Declaration

I confirm that this dissertation has been composed by myself and that the work is my own.

The work has not been submitted for any other degree or professional qualification.

Signed: K Brook

Autistic Parents’ Experiences of Play with Their Autistic Children

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Abstract

How caregivers play with their children is often observed and assessed by community practitioners. Such observations may be used in decisions about child welfare and family support. However, most research and practice focuses on how autistic children play based on neuro-normative models. Building on both academic literature and community experiences, we ask the question: How do autistic parents describe playing with their children? We aim to highlight a gap in understanding, and challenge neuro-normative ideas of play.

Methods

The lead researcher is autistic themselves. I canvassed opinion of autistic people before and during planning, and engaged with an academic autistic mentor throughout all stages of research design and implementation. I conducted semi-structured interviews with autistic parents of autistic children aged 4–10 years old and living in the UK. Interviews focus on experiences of play, including: materials played with, where and when play occurs, and who leads the play. I also asked participants about their experiences of play-observation by professionals. Transcribed interviews were analysed using Thematic Analysis.

Results

Eleven participants took part in the study. I used thematic analysis techniques to identify: 1) what autistic parents do when playing with their autistic children; 2) their feelings about and understandings of play; 3) their perceptions of others' on their play. Five themes were apparent in the data are these were: experience of negative judgements from others; distinctively autistic play; empathic connection; impact on the parent and purposeful play.

Discussion

Findings have relevance for a range of autism research and practice settings, challenging ideas based on neuro-normative models. Insight into the characteristics and the natural play styles of autistic parent-child pairs have been extrapolated to generate recommendations relevant to the assessment of play by professionals, in both research and practice settings. For example, noting features of the materials autistic parent-child dyads play with and the environments in which they play. Findings also have important implications for outcome measures in clinical trials which frequently draw on play samples for coding. This project topic specifically provides the foundation for further study of autistic parenting and parent-

child interaction, including developing and evaluating new community-endorsed outcome and assessment measures.

Lay Abstract

How caregivers play with their children is often watched and assessed by community practitioners, like social workers. Such observations may be used in decisions about child welfare and family support. However, most research and practice focuses on how autistic children play based on assumptions that everyone plays in the same way. This study builds on both academic literature and community experiences. We ask the question: How do autistic parents describe playing with their children? We aim to highlight a gap in understanding, and challenge narrow, restrictive ideas of play.

Methods

The lead researcher is autistic themselves. I canvassed opinion of autistic people before and during planning, and engaged with an academic autistic mentor throughout all stages of the project. I conducted flexible interviews with autistic parents of autistic children aged 4–10 years old, and living in the UK. Interviews focus on experiences of play, including: what people play with, where and when play occurs, and who leads the play. I also asked participants about their experiences of play-observation by professionals. The written text of the interviews were analysed using a technique called Thematic Analysis, to identify common themes across what different people told me.

Results

Eleven autistic parents took part in the study. I used thematic analysis techniques to identify: 1) what autistic parents do when playing with their autistic children; 2) their feelings about and understandings of play; 3) their perceptions of others' on their play. Five themes were apparent in the data are these were: experience of negative judgements from others; distinctively autistic play; empathic connection; impact on the parent and purposeful play.

Discussion

Findings have relevance for how we do research into autism and how we support autistic people. They challenge ideas based on narrow models of what play "should" be like. Insight into how autistic parents play with autistic children have been used to provide advice for professionals, in both research and health or social care settings. We hope that more people will study autistic parenting and parent-child interaction, inspired by this project. Future research could create and test new ways of measuring child development which are aligned with what the autistic community want.

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Introduction

What is Autism and Who Decides?

Autism is identified (i.e. diagnosed) and often described using a deficit model that relies on observation of external behaviours to explain how autistic people differ from the majority (non-autistic) population. In these terms, autism is defined as neurodevelopmental disorder characterized by deficits in social communication and the presence of restricted interests and repetitive behaviours (American Psychiatric Association, 2013).

Social communication is a term which describes a range of behaviours used when describing the way that we interact with others; language and how we speak including tone and words used, understanding of what others say and also includes non-verbal expression and understanding (body language and non-verbal cues) as well as facial expression and eye contact. Often when doing autism research there is a focus on Theory of Mind and normative conversational skills as aspects of social communication thought to be atypical amongst autistic people (Gernsbacher & Yergeau, 2019). Theory of Mind describes the way that we understand other people by attributing mental states (feelings, thoughts, Intentions) to others by using our own thoughts and experiences mapping these onto another person to understand how they are thinking or feeling or to determine their intent (Yergeau, 2013). It has been said historically that autistic people have a deficit of Theory of Mind but this has been challenged as a difference *'based in the social interaction between two differently disposed social actors'* rather than a deficit of one of the parties involved (Milton, 2012)

Restricted interests and repetitive behaviours are often seen as negative by researchers and clinicians (Kapp et al., 2019). Restricted interests may be described as a particular narrow focus on a single topic such as a TV show, a particular celebrity, trains, maths, a particular author – any topic at all that will lead to the person becoming absorbed and an expert in their subject of choice. Something that in the general population may be seen as a positive –

a deep interest and expertise in a particular topic – is pathologised when exhibited by an autistic person (McCormack, Wong & Campbell, 2022). Repetitive behaviours may be rocking, hand twirling, spinning around, repeated body movements, again seen as negative, while a neurotypical person may jiggle their legs or click a pen to help them to concentrate without their behaviour being pathologised (Walker & Bascom, 2012). In the context of autism there has been extensive research interest in repetitive behaviours, restrictive interests and ways of being (Honey, Rodgers & McConachie, 2012). There is a pattern of seeing as deviant, what the autistic community would describe as just 'who we are' and attempting to normalise a population who are naturally atypical when compared to the majority neurotype and have their own ways of being which should be respected and accommodated (Yergeau, 2018).

Labelling social communication, repetitive 'behaviours', routines and restricted interests as observed from the outside has been a preoccupation that has taken vast amounts of resource rather than focussing on how to support autistic people as we are and accepting that difference is not inherently a bad thing. When viewed in a neutral way or when autistic people are engaged in discussion of these actions that others may see as problematic can enlighten researchers and others to the functions of these behaviours labelled as deviant. For example, repetitive behaviours and routines can be a source of joy and comfort and used as a coping strategy in a world that is stressful and does not accommodate neurodivergent people (Kapp et al., 2019).

This is not to say that autistic scholars and activists reject the idea that when an autistic person becomes distressed by behaviours that trouble or distress them that all interventions should be rejected but rather that the normalisation agenda should be challenged; that the range or 'normal' is authentically different for neurodivergent people and that this should be respected rather than challenged. This requires listening to an insider view of autism rather than relying upon the concerns and prejudices that we know can be present in the non-autistic world.

During observation and assessment, the profile that is characteristic of autism is most often viewed negatively as deviant behaviour. Historically there has been a goal in services to use therapies or so called 'interventions' to render autistic people 'indistinguishable from their peers'; where 'peers' is taken to be non-autistic people or more accurately 'typically developing' people. One such therapy is Applied Behaviour Analysis (ABA) which aims to make autistic people behave as if they were non autistic (Anderson, 2022). This being seen as a goal has had a knock-on effect on the thinking of those in services, even where ABA and other such therapies are not used. The current diagnostic tools rely upon discovering a 'lack' of something or deficits that fail to capture the full autistic experience. However, it is also possible to view autism in neutral terms, and to recognise expressions of autistic ways of being that can be useful to an autistic person. For example, 'stimming' can be used by autistic people to express joy, to reduce anxiety – as a calming behaviour or to increase focus on a task and the suppression of stims can be distressing to autistic people (Charlton, et al., 2021)

Leading on from this research has found that autism 'experts' are not immune to irrational beliefs and bias when interacting with autistic people. Wodziński, Rządeczka & Moskalewicz (2022) found that '*The non-autistic majority often judges people on the autism spectrum through the prism of numerous stereotypes, prejudices, cognitive biases, or, generally speaking, non-rational beliefs'*. This creates problems when autistic people are in contact with non-autistic professionals within services, including but not limited to diagnostic services. The internal experience and what autism means to autistic people is often not considered or used within services. The definitions used are not generated by autistic people and therefore can lack a true understanding of what it is to be autistic (Milton, 2012).

Often clinicians are not knowledgeable about autistic people's reality (Maddox & Crabbe, 2019), autistic writing or theories of autism produced by autistic people themselves, for example Monotropism (Murray, Lesser & Lawson, 2005). This is a problem because understanding from the outside is no replacement for listening to the voices and experiences of autistic people themselves, to understand positionality we must listen to those who share a way of being that may be different to our own.

