proof positive
Autism Wellbeing Alliance

Autism Wellbeing Survey

Research Results

Survey conducted by Pathfinder Opinion Research | 2025

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Key Findings

Key Findings – What the research tells us

There is near-unanimous agreement that wellbeing is essential

94% say prioritizing the personal wellbeing of autistic individuals is "absolutely essential" or "very important" within their overall care, education, and support. No respondent rated it as unimportant.

Wellbeing is the top priority

Across all respondent groups and in two different question formats, wellbeing is ranked as the #1 priority for autistic individuals — above communication, self-care, socialization, and academics.

Autistic individuals and caregivers in the autism community reported the lowest levels of wellbeing

Reported levels of wellbeing were significantly different across the community: autistic individuals (39%), caregivers (54%), educators (71%) and service providers (76%)

Wellbeing is seen as a foundation for building other skills

69% say improving wellbeing makes it easier to build other skills, compared to 31% who say building skills leads to improved wellbeing. Autistic individuals feel this most strongly (76%).

Key Findings (continued) — Where the gaps are … and where the opportunity lies

Support systems and autistic individuals see things differently

89% of caregivers, educators, and providers say wellbeing is a "central focus" or "high priority" for them with the autistic individuals they care for / work with — but only 39% of autistic individuals say that is how much their own support systems prioritize wellbeing. A similar gap exists in perceived time spent supporting wellbeing activities (70% spend a lot of time / do this regularly vs. 24%).

Practitioners face real barriers to implementation

The top barriers to implementing a wellbeing focused approach include pressure to prioritize academic or functional skills (53%), lack of training (49%), difficulty measuring wellbeing outcomes (36%), and system or policy constraints. Only 6% currently use a formal measuring/tracking tool.

While awareness is low, interest is high, and the approach resonates

Only 31% are "very aware" of positive psychology in autism care, yet 95% are interested in learning more. After reading about Proof Positive, 77% find the approach extremely or very appealing, and 97% find it at least somewhat appealing.

Wellbeing in Autism Services and Support

Near Unanimous: Wellbeing is Important in Autism Services and Support

'How important should prioritizing the personal wellbeing of autistic individuals be within their overall care, education, and support?'

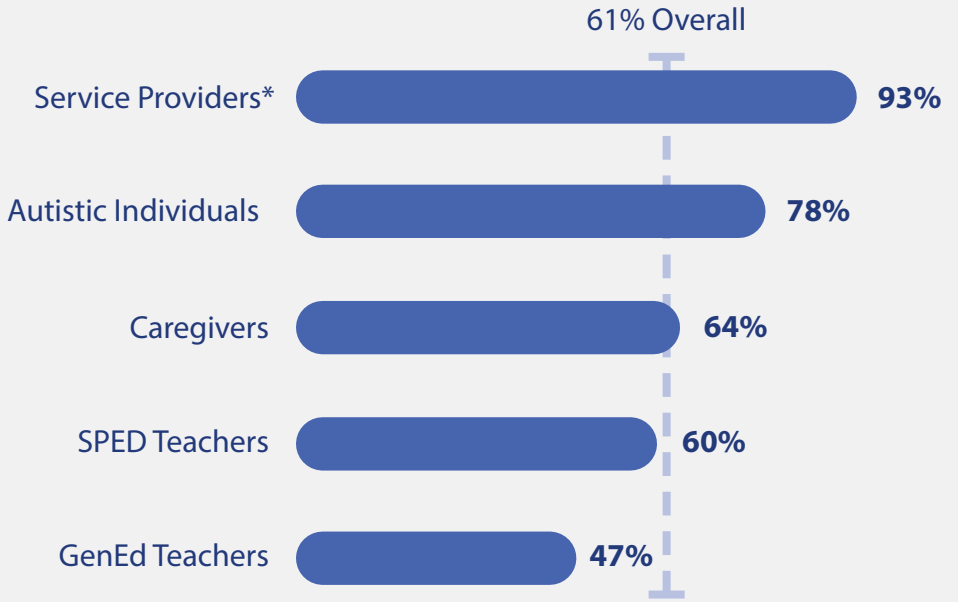
94%

say wellbeing is essential or very important

Not Important: **0%**

No respondent rated wellbeing as unimportant.

