months, how do you feel the amount of hours you work has been impacted by the needs of your child(ren) with an autism diagnosis?

Procedure

The research protocol for this study underwent a thorough review and received approval from the Research Ethics Board at [anonymized for reviewers]. Parents who met the inclusion criteria for the study provided their consent and proceeded to answer the main survey questions. The survey was comprised of both closed- and open-ended questions, informing the quantitative and qualitative analyses respectively. The survey consisted of two parts, with each part typically taking between 15 and 25 min to complete. After finishing the survey, respondents were given the opportunity to enter a draw for prizes. Participants who completed Part 1 of the survey were eligible for a chance to win one of fifteen $50 prizes, while those who completed both Part 1 and Part 2 had the chance to win one of fifteen $100 prizes or a grand prize of $500.

Analysis

Quantitative analysis

Data analysis for this study was performed using IBM SPSS Statistics (Version 29; IBM Corp., 2022). Participants were allowed to skip survey items; therefore, cases with missing data were excluded from the regression analyses using listwise deletion. Descriptive statistics were utilized to characterize the sample for each scale. To determine if there were gender differences in incomes, comparisons were made between mothers’ and fathers’ average annual income.

Bivariate Spearman’s correlations were first conducted to explore the relationships between variables, such as number of hours spent navigating services, family income, maternal education, child level of support needs, and mental health. To ascertain the extent to which the main predictor variable (e.g., number of hours navigating services) could explain a significant portion of the variance in mental health, a hierarchical regression analysis was conducted. This analysis controlled for demographic variables including family income, maternal education, and child level of support needs. Throughout the analysis, attention was given to identifying non-normality, unequal variances, and potential multi-collinearity. Normality was assessed by visually inspecting the distributions and examining skewness and kurtosis values. Variance inflation factors (VIF) were calculated for each variable and found to be below 2.0, indicating a lack of significant multicollinearity among the study variables (Mendenhall & Sincich, 2004).

Qualitative analysis

The open-ended responses from the survey, which aimed to evaluate the impact of caregiving responsibilities on maternal work and employment, were compiled and organized in an Excel spreadsheet (Version 16.73, Microsoft Inc). A thematic analysis, guided by Braun and Clarke's framework (2012), was conducted to analyze the two open-ended questions related to the impact of navigating and accessing services on parent work and employment. An inductive approach was used to identify themes based on their semantic content and latent interpretation of their underlying meaning. The authors and three research assistants carefully reviewed the entire dataset of open-ended responses to gain familiarity with the data and generate a list of potential codes.

The list of codes generated during this initial stage was then discussed in meetings involving the research team. Through an iterative process, the codes were revised, refined, and organized into overarching themes and subthemes. Similar or redundant codes were grouped together to create comprehensive themes. The final list of codes was used by three research assistants and the second author to independently code all the responses, ensuring consensus in their coding decisions. Any disagreements were resolved through discussion until agreement was reached. Inter-coder reliability was assessed using percent agreement (Roaché, 2017) and yielded a high reliability rate of 92% between the coders. Discussion among the authors further refined the themes and facilitated the identification of patterns across the dataset. Related themes and subthemes were consolidated, while those considered less relevant or insignificant in addressing the research question were eliminated from the analysis.

Results

Quantitative

What is the difference in income between mothers and fathers in the same household?

The results indicate the mothers' income (M = CAD$45,822.1, SD = 42,343.6) was significantly lower than the fathers' income (M = CAD$69,778.8, SD = 47,278.8), t(901) = -12.7, p < .001.

Does the number of hours mothers spend navigating services predict their mental health after controlling for family income and education?

Table 2 presents descriptive statistics for the main outcome variables. The first model, which accounted for education, family income, and child level of support needs, accounted for 3.7% of the variance in mental health (F (3,896) = 11.54, p < .001). The second model, which additionally accounted for hours navigating services, was significant (R2 = 5.0, F (4,895) = 11.67, p < .001), and accounted for an additional 1.2% of the variance in stress above and beyond Model 1 (Δ F (1,895) = 11.65, p < .001). The associated regression coefficient for hours navigating services was significant (β = .11, p < .001). In other words, increasing the number of hours navigating services predicted poorer mental health for mothers. See Table 3 for a summary of both models at each step.