Autistic Parents and Autistic Children

It is clear from attending any autistic community gathering that many autistic children have autistic parents, but this is often overlooked by those working in autism services. We know that doctors can underestimate the numbers of autistic people in their care (Doherty et al., 2020), and it is reasonable to assume that this would also extend to those working with autistic children, in relation to the expectation that a parent may also be autistic.

In fact, autistic children are more likely to have autistic parents since genetics has a key role in the aetiology of autism (Lai, Lombardo & Baron-Cohen, 2014). The current state of knowledge on the genetics of autism suggests that while there is no single “autism gene”, a large number of genes are implicated and there is evidence for a substantive heritable component (Newschaffer, Fallin & Lee, 2002). In addition to those diagnosed before parenthood, there are many anecdotal reports of parents coming to a realisation that they may be autistic themselves and receiving a diagnosis of autism after their children are diagnosed (Hill, A. 2017). It is also reasonable to assume that many parents will be autistic without knowing, this is often the case for autistic people who may not fit into the traditional stereotype: young white and male. For example research has shown that those from ethnic minorities experience a bias against referral for assessment (Begeer et al., 2009*)* similarly women and people from minority genders can be discriminated against or remain unrecognised in terms of referral for assessment and diagnosis Lockwood (Estrin et al., 2021). It has also been found that for children in the UK, speaking a language other than English and economic hardship might increase barriers to autism diagnostic services (Roman-Urrestarazu et al., 2022). Economic hardship and poverty are relevant here because we know that autistic people are more likely to be unemployed or underemployed compared to the general population (Barnard & Harvey, 2001) leading to lower incomes. Some autistic adults may also be unwilling to disclose. Autistic parents are more likely to disclose their child's autism diagnosis than autistic adults are to disclose their own diagnosis (Doherty et al., 2020)

Autistic parents as a group have been neglected by research, whilst there is much research focussing on parents of autistic children, researchers rarely consider whether parents are autistic and mostly do not ask parents to disclose whether they are autistic themselves. Of the research that has been undertaken looking at autistic parenting, it has mostly focussed on mothers, neglecting fathers (Rafferty, 2020). One study, looking at parental efficacy between autistic mothers of autistic children when compared to non-autistic mothers of autistic children found comparable levels of parental efficacy in both groups (Lau et al., 2016). Another was a comparative study of autistic and non-autistic women's experience of motherhood (Pohl et al., 2020). One finding from this research was that autistic mothers were more likely to worry about others judging their parenting, though this was not about play specifically.

Recently there has been increased interest from researchers in autistic parents but we still have far more literature focussing on disabled parents including parents with learning disability than specifically autistic parents, and in particular there is little research on parents who are not mothers. A study looking at the experiences of mothers with a mild learning disability who had had their children removed (Gould & Dodd, 2013) suggests that *'they appear to have to be better than 'good enough parents' and seem set up to fail by the standards of those monitoring them'*. This may also be true of all disabled parents including autistic parents: being different exposes us to enhanced levels of scrutiny in our lives, including parenting, that non-disabled people do not experience. An article in Community Care magazine (2011) quotes Philippa Bragman, (Director of *Change*, a human rights charity and employer of people with learning disabilities), when talking about parents who have a learning disability as saying: *"These parents are often judged in ways that other parents are not,"* and *"They are the only group with a perceived risk from the start. They go through a process where they have to prove they can parent rather than an assessment of what support they need to parent. They feel they are set up to fail."* Whilst I would challenge that they are the only group set up to fail – as I see parallels with other disabled people including autistic parents – this is a statement that is sadly still true even more than 10 years on.

Autistic Experiences with Service Providers

Autistic parents when interacting with healthcare professionals share the same barriers that all autistic people face when accessing healthcare for themselves. It is well known that autistic people experienced shortened life expectancy in developed nations (Hirvikoski et al., 2016) and calls for improved healthcare access are widespread (Malik-Soni et al., 2022) Barriers to healthcare including communication, sensory challenges and challenges with organisation can all lead to negative experiences (Nicolaidis & Raymaker, 2015) which will impact upon autistic parents fair access to healthcare for their children.

This is especially concerning because of the substantial health needs of autistic people. Autistic parents and their children will come in to contact with clinical and allied health providers during the diagnostic process and for some kinds of post-diagnostic support directly linked to autism (e.g., speech and language therapy). However, there are also many co-occurring conditions that require healthcare such as epilepsy, (Strasser et al., 2018) hypermobility disorders, (Baeza-Velasco et al., 2018) and mental illness (Lai, Kassee & Besney, 2019). These mean that lifespan healthcare needs are often higher in the autistic population. Thus, breaking down barriers or misunderstandings between autistic people and their healthcare providers is an essential step to improve quality of life for autistic people.

General health practitioners are not necessarily knowledgeable about autism (Unigwe & Buckley, 2017; Corden, Brewer & Cage, 2022). In fact, many still hold outdated beliefs relating to causation of autism including linking causation to parenting factors and cold rejecting parents. This perspective is based on now-debunked theoretical models, such as the "refrigerator mother" theory (Cohmer, 2014).

In relation to autistic children specifically, practitioners may also still hold beliefs that autistic children are deliberately negativistic and noncompliant (Heidgerken & Geffken, 2005). While this study did not directly address beliefs about autistic adults, it is reasonable to propose that some health professionals may project the same judgements onto autistic parents. Further evidence for the hostility of health professionals towards autistic people comes from the recent growing awareness that autistic doctors (and presumably also allied health professionals) rarely declare their diagnosis at work (Doherty & Neilson, 2020)

In my own personal experience and anecdotally from other autistic parents that I have spoken to within autistic community, asking for reasonable adjustments as a parent interacting with clinicians can be met with silence, confusion, or seen as manipulative. Parents have also often reported to me being seen as obstructive, uncooperative, neglectful, uninterested, exhibiting poor parenting due to atypical reactions (as observed by clinicians) is often reported by parents. Further anecdotal reports received through talking to autistic parents within the autistic community imply that practitioners seem to have neuro-normative expectations of parents, even though the child is expected and accepted to behave ‘oddly’. These observations align with evidence from qualitative research showing that parents of neurodivergent and / or disabled children can feel “unheard” by professionals (Pruitt, Wandry & Hollums, 1998).

Play and Health and Social Care Services

Play is important for children’s development. Early interactions help to shape the child’s ongoing social and communicative development, as well as physical and cognitive skills (Lai et al., 2018; Burriss & Tsao, 2002; Lillard & Lerner, 2013). Early play skills are related to skills ranging from mathematics ability (Wolfgang Stannard & Jones, 2003) to expressive vocabulary (Lyytinen et al., 1999). Play also has a key role in child-caregiver bonding (Ginsburg, 2007). Play is seen as essential and a child’s right to play should be respected (Thyssen, 2003). In fact, the UN convention on the rights of the child states: *“That every child has the right to rest and leisure, to engage in play and recreational activities appropriate to the age of the child and to participate freely in cultural life and the arts.”*

A number of interventions exist with the goal of changing how autistic children play, as seen in systematic reviews looking at research to 'improve' play and play skills in autistic children (Kent et al., 2020; Kuhaneck, Spitzer & Bodison, 2020). For example, Reciprocal Imitation Training (Ingersoll & Schreibman, 2006) targets imitation skills, but in the context of a trial, researchers measured rates of pretend play observed in a structure play setting, and observed an impact which was interpreted as improvement.

In addition, parent-child play can be deployed as a context for an intervention targeting other developmental skills (Masse et al., 2016). For example, PACT (PArent-mediated Communication-focused Treatment in children with autism), is an intervention in which therapists work with parent/carers to enhance social communication with their young child, the goal being to change the way that parents interact with and attend to their children's communication (Green et al, 2010). In other cases, professional therapists use play as an intervention delivery medium, as in the case of JASPER[1] (Joint Attention, Symbolic Play, Engagement & Regulation; Kasari, Freeman & Paparella, 2006). This is a play-based intervention that teaches social communication skills to young children, describing its aims as: *'helping both verbal and minimally verbal children learn core social communication and play skills within a state of regulation and joint engagement.'*

Play is often used in research as a measure of intervention outcomes and during longitudinal studies too, regardless of whether these are specifically concerned with play (Gridley et al., 2019) and is considered to provide a valuable balance between objective measurement by a researcher and ecological validity (Spence & Thurm, 2010). Outside of research, there are also a number of applied contexts in which play observation is embedded. Play is used in diagnostic assessment, for example as part of ADOS (Autism Diagnostic Observation Schedule; Gotham, Pickles & Lord, 2009). Observations of parent-child or peer-play can also be used as a tool to capture insight into child wellbeing and

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[1] https://www.jaspertraining.org

attachment, (Teti et al, 1991; Howes, 1997) and attachment and play profiles have been explicitly linked by autism researchers (Sigman & Ungerer, 1984; Marcu et al., 2009). While efforts have been made to examine variability in parent-child play, the existence of autistic parents as a factor is consistently overlooked (Parr et al., 2015).