Rated "Absolutely Essential" by Group



**Service provider responses were sourced from Proof Positive and allied organizations' lists and may reflect their unique perspectives on the role of wellbeing in autistic care and support.*

Wellbeing Ranks First Among Other Focus Areas

Individuals: Rank areas most important for you to focus and make progress on; Rest: Prioritize areas to support development for autistic care recipient/students/clients

Without Definitions (Version A)

n=527

★ #1 Wellbeing

#2 Communication

#3 Self-Care

#4 Socialization & Relationships

#5 Academic / Job Skills

With Definitions (Version B)

n=489

★ #1 Wellbeing — experiencing joy, meaning, purpose, connection

#2 Communication — engaging and exchanging information with others

#3 Self-Care — getting dressed, eating, brushing teeth, etc.

#4 Socialization & Relationships — making friends or feeling connected

#5 Academic / Job Skills — (learning school subjects, reading, job skills

Wellbeing is the highest priority focus area overall, across all respondent group types, and in two different question formats — one where wellbeing was defined as "experiencing joy, meaning, purpose, and connection," and one where it was left undefined.

Wellbeing is seen as the Foundation for Building Skills

Which is the better starting point for helping autistic individuals flourish and thrive?

69% Prioritize Wellbeing

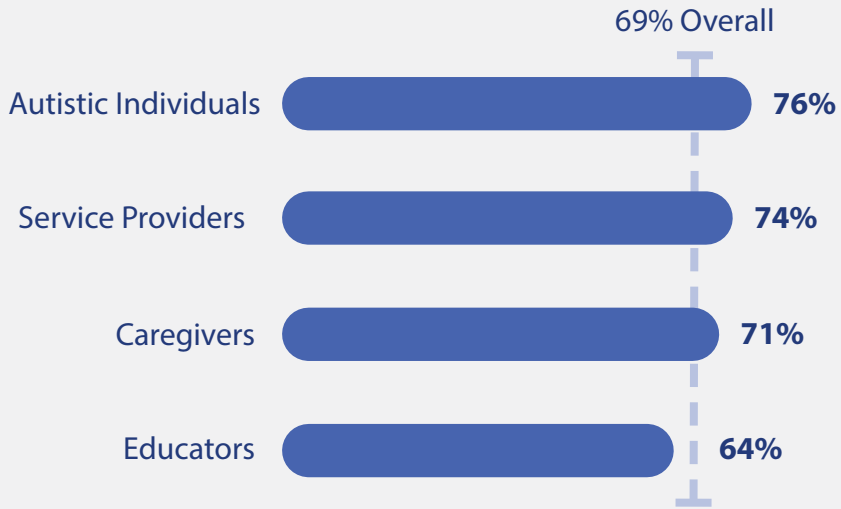
We should prioritize improving wellbeing (experiencing joy, meaning, purpose, and connection), because when wellbeing improves, it becomes easier to build other skills.

31% Prioritize Skills

We should prioritize building skills (such as academics, communication, and self-care) because successfully learning these skills helps improve wellbeing.

This finding does not suggest wellbeing is more important than skills — rather, there is broad recognition that wellbeing serves as a foundation that helps build skills.

"Prioritize Wellbeing" by Respondent Group



Autistic individuals are the most likely to see wellbeing as the foundation for building other skills.

Challenges and Barriers to a Wellbeing-Focused Approach

Implementation Barriers are Practical and Addressable

Educators and service providers (n=484): "Which of the following would be significant barriers to implementing a wellbeing-focused approach in your workplace?" (Select all that apply)

Many of these barriers are addressable, pointing to the need for institutional permission and practical resources. Proof Positive is already starting to remove some of these barriers with their tools, resources, and training. Others are more difficult and systemic: e.g., the need for an accepted measurement strategy and navigating insurance constraints.

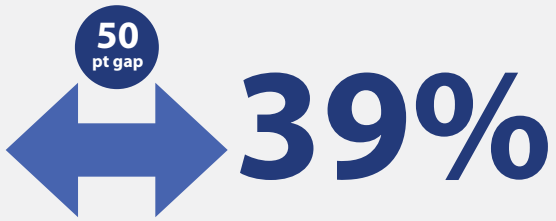
Among service providers specifically, "system or policy constraints (e.g., insurance, mandates) " is a top barrier (51% vs. 33% overall).

Sizeable Gap Between Intention and Experience

Disconnect between how support systems report prioritizing wellbeing for those they care for / work with and how autistic individuals experience it themselves

Perception Gap

How highly is wellbeing prioritized?



of caregivers, educators, and providers say prioritizing wellbeing is a "central focus" or "high priority"

of autistic individuals say the people who support them prioritize it at the same level

Time Access Gap

Time spent on activities that bring joy, meaning, purpose, and connection

of caregivers, educators, and providers say they spend at least "a lot of time" each day on wellbeing-centered activities

of autistic individuals say they have that level of time for these pursuits

Research Note

All autistic individuals in this survey are adults, while support system respondents primarily care for / work with minors. The results suggest a disconnect between how support system respondents report prioritizing and allocating time for wellbeing and how autistic individuals perceive this within their own support systems. It is unclear whether this pattern would hold or differ among younger autistic individuals.