Qualitative

A total of 555 participants provided responses to either of the two open-ended questions on the survey. Three themes related to the impacts of navigating and accessing services were identified in the open-ended survey responses: 1) sacrificing career, 2) balancing act, and 3) job satisfaction. Several subthemes emerged for each theme.

Sacrificing career

Parents described being faced with difficult decisions around giving up their employment and careers to support their child's needs and manage their therapies and appointments. This often contributed to financial strain and hardship for the family. For example, one parent shared:

> *I am not able to secure the executive level job and pay I am qualified for because of the unpredictability of my child's outbursts and inability of the school to provide EA support which he requires to be successful in the school environment. This puts financial pressure on the family, and forces us to choose the types and levels of support our child receives.*

For some parents, prioritizing their child's care often affected their work and productivity to the point where they were let go by their employers. As a result, parents perceived a deep sense of loss, frustration, and lack of control:

Table 2
Scale descriptive statistics.

Survey item	M (SD)	Observed range	Theoretical range
Mental health	2.74 (1.05)	1–5	1–5
Hours navigating services	9.43 (12.8)	0–90 h	0–168 h

Table 3
Number of hours spent navigating services predicting mental health (N = 902).

Variable	Model 1				Model 2			
	B	*SE B*	*β*	*p*	*B*	*SE B*	*β*	*p*
Highest education	-.006	.030	-.006	.856	-.002	.030	-.003	.939
Family income	-.000	.000	-.011	.741	.000	.000	.002	.962
Child level of support needs	.253	.044	.191	< .001	.236	.044	.178	< .001
Hours navigating services					.009	.003	.113	.001

> *I loved my job and losing it was really hard for me. They were not happy that I often had to leave because of my son's appointments, when I was late because of various difficulties with my son, or that I requested to work fewer hours in order to be able to better support my son. This was not fair. I was working very hard before my son's diagnosis while he was at a private school, I stayed longer than my regular hours and took extra work home.*

Parents who reported sacrificing their careers commonly encountered difficulties accessing childcare. This was due to various reasons including high costs, a lack of availability, or lack of appropriate accommodations or support in the facilities. One parent articulated:

> *Since my child has been born, I've spent more time on leave than I have working, mostly because I can't find any licensed childcare provider that's willing or able to take him on due to his high support needs.*

Balancing act

Although it is a shared experience for working parents to grapple with the demands of work and family life, the challenges and complexities involved in providing support for autistic children appear notably amplified, adding an extra layer of intricacy to this balancing act. For example, one parent shared:

> *It has been stressful trying to balance work and childcare responsibilities. My employer was not accommodating or flexible at all. I ended up quitting my job as a result. I couldn't cope with the stress and pressure of maintaining employment there when my child needed to be cared for. I had asked for time to take him to appointments/attend a group and I was told 'no'. I asked if I could adjust my hours and I was told 'no'. I asked if I could reduce my hours to part time (even though I couldn't really afford to) and I was told 'no'. When I spoke up to them, I was removed from the schedule.*

As the ongoing struggle to maintain a semblance of work-life balance persists, particularly in the absence of support, the risk for burnout increases. Parents perceived this as inherently unsustainable, having a detrimental impact on other aspects of life including their relationships:

> *I worked a second job to pay for what I could. The added workload I have to accomplish the added therapies relieves some financial stress for the family but adds to the marital stress levels because my spouse is home taking care of the kids alone while I work the added hours. This way of life is unsustainable in the long run. Either I will burn out, or divorce, or both.*

Parents frequently expressed the emotional impact and weight of caregiving. Some parents noted how this contributed to heightened stress levels and creates challenges when transitioning between work and caregiving responsibilities:

> *Parents who have a job and special needs kids to care for also need to take care of their well-being. We are not robots that can transition from working mode to parent mode (providing special support) smoothly. The most difficult thing for me is when I have to work and my son needs me. I often felt guilty when I have to put my son on hold. This feeling often broke my last strength during the pandemic.*