Play and Neuro-normativity

Neuro-normativity is a focus on the majority neurotype as a ‘gold standard’ or accepted norm within society, a thinking that neurotypical ways of thinking and being are the ‘right’ ways and that any deviation from this is wrong – that deviations should not be accommodated but rather that the neurodivergent person is a problem to be solved, that the neurodivergent person should be changed to fit in with the majority neuro typical ways of being, the expectation that all humans should and can act or think in a neurotypical way if only the right intervention or treatment is found. Also, that ‘typical’ is superior; it leaves little room for accommodations, flexibility and expression of true autistic ways of being.

Neuro-normative thinking and practices can be overt as well as expressed through unconscious bias. Expectations of neuro-normativity and the fact that neuro-normativity is present yet often unacknowledged in our society, means that even services or researchers working with autistic people see autistic people as broken versions of a neurotypical person, rather than whole humans with a different neurotype (Botha, 2021). This lens skews observations and interventions to become more about what autistic people aren’t rather than who we are.

Neuro-normativity has a substantial influence in the context of play. Autistic children and their autistic parents are particularly likely to be observed interacting with each other, by clinicians and other professionals such as social workers, relative to those in the general population. This extra level of scrutiny is seen not only around diagnosis, but also when triggered by concerns around family dynamics which may spring from misunderstandings of autistic culture and ways of living. Neutral differences may be seen as flags for concerns that may or may not be legitimate. Neuro-normative ideas around family life can lead to unnecessary assessment when autistic ways of being are not fully understood.

Play has been defined as an activity that is: (1) self-chosen and self-directed; (2) intrinsically motivated; (3) guided by mental rules; (4) imaginative; and (5) conducted in an active, alert, but relatively non-stressed frame of mind. (Gray, 2013). This definition already contains some inherently neuro-normative elements, such as the requirement to fit a normative model of what it means to be "imaginative" (Craig & Baron-Cohen, 1999). In addition, we can see that this definition may give rise to difficulties in observing play when the process of play is intervened with by a clinician or researcher, even if this is only for the purpose of neutral observation. Being watched or under scrutiny is stressful in itself. When we have previous negative interactions with clinicians or other professionals this can be amplified, particularly when we do not know them well, when we are asked to perform in an unknown environment and when we know that our actions are being scrutinised and that what we do (or don't do) could be misinterpreted and lead to negative consequences for us and our families.

Neuro-normativity also arises in the way that play observations are carried out. No adaptation is made for autistic difference and often no recognition that autistic play may be different yet valid is present. Playing with particular toys in a particular way is seen as the 'right' way to play, with any deviation from this noted as inappropriate or wrong. Seeing play through this neuro-normative lens, without adaptation or thought of cultural difference can lead to inaccurate or misleading conclusions. Not only that, but viewing play in this narrow way may contribute to an agenda which seeks to normalise autistic behaviour and development, to become more neurotypical-seeming. This agenda has already had a significant negative impact on autistic people by actively encouraging masking. Masking is the camouflaging of autistic-ness in order to fit in or to be accepted as a non-autistic person - or at least not to stand out as being too different - within social situations (Hull & Petrides, 2017). This also often extends and becomes embedded to be present in an autistic person even when they are alone or in a non-social situation. It is in part a reaction to the hostility of neuro-normative society and an attempt (conscious or unconscious) to avoid stigma and judgement from non-autistic society (Han et al., 2022). Masking once practiced can be difficult to recover from and some autistic people do attempt to live a life unmasked and relearn their natural ways of being to live more authentically autistic lives that they feel will make them happier and less susceptible to the negative effects associated with masking. Masking is now well established as a predictor of poor mental health and burnout in autistic people (Pearson & Rose, 2021). However, there are still interventions practiced that actively encourage masking and denial of natural ways of being for autistic people, most notably ABA – Applied Behaviour Analysis.

Masking may also present a significant problem directly when using play assessments: from a young age autistic children are taught to fit in with NT society (Williams White, Keonig & Scahill, 2007). They may deny their own feelings and ways of being to act and behave and even think in ways that are more neurotypical and less autistic, less ‘authentically autistic’ (Miller, Rees & Pearson, 2021; Cook et al., 2021). This is an issue because what is being observed when an autistic parent plays with their autistic child, is ‘performed’ both by parent and child rather than being a real version of their naturalistic play. This performance is not intended to deceive but rather a learnt behaviour that has been ingrained within the person over many years. Autistic people often report that second guessing what is the ‘correct’ way to behave in a situation and denying our own desires or ways of being is a constant (Pearson & Rose, 2021).

Play is narrowly conceptualised, defined and measured by clinicians and other professionals. The difficulty with observations of play and the need to ensure that naturalistic play is observed is examined by Gardner (2000) asking the question of whether observational findings reflect the natural behaviour of participants. The conclusion drawn by Gardener included that *‘from the studies reviewed is that researchers and clinicians need to be cautious about generalizing from one type of task or setting to another, and that it may be preferable where possible to carry out naturalistic home observations.’* The recommendation from Gardener that it may be necessary to conduct observations across multiple settings to ensure that any disparity caused by setting could be identified did highlight the difficulties with this, including time and cost. Also, that there are further considerations of the effect that an observer may have on participants: that by merely being present the naturalist element is lost. We should expect that this effect would be amplified for autistic participants: even if the observations are taking place in a person’s home many autistic people experience anxiety caused by visitors to their homes making observations of naturalistic behaviour impossible.

A cultural deficit model describes the harmful process of viewing a person through a majority culture lens to which they do not belong (Salkind, 2008). Perceived standards of ‘normal’ or ‘useful’ play are based upon the dominant culture of those observing and creating assessment tools. This is problematic for minority cultures because we know that play is not performed in the same way by all cultures (Göncü, Mistry & Mosier, 2000; Roopnarine, 2012). This would lead one to conclude that it should not be measured in the same way. In this way, colonialisation plays a role, in play assessments that are not sensitive or tailored to minority groups. UK culture has positioned itself as a “standard” against which other cultures may be measured – and often found lacking. Different ways of being are seen as ‘less than’ or of needing to be manipulated to be more in line with a perceived norm created by a WEIRD white majority (Masuda et al., 2020). These same arguments apply equally to the minority culture of autistic people, which is consistently evaluated against majority or dominant neurotypical standards.

Autistic Culture

The influence of cultural differences and variations in play applies to autistic people because autistic culture exists (and intersects with other cultural differences, which is also often overlooked). One of the first people to talk openly about autistic culture was Jim Sinclair. *In Being Autistic Together* (2010, but originally written decades earlier) Sinclair talked of the feelings that many autistic people have of ‘homecoming’ and belonging’ when being in autistic space.

Autistic culture exists within autistic community and can be evidenced in many forms. For example, social rules vary from that of neurotypical culture. In my own experience and through talking to others abut autistic spaces I have observed – and it is generally recognised within autistic community – that it is quite usual for people to be much more direct than in NT spaces. For example, the question 'how are you?' would be expected to be answered in full rather than the more usual NT style of answering 'fine, how are you?'. In autistic spaces, if you ask a question you should be ready for a full answer. Interaction badges are often worn: a visual symbol of the wearers willingness or ability to engage in interaction with others at any given time (see here for more on interaction badges: Brook, 2015). At online gatherings typed words are respected as equal to mouth words and it is not unusual to have text only meetings even with large groups. These and other aspects of communication in autistic spaces are also discussed in the literature (Belek, 2022).

The acceptance of difference as long as it is not harmful to others is a community rule: for a group of people who are often excluded, bullied or ridiculed for our differences acceptance and accommodation of difference is an essential part of our community (Sutherland, 2022). Stim toys or fidgets are the norm and the concept of 'age-appropriate toys' is ignored as a joy killing misnomer. At conferences such as Autscape[2] traditional clapping is rejected, instead appreciation is shown in the same way as in Deaf community: raised hands waving. Even at conferences that may more usually be expected to be places of professional dress comfort is key: onesies or cosplay items are common. Foods offered at gatherings will always be inclusive of dietary needs including those who require plainer foods and quiet tables or non-interaction tables will be provided for those who prefer not to interact whilst eating. Attendees will be asked to refrain from wearing perfumes or using highly scented products and access for the less verbal or those who use less language will be considered as a normal part of planning (including the planning of workshops that do not rely on verbal expression).