Wellbeing is Not Formally Tracked or Measured

Open-ended (educators and providers): "How do you currently measure or track the wellbeing of autistic individuals that you support?" Verbatim responses categorized into thematic groups.

ONLY

6%

used a specific measurement method

(e.g., PERMA, CFQL-2, VIA Character Strengths, or other quantitative instruments)

How Practitioners Report Tracking Well-Being

	Specific Tracking Tool	Vague Tracking Methods	Personal Observation	Progress on Goals / IEP	Self-Reports	Parent / Team Reports	Not Tracking
GenEd Teacher	6%	18%	36%	12%	15%	11%	33%
SPED / Autism Teacher	4%	26%	36%	16%	12%	13%	21%
Providers	17%	14%	36%	9%	14%	15%	27%
TOTAL	6%	21%	36%	14%	14%	13%	27%

27% of practitioners are NOT measuring or tracking wellbeing in any direct or indirect way

Practitioners are not tracking well-being in any formal or standardized way. The most common approach is personal observation — inferring well-being from behavior, mood, or interactions.

** Thematic groups developed by researchers with the aid of AI-assisted text analysis. Coding for each individual response was reviewed and finalized manually*

Definition of ‘Wellbeing’ Defaults to Health Unprompted

*Open-ended: “In your own words, what does the term ‘wellbeing’ mean to you?” Verbatim responses categorized into thematic groups.**

	Physical Health	Mental Health	Safety, Stability, Support	Quality of Life, Happiness	Social Connection, Belonging	Independence, Functioning
TOTAL	**66%**	**64%**	**19%**	**17%**	**4%**	**5%**
Individuals	71%	59%	41%	24%	8%	12%
Caregivers	61%	54%	21%	15%	4%	6%
Educators	71%	74%	14%	17%	2%	3%
Providers	61%	79%	18%	30%	9%	6%

Without context, respondents define “wellbeing” primarily as physical and mental health — not happiness, belonging, or autonomy. This suggests the term alone may not evoke the holistic concept central to a wellbeing-focused approach.

** Thematic groups developed by researchers with the aid of AI-assisted text analysis. Coding for each individual response was reviewed and finalized manually*

Wellbeing Definitions Shift in the Context of Autism Care

"Which of the following do you most associate with the wellbeing of autistic individuals?" (Select up to three)

Shift from Open-Ended

When framed around autistic individuals, the definition of wellbeing shifts. Physical health drops lower, while social and emotional dimensions — feeling understood, relationships, happiness — rise to the top.

Autistic Individuals

Two attributes are especially salient among autistic individuals compared to the rest of the sample:

49% Feeling understood or accepted

47% Life of meaning and purpose

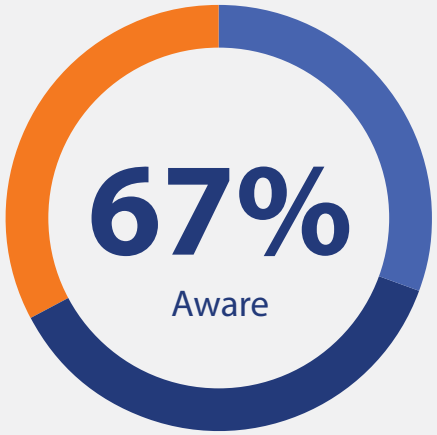
While social and emotional attributes lead, no single definition dominates — underscoring the breadth of what wellbeing means in this community.

The Role of Proof Positive and Positive Psychology

The Approach: Low Awareness, High Interest

Awareness of positive psychology in autism care and interest in learning more

Awareness of Positive Psychology in Autism Care



- **31%** Very Aware
- **37%** Moderately Aware
- **33%** Not Aware

But only 31% are "very aware"

Autistic individuals report the lowest awareness of any group:

41% total aware **27%** very aware

Interest in Learning More

After reading a brief description of Proof Positive

- **56%** Very Interested
- **39%** Somewhat Interested
- **5%** Not Interested

56% are "very interested"

Despite lukewarm awareness (31% very aware), interest is near-universal once respondents are exposed to Proof Positive approach. The community doesn't need to be convinced; they need to be reached.