While the pandemic created unique challenges for working parents, due to a lack of supports for families, some argued that these issues existed prior to the pandemic. These parents expressed that the lack of supports available for their child hindered their ability to effectively balance work and family responsibilities:

> *It's not about the pandemic, they need us all the time. I have mental stress financially support[ing] my family and hav[ing] to take care of my kid. On the other hand, all these expensive therapies force us to work more.*

Job satisfaction

The need to constantly "fight" for accommodations at work was reported to create a hostile and unsupportive work environment for parents. This appeared to increase stress levels and negatively impact parent well-being contributing to feelings of guilt and shame. For example, one parent stated:

> *I have to beg my employer to be able to work from home at review meetings twice a year (pre-COVID) and it is seen as a "secret" from my colleagues, so I can meet my daughter's needs. I am made to feel ashamed for asking.*

Parents described feeling trapped in certain employment positions due to their families' need for medical benefits provided by their current job. These parents emphasized the lack of options when selecting career paths, as the need to maintain essential healthcare coverage for their families outweighed other considerations:

> *I think I must continue to work full-time because the medical benefits are critical and there is no other way to have access to this.*

Parents identified flexible workplace policies, including hybrid or remote work arrangements and extended family leave, as factors that reduced strain and fostered more positive work environments. Under exceptional circumstances, parents reported high job satisfaction when their employers were flexible, understanding, and willing to make accommodations for them:

> *This is the first year since my son was born that I've even been able to have a job. I found the most amazing employer who accepts and celebrates my family. He allows me to tailor my schedule to fit my son's school and therapies. I never thought this would happen, we are so very blessed.*

Further emphasizing the importance of supporting parents of children with disabilities in their capacity to work, another parent brought attention to the gender bias in the workplace and its disproportionate impact on women and mothers:

> *Most people I deal with in the business world would rather not acknowledge that I have to deal with "personal" things like childcare because that's considered unprofessional for a lot of women with children, and not very tolerated. So I have to pretend that I'm totally focused on business when trying to balance the needs of my child with autism, as well as my other children. Society needs to change and be more accepting of mothers and the dual role they often play, and not judge me against the example of a male colleague who is able to devote all his time and energy to a project because his wife does all the childcare.*

Discussion

The first aim of the study was to compare the average annual income between mothers and fathers. Mothers earned 66% of fathers' income, notably lower than the 2024 Canadian census figure indicating women earn 89 cents for every dollar earned by men (Government of Canada, 2025). While previous research has compared the average annual earnings of mothers of autistic and non-autistic children (Cidav et al., 2012), this study has extended these findings by comparing both mothers and fathers of autistic children in the same household. These findings shed light on gendered family dynamics that may contribute to disparities in financial security, mental health, and overall well-being.

The second aim of the study was to examine whether the number of hours mothers spend navigating services predicts their mental health. More hours spent navigating services significantly predicted poorer maternal mental health. Although the effect size is modest, the clinical significance is notable given the chronic stress associated with long-term service navigation. Consistent with previous research (Sawyer et al., 2010), the results suggest that in addition to service navigation being time-consuming, there also appears to be emotional burden and mental health impacts, which may make it challenging to meet both caregiving and work responsibilities. These findings are significant, especially given that the majority of children in our present sample required only minimal support, as opposed to substantial or very substantial levels of support, yet their mothers still reported elevated levels of stress and mental health challenges. Mothers experiencing higher levels of stress, anxiety, or depression may face difficulties concentrating, managing stressors at work, and maintaining their well-being, which may indirectly affect their job satisfaction and overall work performance. Indeed, previous research has shown that compared to families of TD children, families of autistic children report higher parenting stress, poorer mental health, and lower job satisfaction (Watt & Wagner, 2013). It is likely that the pandemic also exacerbated mental health challenges. Indeed, a survey of 8000 caregivers in the United States found that 97% of parents reported feeling stressed or overwhelmed due to disruptions in autism services for their child (SPARK, 2020).