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[2] http://www.autscape.org/experience/

Within autistic culture many people celebrate a diagnosis or identification day with cake and favourite activities. Autistic Pride Day (June 18th) is also celebrated annually. Autistic culture has a great influence on autistic spaces, to the point where attendees at conferences or gatherings such as Autscape[3] will talk about 're-entry shock' or 're-entry trauma' – the experience of having to go back to daily life among non-autistic people after living for a few days within an autistic controlled environment.

The Double Empathy Problem

Autistic people have spoken within community about easier communication and a feeling of ease within autistic spaces and when communicating with other autistics. The Double Empathy Problem (Milton, 2012) encapsulates one reason for this subjective experience. Milton proposed that rather than autistic people being deficient in empathy, or being the centre of communication difficulty with non-autistic people, instead communication is a 'two way street'. Any communication or interaction problem arises from the mismatch of neurotype and thus a mutual lack of understanding, where the 'problem' cannot be centred on any one party in an interaction.

This theory has been tested by examining information transfer between autistic adults, non-autistic adults and mixed autistic-with-non-autistic pairs. (Crompton et al., 2020). It was found that indeed autistic participants within the autistic only group shared information just as accurately as those in the all non-autistic group whilst the mixed group (autistic / non autistic) did significantly worse, thus upholding the theory that with communication / interaction tasks a mismatch of neurotype was a hindrance, This experimental finding is also supported by systematic analysis of autistic adults' accounts of their interactions, which again highlight a positive effect of interacting with other autistic people (Crompton et al., 2020a). This research has implications for practitioners and researchers engaging with autistic people, including those using play in assessments or research.

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[3] http://www.autscape.org

The Current Research

We have seen that autistic people interact with each other differently to how they interact with non-autistic people (Crompton et al., 2020b; Rifai et al., 2022). We also know that autistic culture exists, and that autistic parents have autistic children, making their homes a place in which autistic culture plays a strong role. Play is important (in development, in research, and in practice), and observations of autistic play in particular are widespread. Therefore, it is imperative that we understand autistic play if we are to truly say that we are usefully understanding what is being observed. Continuing to see autistic play through a normative lens and to continue to apply the cultural norms of the dominant neurotype cannot be justified given what we now know about autistic communication and culture in other contexts.

Work that aims to challenge neuro-normative models must be led by people who are not embraced within those models. Historically, autistic expertise has been notably lacking from the production of knowledge about autism (Milton, 2014; Woods & Waltz, 2019) and this has been linked directly to failures to consider harms caused by autism research (Dawson & Fletcher-Watson, 2022). In this case, an autistic researcher is the only viable option to deliver the planned investigation.

Research Questions

The overarching aim of this thesis is to discover how autistic parents report playing with their autistic children.

Specifically, we are interested to discover:

1. Whether parents’ descriptions indicate distinctive features of their play?
2. To what extent autistic parents’ descriptions are framed against a neuro-normative model of play.
3. How parents describe the experience of having their play observed by professionals?

Positionality statement

I am an autistic parent of autistic children myself. I am also an autistic activist with close connection to the autistic community. I have been the subject of play assessments carried out by various practitioners during my children’s lives and have been criticised by some for the ways that I play and interact with my children. I have also experienced misunderstandings and the symptoms arising from a lack of professional knowledge of autistic culture, communication and ways of being. I know from anecdotal reports that these experiences are common within autistic community, this drove me to want to learn more in a formal way, through research about what other autistic parents were experiencing in relation to playing with their autistic children.

My personal experience did not just shape the research question but also the methods. During data collection, participants knew that I am an autistic parent myself which I hope allowed them to talk more freely and to understand that I could empathise with their experiences. This also meant, though, that I had to be aware and cautious around leading participants or allowing my own experiences to cloud my judgement in relation to what the participants were reporting.

I was mindful throughout the project, and including at the analysis stage, that “*Assumptions and positionings are always part of qualitative research. Reflexive practice is vital to understand and unpack these.”* (Braun & Clarke, 2019). I had to continually reflect to guard against centering my own experiences or allowing my own experiences to cloud or lead to misinterpretations of the data. Using Reflexive Thematic Analysis allowed me to tackle head on my subjectivity as a researcher. I was fully aware that my own personal interest could colour the interpretation of the data.

I used a number of techniques to prevent the excessive influence of my own subjective position. I continually read and rechecked transcripts throughout the process to query my assumptions and to capture the voices of my participants as accurately as I could. Throughout the analysis, codes and draft themes were cross-checked with my supervisor, a non-autistic parent of one autistic and one non-autistic child. At an interim phase in the analysis I presented my work at the autistic community event, Autscape, and received positive feedback on the validity of my findings. Member checking with my participants was also carried out, including sharing of Themes. Although Thematic Analysis will always be subjective I believe that the steps that I took and the reflexive approach used led to a level of authenticity – as was agreed through member checking.

I was also more generally conscious of my responsibility to the autistic community to ensure that my research was robust, unbiased and produced reliable results. I worked with my autistic mentor (an autistic parent to autistic children, and a PhD student doing autism research) to assist in this as well as my supervisor, who is a non-autistic researcher with expertise on child development and play.

Lots of research focusses on how autistic children play but this is all research based on neuro-normative models of play, I wanted to know more about autistic play between children and their care givers as reported by them to find out how autistic parents and children are playing together naturalistically, what are they doing for fun. To give autistic parents a voice that often isn’t heard and to investigate how they report in their own words their play experiences: to give this often side-lined and ignored group a voice. My main aim was to listen and learn.

Methods

Participants

Parents were a mix of genders and ethnicities. Four participants identified as white female, one as white autigender, three black males, two black females and one male who declined to share their ethnicity. Participants were aged between 28yrs and 51yrs with their autistic children who were being focussed on in this study ranging in age between 4yrs and 10yrs (6 boys and 5 girls). Participants had between one and five children each including the child that fit inclusion criteria for this study, (aged between 4 and 25 years; 53.85% of the children parented by participants were neurotypical). Five participants had one child only, of those who had more than one child six participants had at least one neurotypical child. Of the eleven participants three were single parents, household incomes ranged from £0-£9999 to above £70000. Participants were all UK based and lived in Scotland, England or Wales.

Materials

We conducted semi structured interviews with autistic parents of autistic children aged 4 – 10 years living in the UK. Interviews focussed on parents' experiences of play, including: materials played with, where and when play occurs, and who leads the play. The topics covered and questions answered were chosen initially using my own personal experience as an autistic parent of an autistic child as well as my experience of the conversations happening within autistic community concerning the experiences of other autistic parents; parenting as an autistic parent including parenting autistic children is a topic that is high on the agenda within autistic community and often spoken about informally in person and online.

The questions were designed to capture aspects of play that may be subject to neuro-normativity. For example, the things that people play with. The places where people play. These all have the capacity to challenge neuro-normative lens through gathering the true experiences of autistic parents: a group that is often unheard within research or services. Questions were open, but followed up with prompts as needed to encourage participants to share more details. We also used statements as well as questions to ask directly about more provocative topics and encourage a richness of response. There was always the Presumption that parents do play with their children, but that this "play" may look very different to NT stereotyped play. The design of the interview questions and the content of the interview schedule was overseen by an autistic mentor who suggested a reorder of some questions. The full interview schedule can be seen in Appendix 1.

Design and Procedure

Ethics approval was sought and granted from The Edinburgh University School of Education and Sport Ethics sub committee.

Participants were recruited mainly through an advert on Twitter and by word of mouth which then led to convenience and snowball sampling. The recruitment advert was also shared by a children's autism diagnostic service based in London. During the recruitment phase some potential participants were not invited to interview, either because they were relatives of other participants or because they had been recruited through the same diagnostic service and were thought to be clustered too closely geographically. One participant was excluded after being invited to interview as they disclosed that they were now living in the USA.

Participants first approached the researcher by email or on Twitter and were sent an information sheet and consent form. Participants returned the consent form by email, this was then stored securely in a locked cabinet at the researchers home. The researcher then set up a mutually-agreed date and time for the interview. Participants were sent a copy of the interview questions in advance.

Participants were interviewed online via Teams. Recordings of interviews were uploaded to a secure space – Datasync within the University of Edinburgh. Interviews were transcribed using a UK based transcription service. Transcribed interviews were analysed using Thematic Analysis. The recordings ranged from 14.46 minutes to 27.5 minutes with a mean length of 19.17 minutes. Although some of the interviews were relatively short they were still able to catch rich useful data that could be used by the researcher.

Some difficulty was experienced by the researcher during interviews with participants who preferred to have their camera off: processing spoken language without seeing the person was a barrier but the transcription of the interviews allowed for accuracy at the analysis stage.