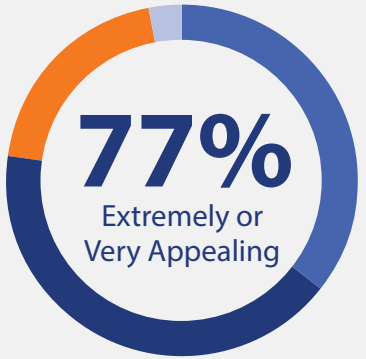
Proof Positive's Approach is Appealing

Respondents read the following description and rated how appealing this approach to autism care and support is to them.

Description Shown to Respondents

Proof Positive is a nonprofit organization dedicated to improving the wellbeing of autistic people and their families, providers and communities by spreading the science and skills of happiness. While life course outcomes for people with autism currently remain less than optimal, Proof Positive believes in a better future. Everyone deserves happiness, including the autism community. Proof Positive exists to shift the narrative and champion a future where flourishing is the only acceptable outcome. Rooted in the science of positive psychology — otherwise known as the science of happiness, strengths and human flourishing — Proof Positive develops evidence-informed tools and resources for the autism community to learn, practice and teach the science and skills of happiness — and they provide these resources free of charge. Happiness is a skill that can be learned and practiced with the right support – and Proof Positive's mission is to make these skills and tools accessible to all. The time to prioritize wellbeing is NOW.

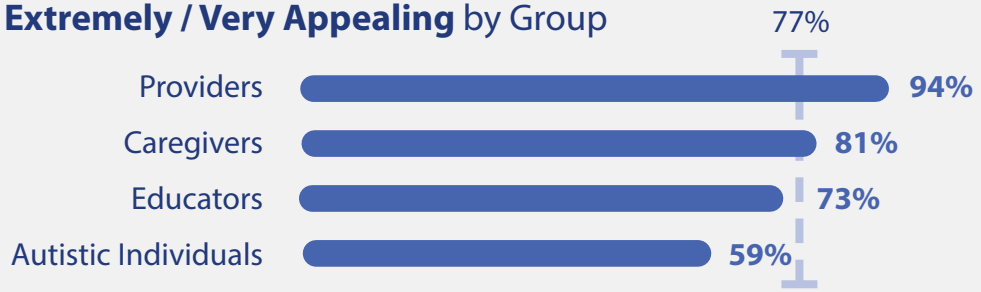
Overall Results



- **36%** Extremely appealing
- **41%** Very appealing
- **20%** Somewhat appealing
- **3%** Not appealing

97% find the approach at least somewhat appealing

Extremely / Very Appealing by Group



Proof Positive's Mission is Clear and Compelling

"Which of these do you find most compelling as reasons to consider this an appealing and credible approach?" (Select up to three)

The mission — improving wellbeing for autistic people and their families — is the single most compelling element. Among service providers specifically, "develops evidence-informed tools and resources" is especially compelling (47% vs. 31% overall).

Building the Case for Wellbeing: All Strong, Equity Leads

Percent rating each statement as strengthening the case for prioritizing well-being "a great deal"

79%

The Case for Equity

"Autistic individuals deserve happiness, connection, and joy — just like anyone else. Wellbeing isn't optional; it's essential."

67%

The Case for Creating Resilience

"Wellbeing isn't just about being happy — it protects against burnout, isolation, and long-term harm. When we lead with wellbeing, we're creating resilience for the future."

67%

The Case for Wellbeing First

"We often focus on teaching autistic individuals functional skills like academics and self-care — but those skills are much harder to learn when they are anxious, disconnected, or overwhelmed. Supporting wellbeing first helps improve their potential in every aspect of life."

63%

The Case for Measuring

"We measure behavior, grades, and goals — but rarely how autistic individuals feel, or how connected or confident they are. When we start tracking wellbeing, we send the message that emotional health is as important as achievement."

All four statements resonate strongly. The equity message — that autistic individuals deserve happiness just like anyone else — is the most powerful, with nearly 4 in 5 saying it strengthens the case for prioritizing wellbeing "a great deal."

Conclusions

The buy-in already exists. The challenge is implementation.

There is near-unanimous agreement that wellbeing matters. All groups rank it as the #1 priority and recognize it as a foundation for skills development. The task ahead is not persuading agreement — it is raising awareness of the approach and removing barriers to implementation.

Define what wellbeing means in the context of autism services and support — simply and explicitly.