The final aim of the study was to explore the impact of caregiving responsibilities on mothers' work and employment. Qualitative findings confirmed our quantitative results. Perspectives from mothers revealed that increasing demands from caregiving often contributed to career sacrifices, difficulties in achieving work-life balance, and decreased job satisfaction. While caregiving responsibilities, including service navigation, have been identified as a key factor impacting stress, few studies have examined the impact of this specifically on mothers' employment (SPARK, 2020). Indeed, the finding that the lack of appropriate childcare contributes to challenges maintaining employment for mothers is strengthened by previous research (McCall & Starr, 2018; Montes & Halterman, 2008; Ou et al., 2015). These experiences are particularly concerning given mothers' strong desire to work and the loss many feel when forced to leave jobs due to inadequate supports. There is a breadth of research demonstrating the importance of work as a social determinant of health and well-being (Nawej, 2023; World Health Organization, 2023). Previous research has also demonstrated the buffering effect of work and employment on caregiver stress (Martire et al., 1997). Therefore, addressing the pay inequity experienced by these mothers, as well as promoting more flexible and accommodating employment, is crucial for supporting them to thrive both personally and professionally.

In line with previous research, employers play a crucial role in supporting mothers of autistic children (Baker & Drapela, 2010). Providing flexible work arrangements, such as remote or hybrid options, flexible scheduling, or adjusted workload, can help to alleviate some of the challenges associated with managing and coordinating services. Employee assistance programs, counseling services, and mental health support initiatives can also contribute to improving the health and well-being of mothers balancing these demands. As predicted by the SPM, such policies and supports operate as protective resources that help buffer the cascading effects of caregiving responsibilities on mothers' mental health and employment.

A number of limitations warrant caution when interpreting the findings. Due to the cross-sectional nature of the survey, causal inferences cannot be made, and therefore longitudinal research is needed to determine the direction of the link between hours navigating services and mental health outcomes. It is possible that mental health can both influence the amount of time spent navigating services and be influenced by it. While the survey included responses in both English and French, and interpreters were offered for other languages, only one participant (who requested Mandarin) used this service, limiting representation of diverse linguistic groups. Similarly, recruitment through community organizations may have disproportionately drawn families who are already more engaged or connected to supports, resulting in fewer families from equity-deserving groups with less access to services. Particularly, future research should examine the experiences and support needs of racialized and low-income mothers, as these groups have been shown to encounter compounding barriers to accessing autism services (Bilaver et al., 2021; Casale et al., 2023; Fong et al., 2024; Liu et al., 2023). Furthermore, the study used a single Likert item to measure maternal mental health, which may be inadequate in capturing the complexity of this construct. In addition, both the hours spent navigating services and the maternal mental health measure relied on parent reports, which are subject to recall bias. Future research should employ more comprehensive measures to validate the current results. Finally, although our survey included both same-sex and single parent households, for the purposes of analyzing gender pay disparities, only households in which both mothers and fathers worked were included in the analysis for this particular paper. Future work should also address the employment and equity needs of other family arrangements and consider fathers' experiences.

Conclusion

Our findings indicate that there are significant gender inequities in income and employment having a detrimental impact on women's financial independence and well-being. Policies are urgently needed which recognize the important contributions that primary caregivers, who are mostly women, provide to the health care and social service system by providing adaptable work arrangements such as remote or hybrid options, flexible work hours, expanded parental and caregiving leave, and protected time off for medical or therapy appointments. Improved funding for children's programming, including accessible childcare, therapy, recreation, education, service navigation, respite services, and transportation when needed, would also decrease the need for caregivers to leave work to facilitate their children's participation. Addressing these inequities requires dismantling systemic barriers to maternal employment and recognizing caregiving as a societal responsibility that merits sustained economic and policy investment.

CRediT authorship contribution statement

Janet McLaughlin: Writing – review & editing, Writing – original draft, Supervision, Methodology, Investigation, Funding acquisition, Formal analysis, Data curation, Conceptualization. **FONG VANESSA:** Writing – review & editing, Writing – original draft, Methodology, Investigation, Formal analysis, Conceptualization. **Margaret Schneider:** Writing – review & editing, Writing – original draft, Supervision, Methodology, Investigation, Formal analysis, Conceptualization.

Ethical Approval and Informed Consent Statement

All procedures performed in this study involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki Declaration and its later amendments.

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Will be added following peer review.

Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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Data availability

Data will be made available on request.

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