Analysis Methods

Data analysis was carried out using Reflexive Thematic Analysis. There are a number of factors that made this a suitable approach for my work. This qualitative approach aims to provide an account of lived experience without preconceptions, while recognising the influence of researcher positionality. Thematic analysis was also chosen because it offers a more accessible form of analysis suitable for early career qualitative researchers (Braun and Clarke, 2006). Thematic analysis allowed me to explore the voices of the autistic participants, identifying patterns (themes) that were present across the whole data set with an open mind, prompting conscious reflection on how my own preconceived ideas could cloud what I may be reading from the transcripts.

I followed the six step process, as described by Braun and Clarke (2006; and also see Byrne, 2022).

1. Familiarisation of the data: I printed out the transcripts and after familiarising myself with them by reading them through several times I then went through them one by one identifying significant information relating to the research question.
2. Initial code generation: I used a colour system to mark any significant information with a 'code'. Examples of codes included 'autistic togetherness', 'NT expectations', 'non conventional play' and 'play as child distraction'. I then repeated this process with all transcripts. This process was repeated, returning to previously-coded transcripts, to ensure that the material from the transcripts was coded and collated exhaustively for all participant interviews.
3. Generating themes: The coded statements were then written onto post-it notes and grouped into themes allowing me to identify the evidence for each theme and name those themes in a concrete visible way.

4. Reviewing potential themes: I reviewed the candidate themes reflecting on whether they were actually strong enough to be themes rather than codes: checking that they were useful and reflective of the whole data set.
5. Defining and naming themes: The theme names needed to be concise yet descriptive and themes should not overlap with others. Whilst at the same time the themes would be connected to create an overview of the data set. This phase is closely connect to theme six:
6. Producing the report: This phase include decisions about the order in which themes would be reported – a weighting of themes whilst reflecting on the data set as a whole.

Throughout this process, although it is a step by step process, I ensured that I worked through the phases constantly reviewing and considering in relation to my positionality, the whole data set, the individual codes and the themes as they became apparent.

At the end of this process I identified the following themes:

Theme 1: Judgement and NT expectations, Theme 2: Distinctively Autistic Play, Theme 3: Empathic Connection, Theme 4: Parenting Impact, Theme 5: Purposes of Play. I would like to stress again that during this process continual cross checking between transcripts and the creation of themes was an ongoing iterative process – I did not start with ideas around what themes there may be but rather tried to allow information present in the data guide me to conclusions. Using the autistic parents voices to take the lead in what would be the final iteration of themes and ideas.

Member checking was carried out giving participants the opportunity to view the results for accuracy and make comment if they wished once collated. I shared an early draft of the narrative results section as reported below, inviting participants to let me know by email if they felt anything was missing or had been mis-interpreted. No participants raised any concerns.

Results

Five themes were identified from the interview data. Table 1 lists the themes with some illustrative quotes in each case. Subsequently, each theme is defined and described in more detail with further supportive quotes from participants.

Table 1: Overview of themes with illustrative quotes

Judgement and NT Expectations	‘I don’t want to listen to what people say or try to be judged…I do whatever thing I know that please my child. I don’t care if I am being judged or not.’ *[P4]* ‘didn’t always fit with what other people thought we should be doing or what was necessarily acceptable to others’*[P8]* ‘People would say that I play too much with my child. People would always talk, especially because my child isn’t normal’ *[P6]* ‘I felt like I was being judged because this is a weird way to interact with your kids’ [P10] ‘People would always talk, especially because my child isn’t normal, so people would always talk and personally I get to ignore those comments mostly from people in public spaces’ [P6] ‘I would say autistic people play well … most times we do not play with people who do not understand us … I think that is what makes them feel that we cannot play, I think we play a lot’ [P 4] ‘They can fuck right off!’ [P8]
Distinctively Autistic Play	‘She behaves in an autistic way that other people don’t understand’ [P8] ‘I think we know how to do our own version of play’ [P2] ‘being silly and daft, that comes natural and that is what we do. That is kind of our style of play.’ [P2]

	'there is a lot of word play and sort of musical sort of play' [P8] 'she prefer me reading stories to her by the windowside' [P1] 'Forcing them to have this view of play that is their idea' [P2] 'what she calls her imagination world' [P3]
Empathic connection	'I found it very easy to communicate with them and play with them' [P5] 'We really enjoy each other's company' [P9] 'We interact playfully, just as we are going about life' [P8] 'All I try to do is make sure my child is ok' [P11] 'I like going to sit with her and try to tell her some stories or crack some jokes to make her feel alright'[P11]
Parenting Impact	'It's fun seeing him smile and hearing him laugh is well worth it' [P2] 'I love play with her and I love telling her stories to cheer her up' [P4] 'Most times she likes being alone' [P11] 'He is very content on his own' [P9]
Purposes of play	'he likes to learn with me 'mummy will teach you'. [P9] 'I am good at teaching…'oh I didn't know how to do this yesterday and now ….' [P9] 'I teach him how to watch movies and I ask him questions from the movie to see if there could be an improvement. [P6] 'I try sometimes teaching him how to socialise' [P6] 'I have got my own agenda, the teaching agenda' [P9] 'Unless I see the meaning, can we be learning something here , I really struggle'. [P9] "I tend to teach him so many things' [P7]

	'It helps to increase his learning ability' [P7] 'when she is actually not in the mood to play …. I see a kind of non interest attitude' [P5] 'I try to cheer her up and bring up the game and then she could start to smile'. [P4] 'I love playing with my autistic child because I don't want her to feel bad' [P4]

Theme 1: Judgement and NT expectations

This theme describes how autistic parents feel actively or implicitly judged by others, and expected to meet neurotypical standards and expectations of play.

All participants reported that they had felt judged either implicitly or explicitly in relation to the way that they play with their children. Explicit judgement is described as another actively saying that the play was unusual or that the child or parents play behaviour was wrong or unwanted by the neurotypical person. Implicit judgement can be seen as being more about how the autistic parent or child felt about the way they were being treated or the comments made by a non-autistic person. This had an impact on the way that they played when others were observing them, either family or more commonly members of the public when outside of their home.

An example of explicit judgement was:

'The most obvious actual criticism is maybe actually coming …. Maybe actually came from family members on my partners side of the family. My partner would communicate it back to say that em.. we were being antisocial because she (my child) wanted … quite often she wanted to separate herself' [P3]

While an example of implicit judgement was:

'non autistic people prescribe how we should play….What they mean by appropriate is neurotypical play' [P8]

There was some discussion and questioning about what play is by participants, reflecting a degree of internalised implicit judgement against neurotypical standards; what the norms of play are seen to be. Play is defined in the Oxford English Dictionary as to *'engage in activity for enjoyment and recreation rather than a serious or practical purpose'*. This is the working definition that I have been using, however participants seemed to have an internalised definition that did not quite match this, seeing play as something structured and defined by the neuromajority:

'*We just enjoy different ways of playing perhaps'* [P9] whilst another pointed out that '*everyone enjoys play differently' [P2]*.

When asking about play, using the word 'play' often invoked a response of 'we don't play', 'I don't play' and a reflection about what others would describe as play. However, when asked 'what do you do together for fun?', or 'what activities do you do together that give you both joy?' the question was better understood and provided responses that were certainly talking about play.

There was substantial evidence of how this judgement played a pervasive role. Several of the participants mentioned preferring to play inside, but as a forced preference - because playing outside meant judgement, looks, it was uncomfortable for them or for their child or for both of them.

'I think especially when we are out in public. I am always kind of hyper vigilant and hugely aware of what people may be thinking because it is simply dangerous for us if people get the wrong impression…behind closed doors we are able to sort of be ourselves more' [P8]

It led to some withdrawing and choosing (or rather feeling like they had to play inside with their child). Some actively avoided others or said that their child preferred to avoid others leading to play being only in their home.

'We have quiet times together but not in the place where people are much. The whole environment with less people so it doesn't affect him' [P6]

One participant made the statement; *'I always feel I am being judged'* [P4], but there was also a rejection of judgement from some participants:

'Most times the way people look at us, or look at me, the way I play with her….They don't seem to understand what is going on. They just be seeming like 'why is she doing this outside' or something. But I do not care about that'. [P8]

'I don't want to listen to what people say or try to be judged…I do whatever thing I know that please my child. I don't care if I am being judged or not.' [P4]

One participant was very clear and direct saying: *'People need to stop judging us' [P8]* and *'society forces us to perform in public' [P8]*

Judgement was not limited to other parents, family or members of the public. One participant talked about active non-disclosure that they were autistic during a play assessment to try to reduce the judgement burden from a professional:

'I knew but I denied it at the time…like openly and knowingly denied that I thought I was autistic because …I knew for sure I would be judged'. [P10]

So, even though for some the ideal was to ignore judgement there was evidence of fear of how being an autistic parent may be viewed by neurotypical people. Some participants were able to talk about experiences of this judgement or how they perceived what was happening when they were viewed by non-autistic people:

'Other people, outsiders, especially neurotypicals kind of seeing that I think, would often perceive me as being too permissive, or being too yeah, not sort of coming down hard on her because they don't understand the context of that… something that she needed and she enjoyed and that was fine by me but other people just don't really get' [P8]

Theme 2: Distinctively Autistic Play

Distinctly autistic play describes the various ways in which parents described their play activities as distinctively autistic, again despite not being asked directly whether they felt their play was distinctive.