Respondents define wellbeing differently depending on context, and the term alone does not reliably evoke the social and emotional dimensions central to a wellbeing-focused approach. A clear, shared definition in the context of autism support is essential before wellbeing can be consistently prioritized or measured.

Wellbeing supports skills development — it doesn't compete with it.

Pressure to prioritize academic or functional skills is the #1 cited barrier to implementation, even though most respondents believe wellbeing helps build those skills. The barrier is not disagreement about value — it is a perceived tradeoff. Messaging should reinforce that in a wellbeing-first approach, wellbeing and skills still work together and are not competing priorities.

Conclusions (continued)

Close the gap between intention and practice.

Support systems say they prioritize wellbeing, but autistic individuals don't experience it that way. A similar disconnect exists around time: practitioners report devoting significant time to wellbeing activities, but autistic adults report far less. Wellbeing is only truly prioritized when activities that pursue joy, meaning, purpose, and connection are built into daily routines.

Solve the measurement problem.

Difficulty measuring wellbeing outcomes is a top barrier, and only 6% of practitioners use a formal tracking tool. Personal observation is the default. Developing a practical, flexible tracking framework could unlock wider adoption of well-being-focused approaches — and send a clear signal that emotional health matters as much as achievement.

The audience is ready. The approach resonates.

Awareness of positive psychology in autism care is still limited, but interest in learning more is near-universal (95%). After reading about Proof Positive, 77% find the approach extremely or very appealing. The mission — improving well-being for autistic individuals and their families — is the single most compelling element. The opportunity is significant and the receptive audience is already there.

Research Design

Research Timeline

.01

In-Depth Interviews

- Seven (7) stakeholder in-depth interviews
- Led by a professional moderator
- 45–60 minutes per interview
- Stakeholders were service providers highly familiar with Proof Positive including many who have implemented it in their organization
- November – December, 2024

.02

Focus Groups

- Two (2) focus group sessions
- Led by a professional moderator
- 90 minutes per group
- 1 session among service providers and SPED teachers (=6)
- 1 session among parents of autistic individuals (n=5)
- February 2025

.03

Survey

- n=1,016 members of the autism community
- Conducted online
- Wave 1: Invitations distributed to email and social media lists for Proof Positive and allied organizations (n=208)
- Wave 2: National online research panel targeting parent caregivers and educators (n=808)
- September – December, 2025

Building Understanding

.01

In-Depth Interviews

Foundational Insight

Assessed Proof Positive resources and examined how wellbeing is currently prioritized, discussed, and measured among practitioners most familiar with the approach. These conversations established a baseline understanding from those who have implemented Proof Positive's approach and use their materials daily.

.02

Focus Groups

Broadening the Lens

Extended the inquiry to practitioners and caregivers less familiar (if at all) with Proof Positive or positive psychology. Explored how wellbeing is prioritized and discussed among those working with and caring for autistic individuals, but without specialized training provided by Proof Positive.

.03

Survey

Community-Wide Measurement

Quantified how the broader autism community defines, experiences, and prioritizes wellbeing. Identified barriers to integration, differences across respondent groups, and the perceived benefits of embedding wellbeing into education and support systems.

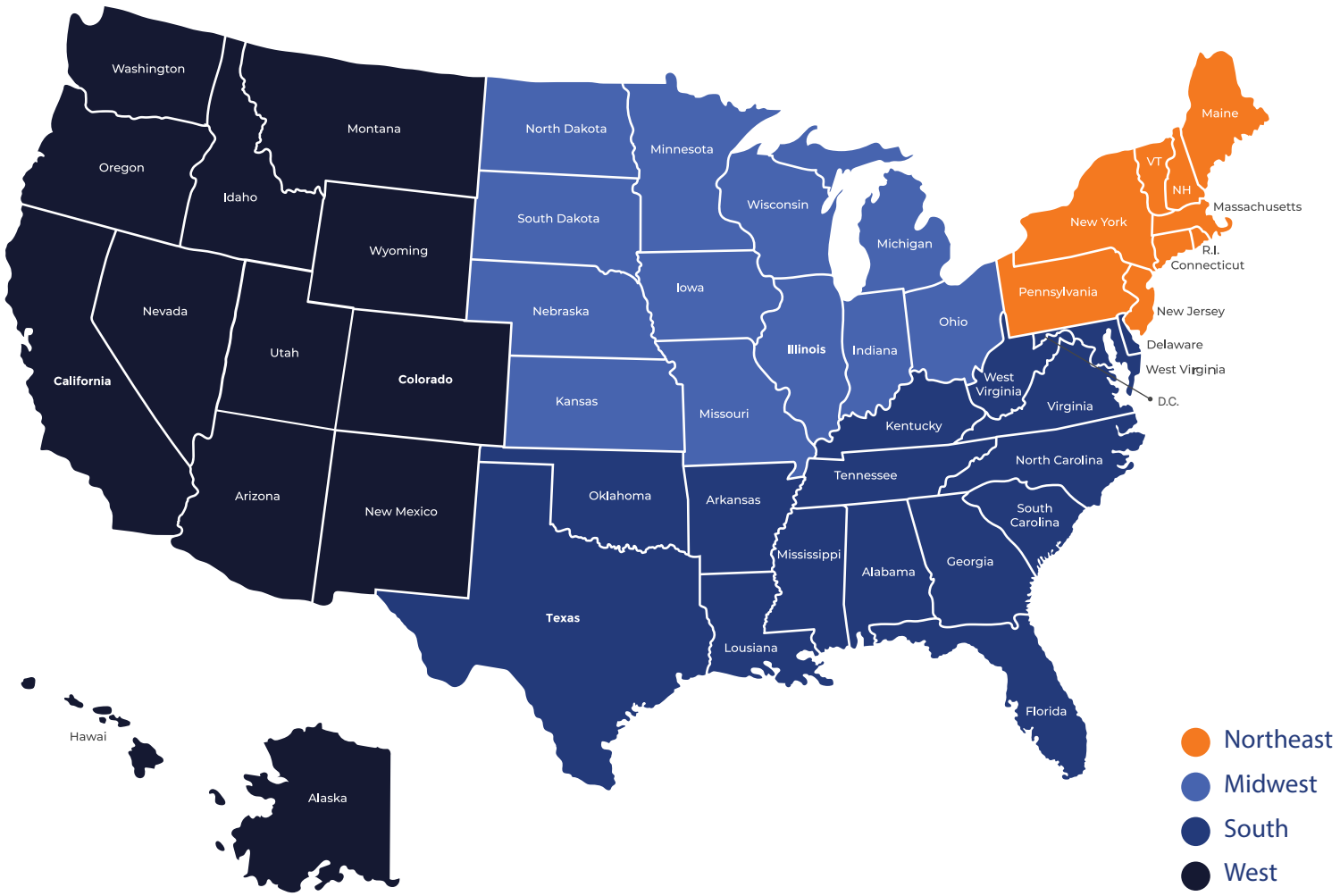
Survey Respondents by U.S. Census Region

39% South

22% Northeast

21% Midwest

18% West



Survey Respondent Demographics

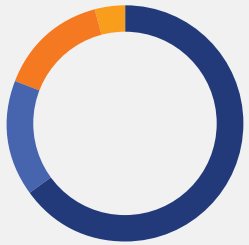
Age

- **57%** 35-54
- **21%** <35
- **21%** 55+

Gender

- **65%** Female
- **34%** Male

Race / Ethnicity



- **65%** White
- **16%** Hispanic
- **16%** Black
- **4%** Other

Education

- **64%** College+
- **36%** >College

Home Finances

- **68%** Meets basic needs with extra money
- **30%** Just meets or can't meet basic needs

Survey Respondents by Group Type

n=**51**

Autistic Individuals

n=**70**

Service Providers

n=**481**

Caregivers of Autistic Individuals

n=**414**

Educators of Autistic Individuals

Composition of Respondent Groups

Autistic Individuals

- 71% are mostly independent
- 29% need occasional / daily support
- 51% age 45+
- 69% female
- 51% financially just meet / can't meet basic needs

Service Providers

- Mix of work settings: clinical, school, homebased, community based, etc.
- Mix of professions: BCBA, mental health providers, registered behavior technician, etc.
- 63% work exclusively with autistic individuals
- 13% financially just meet / can't meet basic needs

Caregivers of Autistic Individuals

- 17% care for more than 1 autistic individual
- 76% support someone who needs substantial, daily help
- 80% support someone <18*
- 20% support someone 18+*
- 35% financially just meet / can't meet basic needs

Educators of Autistic Individuals

- 26% SPED teachers/SPED paras
- 61% teach pre-K – elementary
- 64% teach middle school or higher
- 22% majority of students are autistic (among all)
- 63% majority of students are autistic (among SPED)
- 27% financially just meet / can't meet basic needs

**Caregivers of multiple autistic individuals were randomly assigned one care recipient (based on age) to answer certain question about, to reduce respondent fatigue.*