Parents explicitly referenced experiencing play differently with their autistic compared to their non autistic children.

'I find that the two of us can just flow, when we are together, and I don't experience that with other children'. [P3]

One said: *'I struggle with my (NT) daughter'* and *'he is totally different to my other child'* [P9] another said: *'she is a lot easier to play with than a lot of non-autistic children'*. [P3]

Another said:

'[my n/a child] knew what toys were for and [autistic child] has never really understood toys and so when they were younger it was easier to play around objects with the NT one…the autistic one, he imagined things but it was all in his head' [P10]

A recurring feature of parents' accounts was that they followed their child's lead in play; being led by the child rather than leading the play themselves.

'my child is the one directing it because I play the kind of games she feels like playing' and *'adults should always be willing to adjust to the kind of play the children want'*. [P1]

Many parents described just 'being' with their children, enjoying an experience that may not be traditionally viewed as a form of play:

'..most times she likes being alone. She sits at open space maybe window, or sometimes my veranda and she just look up the sky or just look up the open space. At times like that I like going to sit with her.' [11]

Some specifically mentioned a dislike or difficulty with 'traditional play':

'I find it really easy and it is fun and seeing him smile and hearing him laugh is well worth it…. [play in the] traditional sense I just find difficult because it just feels weird. Like why would you sit and play with this random thing? I don't get it' [P2]

Experiences of play were often flowing and ongoing, and parents did not tend to describe discrete play 'events' such as a game with a specific start and end: *'we don't do interactive games that most people do.'* [P9]

Examples of play integrated across daily life include:

'It's more about the way we interact, playfully. Just as we are going about life' [P8]

'just something we do most of the time' [P5]

Another feature of this distinctively autistic play was that it was often made up of activities done at the same time but not together, or a shared focus of attention, or being in physical proximity but not doing the same activity.

Being side-by-side, sometimes doing the same thing at the same time: *'reading books together too but not the same book. Different books but reading in the same space'* [P2] or *'me sitting playing a game while she watches or taking turns playing games'* [P8]; and sometimes doing different things but being close to one another: *'I am very happy to sit down and observe'* [P9]

Play was often described as an everyday, day-long activity: *'a part of the daily routine…. Integrated into the day. It's not like a set time for a specific kind of occasion'* [P3]

In many examples described by parents, verbal games or imaginary worlds were the focus: *'the way we kind of play verbally when we are driving the car….just a very sort of incidental sort of spontaneous playfulness'. [P8]*

'play with her is almost constant because she has a very vivid imagination' [P3]

Sensory play was mentioned by some participants: *'she is very sensory seeking so she always liked to be picked up and kind of slung around….lots of physical sensory seeking sort of play'* [P8]

'they like being squeezed really hard and so they would climb in behind me on my chair and have me squeeze them backwards' [P10]

Stimming was also mentioned as a form of play, something that some practitioners still find problematic but that is celebrated, valued and enjoyed within autistic community: *'there are lots of stimmy things'* [P8]

Parents also talked about their feelings around autistic play in general and their frustration that maybe some non-autistic people needed to learn more about how autistic people play.

'Autistic children, or should I say people, they know how to play like every other normal kid. It all depends on the type of play. If the autistic child is willing or interested in that kind of play he would be deeply involved while playing. But if it is something he doesn't really like, it would …. He won't be able to meet up or should I say play.' And *'Some parents don't really know the kind of play that autistic children really need. I feel like some sort of enlightenment should be given to them.'* [P1]

Theme 3: Empathic Connection

Empathic connection describes parents' emotional experiences of play with their child; being in tune, autistic togetherness, intuition. These are things that may be overlooked by non-autistics but that we can all feel, particularly with our children.

A strong feature of this theme was parent reporting of autistic togetherness, described as having a connection or a feeling of togetherness that didn't need structured activity or words or language:

'He is very happy on his own with me' and *'we are just happy together'* [P9]

‘We just calm together. We really enjoy each other’s company’ [P9]

Parents also reference empathy and intuition as a key element of their experience while playing with their autistic children. There was abundant evidence of parents being attentive and in-tune with their children: *‘I just know that she likes spending time with me’* [P4]

‘When I notice she is lonely and I like staying with her to play…like when she is sunk or sad I have to make sure I do more things that will make her smile’ [P11]

‘I saw your struggles, I know what you are struggling with’ [P9]

‘I am also autistic so I understand things about her better… being an autistic person has also helped you know…figure out something that she would like’ [P4]

‘I do think the fact that we are both autistic we seem to have quite a temperamental kind of synchronicity or something. We ‘get’ each other’. [P3]

Being in-tune with their child facilitated forms of play that might be considered atypical: *‘She would go and do forward rolls on the grass and we would be there for half an hour. Because this is what she needed to do to decompress’* [P8]

Three participants talked about ‘flow’ even though this was not a word mentioned by the researcher:

‘I find that the two of us can just flow, when we are together’ [P3]

‘If the play is something we like we could flow very well with it’. [P7]

‘If you could find out and know what the particular (autistic) child like then it is very easy….and the child would flow with you.’ [P6]

The word flow was used in the context of feeling at ease, a comfort of being. Of being together and engaging together in an enjoyable and carefree way.

Theme 4: Parenting Impact

This theme describes the way parents reported being affected by play both as a common everyday occurrence and as a mechanism of clinical evaluation.

Focusing first on everyday experiences, parents reported the joy that they derived from playing with their child…

'I personally love playing with my child. I spend quality time with my kid' [P1]

'Sometimes he says things that make me laugh and I think….I think he is amazing' [P10]

In fact, some parents reported playing with their children as being preferable to some more expected adult activities:

'I would be a lot more comfortable playing with her than talking about … whatever, football or whatever…' [P3]

'I just don't see the point of doing something that I am not enjoying' [P9]

However there was also a more negative side to play, which interacted with feelings of judgement described in the first theme.

'anything anyone says that makes my child feel bad also affects me' [P6]

'I wouldn't let her …play with people who wouldn't understand her so she wouldn't feel bad' [P4]

Some parents had worked to become more resistant to others' opinions: *'People will always talk that my child isn't normal and I don't let that affect me…I ignore it because I don't think people's words really matter'* [P1]

In the context of clinical or social work evaluations of play (experienced by two participants), parents talked about the impact of assessment, including a lack of understanding of the goals or what the outcome of the process were: *'I think that was the reason he asked for the play assessment… I can't really tell what he found from it'* [P6]

This parent was unclear about why they been asked to take part in the assessment and what the results were, there was a lack of communication and clarification from the practitioner that left the parent confused.

Theme 5: Purposes of Play

This captures the ways in which autistic parents reference play as purposeful or functional in their child's life.

Some participants had been instructed by clinicians to play in a certain way or to engage their children with certain activities for therapeutic benefit. *'My doctor talked to me …. Giving her more attention will really help'*. [P11]

Others felt an inner desire to teach their children through play. Parents clearly describe a sense of responsibility to make play useful, referencing goals or outcomes such as: *'helping the children grow'* [P1]; *'I have got my own agenda, the teaching agenda'.* [P9]; *'It helps to increase his learning ability'.* [P7]

Play was also used widely as a distraction to lower anxiety or cheer up a child in distress. Participants talked of trying to change their child's mood, helping after shutdown or meltdown, or to try to navigate anxiety provoking situations such as school or homework.

'Early on I found I found that also the play was a good way of helping if she got anxious or had a shutdown or meltdown' 'She can get very anxious about going to school…same with doing homework… if we can make that a bit more of a play that can help her' and

'I knew from how I was as a child that if she was getting anxious, the thing would be to diffuse it and use play to do that' [P3]

Another talked about using play in relation to their child to *'try to make her change her mood'* [P11]

In a few cases, parents noted how important it was for their child also to be alone – a key part of parenting was allowing this to happen as a way to manage anxiety.

'He'll go and jump on the trampoline for a little bit because that kinds of helps him regulate himself'. [P2]

'most of them are not actually comfortable being with some people who are strange to them' [P5]

'Quite often she would separate herself… separate herself from others to play' [P3]

'Most times she loves being on her own and she could just stay on her own without talking to anyone or sometimes she would lock herself in and just love being alone' [P4]

Discussion

This interview study asked the question 'How do autistic parents describe playing with their autistic children?' The motivations for the study included a concern about narrow, neuro-normative views of play having a substantial influence in autism research, practice and in the lives of children and their parents.

Evidence of neuro-normative expectations were apparent from the very outset of data collection. There was some discussion / questioning about what play is from the participants. Play is defined by the Oxford English Dictionary as to *'engage in activity for enjoyment and recreation rather than a serious or practical purpose'* and this is the definition that I have used, but participants seemed to have an internalised definition that did not quite match this. They saw play as something structured and defined by the neuromajority, that it was non-autistic people who prescribe how we should play. I needed to adapt my line of questioning, moving away from the word "play" and asking about "activities…that give you both joy" as a way to overcome participants' disengagement from the concept of play. The confusion around what is meant by play may be related to exposure to the normalisation agenda and also masking that is expected of autistic people from an early age. Internalised oppression leading to the ideas that we must pass as 'normal' may also be an issue here. This has been written about in the wider context of disability studies (Reeve, 2015).

The largest theme that emerged from my results was that of judgement. All participants talked of the feeling of being judged which often led to changes in their behaviour around where they would play, for example feeling that playing inside their own home was the only option for them. This judgement came from members of the public but also family members. Neuro-normative expectations weighed heavily on parents even when they were unsure whether these had any direct impact upon their children. Some implied resentment or anger at the societal pressure to conform to neuro-normative standards and the feeling that neurotypical people perceived their play as 'wrong'. Interestingly no participant talked about trying to modify their style of play or their child's play behaviour or play style when outside, instead their solution was to withdraw to a space where they felt safer and more comfortable.

The thoughts around this are echoed in the theme 'Distinctively Autistic Play' which was identified despite the fact that this was not asked about directly. Parents explicitly referenced experiencing play differently with their autistic compared to their non autistic children. For example, one distinct feature of autistic play was that the parents would follow their child's lead in play: the child was in control and participants felt that this should be the case. Also a feeling that play was ongoing rather than a formal or structured activity; that they did not connect with ideas around a structured set 'time to play' or traditional games or activities. Participants knew that their play was seen to be unusual by non-autistic people and felt that this was something that society needed to address: to be less judgemental. Participants showed no signs of viewing distinctive play as a deficit or an inherent problem for autistic people and their children that they needed to address themselves. Some participants were particularly strong on the need for them to reject judgement, to ignore judgement and all were confident in their own style of play as valid. Even though they acknowledged that it may be seen as different, they would resist criticism or ideas around their play being 'wrong' in any way.

This pattern of resistance to norms may be seen as surprising given the amount of literature and 'interventions' that focus on behaviour modification – making autistic people appear less autistic in our outward behaviour (Milton, 2014). We do know though that autistic behaviour is valued and valuable to autistic people and accepted within autistic spaces as needing no modification (Sinclair, 2010) and this was echoed by the participants. One participant had the simple and valid solution that 'people should stop judging us', autistic play is not problematic but rather the viewing of it through a normative lens and strive for normalisation rather than acceptance is the problem. It is not clear whether recruitment to this study encouraged a particular type of autistic parent to join the research – certainly the research team are integrated with the autistic community and so we may have reached parents who have access to substantial community and cultural support for their approach to play. It is possible that there exist other autistic parents who are less comfortable standing up for their way of playing with their child, and this should be a source of concern.

These two first themes emphasise a degree of othering experienced by autistic parents and their children: feeling different and being judged. But the additional information from the themes show how rewarding and positive this play is, perhaps explaining why parents managed to remained resilient to others' judgements.

For example, parents talked of flow with their autistic children – just being comfortable and in tune with their autistic child, of just 'being' in the same space and feeling happy and at ease, not necessarily doing the same thing or interacting with words but still having a connection. The feeling of 'being' and connection was elaborated further in the theme of Empathic Connection, which describes parents' emotional experiences with their child; being in tune, autistic togetherness, intuition. This is something that often cannot be understood when observed may be overlooked: remaining unseen to those who are not attuned to autistic ways of being. Through their descriptions parents showed a synergy that I would describe as autistic togetherness (not sure I would – maybe wrong here), a way of being in tune and knowing because of a shared neurology. The feeling of connection and ease with other autistic people is unsurprising given autistic writing on the *Double Empathy Problem* (Milton, 2012), Jim Sinclair's *Being Autistic Together* (2010) and in works carried out by non-autistic scholars in conjunction with autistic people (Crompton et al., 2020a).

Autistic togetherness or a connection that does not need words or language is something often reported by autistic people – less need, or requirement than neurotypical people to speak. In some cases, this is experienced as a preference for less verbal communication to interact overtly whilst still being connected without using language or structured activity, as described by early autistic community pioneers Mel Baggs and Donna Williams (silentmiaow, 2007; Williams, 1992). In line with this phenomenon, parents frequently described forms of play that did not involve speech or games, though verbally-mediated imaginary worlds were also common.

Playing together in close proximity but not interacting during play is something that onlookers may describe as 'parallel play' but I have chosen not to use this term, as even though from the outside it may meet this definition the emotional connection and the feeling of togetherness highlights that this is not the same thing. I feel that a description of parallel play does not describe what is happening in this situation. This term is also problematic because parallel play is often considered less developmentally-sophisticated than other forms of play such as collaborative play (Smith et al., 1985). It is incorrect to write-off autistic modes of play as immature.

Many parents were keen to talk about the joy that they experienced when playing with their autistic child and reported spending time with their autistic children as a preference when in the company of neurotypical people. But they also talked of how they may be judged for this by some neurotypical people; that withdrawing to play with their child was reported as being seen as being antisocial and inappropriate. Preferring the company of those who are similar to us in neurology or culture should not be seen as surprising or unfortunate. The ease of interaction that can be felt with a shared way of being or disposition is something that we all naturally feel. This may give weight to a call for more easily accessible and funded spaces for autistic people to gather and be with others.

We know from the literature that many autistic parents have fears surrounding contact with practitioners (Murphy, 2021; Doherty & Neilson, 2020). Within autistic community we all know people who have had adverse experiences when engaging with practitioners, communication difficulties (Doherty & Neilson, 2020) and a lack of understanding of autistic culture and ways of being can put us into situations that can end disastrously for us. We know that many autistic parents are comfortable and likely to report that their child is autistic but will hold back from sharing their own autistic status with professionals for fear of judgement or what they perceive to be unfair treatment (Doherty & Neilson, 2020). These results support and extend this existing knowledge by showing that judgement is very much a constant within the lives of autistic parents and something that impacts upon the quality of life of not just the parent but the child. Many choosing to avoid this judgement by changing their behaviour: playing indoors rather than outside for example. A behavioural change that is caused by prejudice within society and impacts upon the rights of the child to play freely. The results also show that parents can be hesitant or decide not to disclose that they are autistic for fear of unfair judgements and negative consequences from professionals. The decision to disclose is a topic spoken about within autistic community, across all parts of life including when engaging with professionals, research has also addressed this topic including Farsinejad & Russell (2022) who concluded that *'Misconceptions and stigma about autism can inhibit individuals from disclosing and can contribute to poorer mental health.'*

Implications for Society

Autistic culture is often not even recognised as being a 'real' thing, it is often dismissed or mocked. I have heard at several conferences non-autistic speakers denying that autistic culture exists and heard the ridicule of such ideas as autistic culture. The recognition of autistic culture and autistic ways of being is essential if autistic people are to reach parity within society and within receipt of services. Views of deficit or 'brokenness' or autistic people as something to be fixed (Chapman, 2020) exclude us and our children from equal and fair treatment in ways that cannot currently be understood by the majority of mainstream services. Seen through a neuro-normative lens that diminishes our ways of being, the autistic person will never be able to feel safe and served by current structures of social work or healthcare (Chapman & Carel, 2022).

Cultural humility and an acceptance that people of different neurologies will not always understand each other is essential. There are also implications for society: that some autistic parents feel forced to play away from the neurotypical gaze for fear of judgement is unacceptable. This narrowing of life and forced isolation will harm autistic children and the wider community. It could be argued that currently the human rights of autistic people and families are being curtailed in this respect (Article 8, The Human Rights Act). Actions that may go some way to mitigate this are more spaces for autistic community to meet and to socialise, to play: more autistic spaces. Autistic space is defined as a space that is controlled by autistic people and prioritises the needs of autistic people – it is not necessarily an autistic-only space. This may sound a counter-intuitive idea and perhaps goes against some thinking that is current within practice and society that many current 'interventions' such as social skills training are built around connection to non-autistic society rather than valuing, accepting and adapting to autistic ways of being. Thibault discusses this in their paper recognising the safety that can be gained within autistic spaces, as in part a sanctuary from a hostile world (Thibault, 2014).

Implications for Health and Social Care

We know from the literature (Doherty & Neilson, 2020) that general health practitioners are not necessarily knowledgeable about autism. Anecdotally this extends to difficulty communicating with autistic adults. We saw an example of this from one participant who was unclear of why they had been asked to take part in a play assessment, they did not understand what the aim was and the results were not clearly communicated to them leading to a confusion around the experience. When practitioners observe and autistic parent and child interaction they may not capture naturalistic behaviour: an unfamiliar environment (or stress caused by a stranger entering their home) can cause difficulty, we should reflect on this as a barrier, particularly as reports of being forced to play away from the neurotypical gaze due to previous experience of judgement by neurotypical people was often reported: the participants themselves identified that they would withdraw from this judgement by playing in spaces that they identified as 'safe' and accepting.

An environment which may be hostile and stress inducing because it is unfamiliar and unsuited to sensory sensitivities may also cause issue (Robertson, 2010). Autistic people are used to being judged for what is perceived as autistic behaviour, we are rightly sensitive to being observed by the non-autistic population in daily life and fear being called out for ‘getting it wrong’ (Han et al., 2022) and this pressure is clearly amplified in spaces where we know that the aim is to observed. This added stress and anxiety arises from knowing that we are in a non-autistic space, a space that may not be safe for us.

Also, unfamiliar toys and lack of objects or activities that would be usually played with by those being assessed can lead to the usual play styles and activities being ignored or undiscussed. Parents and to some extent children may bed led to ‘act’ or perform a type of play that is not their usual style in these situations which can be exacerbated by a fear of ‘getting it wrong’.

Of further concern, models of interaction are based upon neuro-normative ideas, measured against neurotypical norms. The environment as assessment may take place in, the toys offered, the formalness of the approach – this is all geared to neurotypical people. This setup struggles to deal with any cultural difference, minorities are at a disadvantage, including autistic people because cultural differences are not understood. For example, Kang-Yi, Grinker & Mandell (2013) found that Korean children engage in more parallel play and spend less time involving in activity using social communication which could act a barrier to autism diagnosis if cultural difference was not understood by clinicians. This is perhaps also a cultural difference seen in autistic people across ethnicities.

Currently many interventions are focussed on making autistic people appear to be less autistic: what is deemed as ‘autistic behaviour’ can be seen as a concern for non-autistic observers: highlighted in the experiences of judgement that the participants in this study were reporting, increasing the burden of judgement and sending ableist messages: that if we do not behave in NT acceptable ways then we should be unseen or at least supress our natural ways of being when around the neurotypical population (Hull et al., 2017).

Practitioners need to consider whether what they are observing is autistic attunement that they themselves may not understand. Accepting the concept of cultural humility and accepting autistic culture as a truism.

Implications for Research

For researchers using play assessments to measure change or what they may term 'progress' during a longitudinal study they must ensure that they fully understand what they are observing by removing the neurotypical lens that they may place on observations. Currently it is quite possible that their observations are inaccurate; either because they are not capturing naturalistic autistic play when those observed are 'acting' or 'performing' play or because they are not skilled or knowledgeable enough about autistic culture to see fully what is happening in front of them: they are measuring and recording their own interpretation without understanding the interactions between autistic people. Autistic ways of being and of interacting may be ignored or misinterpreted by a neurotypical researcher because they are unaware or uneducated in an autistic person's positionality relating to their research participants, or maybe more generally. If the initial observations are conducted and recorded in such a way that ignores this then results will be unsafe and uninformed. Researchers need to understand how to communicate with their participants effectively to ensure that what they are meaning by 'play' is a shared understanding with their participants; that they are breaking through communication barriers and cultural differences to understand fully the spaces, toys and other ways that autistic people play, rather than trying to fit autistic people into a box and treat them as if they were neurotypical. As mentioned earlier it appears that some autistic parents had internalised ideas of neurotypical ways of playing which although alien to them and disliked by them may be performed during assessment.

As well as having a key role in practice, these assessments are a fundamental component of research measurement. Observations of play are used widely in longitudinal studies, to chart change across development, and as outcome measures for clinical trials. However, we know almost nothing about how autistic parents interact with their children or how this is interpreted by practitioners.

Autistic children may have autistic parents. This is unsurprising because genetics has a key role in the aetiology of autism (Lauritsen & Ewald, 2001). In addition to those diagnosed before parenthood there are many anecdotal reports of parents coming to a realisation that they may be autistic themselves and receiving a diagnosis of autism (or self-identifying) after their child is diagnosed. It is also reasonable to assume that many parents may be unwilling to disclose; autistic parents are more likely to disclose their child’s autism diagnosis rather than to disclose their own diagnosis (Doherty,M & Neilson,S. 2020). Active non-disclosure was mentioned by one participant who felt that disclosure would be detrimental to them and their child during intervention from professionals. Many autistic adults reporting that they feared discrimination if they were to disclose (Huang et al., 2022).

Limitations

Due to the nature of the research and methods of data collection this was a self-selecting sample, parents responded to a call for participants and volunteered to take part. Therefore, only those interested and motivated by the research topic were interviewed. The sample size was 11, I feel that this was adequate as an initial investigation but a larger cohort would have led to a richer data set. Geographical gaps were also present with no respondents from Northern Ireland and only one from Wales; as a UK wide study this could have been improved.

I believe that data saturation achieved to a good level but there is always more to be done, using thematic analysis could have been a never-ending process, particularly if follow up interviews had been conducted. Feedback from member checking was positive with the results as written being welcomed as an accurate representation of what was shared and an appreciation of the study being conducted.

Due to time constraints no follow up interviews were conducted and therefore follow up questions / revisiting of answers with participants or a deeper dive into the themes identified with the participants could not be investigated. For example, asking participants about when they themselves were diagnosed, their feelings around autistic culture and connection to autistic community may have given further insights and may have produced interesting results around whether this impacted on their feelings around judgement from others or their rejection of neuro-normative ideas.

Of the 11 participants interviewed who disclosed their ethnicity almost half identified as Black. This was a high proportion of non-white respondents for a UK sample, even though recruitment did not target particular ethnic groups. A limitation could be identified in that the ethnicity and culture of respondents was not taken into account during the study and it could be reasonably expected to influence play styles or family relationships, however during data analysis it became clear that the ethnicity of the respondents did not appear to have significant impact upon their reporting of play with their children, this may imply that autistic culture in this case overrode any other cultural difference. With this cohort I believe that it would not be possible to tell the ethnicity of the responded by looking at anonymised transcripts. However, this cannot be assumed and should be considered in future research: a larger cohort with recruitment of participants targeted at different ethnicities may produce different results. Also, I am mindful that I am a white researcher and this may impact upon the comfort and responses of people of colour.

Future Research and Practice

Ideas for future research that I feel have emerged would be to delve into differences in the autistic parents play with their non autistic children and as mentioned earlier the views of autistic parents around autistic culture and autistic community connection: whether this may have an impact on play and parenting their autistic child more generally. I feel that investigation into the difference that an autistic connection and our feelings around being autistic ourselves and connection to autistic community, as well as delving into ideas around internalised ablism may be a valid line of further research.

This is also relevant to practitioners; they may even more so be tied to neuro-normative practices and measurement tools. When autistic people are being viewed by practitioners there can be a lot at stake leading to high levels of anxiety and a feeling of a ‘need to get it right’ fearing that being seen to be ‘wrong’ may lead to negative consequences for family life such as unhelpful intervention or misunderstandings around child / parent relationships.

Practitioners in particular need to practice cultural humility: understanding their own implicit biases and using self-awareness and self-reflection to ensure that they are not judging autistic people by their own neurotypical cultural assumptions and neurotypical norms. There needs to be an understanding that if they are not autistic themselves than they cannot know what it is to be autistic or to be an autistic parent of an autistic child; they need to accept this and to ensure that they use this within practice. Practitioners must treat the autistic people that they come into contact with as they should anyone who has a cultural difference, asking themselves questions such as: how am I inherently prejudiced?, is my practice neuro-normative?, and how do I deal with unconscious bias within my practice? Learning about Double Empathy work (Milton, 2012) and work around autistic communication (Crompton et al., 2020b) should be a core part of CPD as should more in-depth learning around autistic community, culture and connection to autistic community.

For both researchers and practitioners having an in-depth knowledge of autistic ways of being is a core element to reaching the best conclusion for all those involved: improved accuracy of data, improved assessments capturing authentic autistic play leading to service provision and supports that are useful and appropriate, better understanding for all. It is essential that autistic parents voices are heard and understood, that practitioners and researchers have the skills to listen and learn, that misunderstandings are minimised and environments and materials for play are optimised according the autistic cultural norms rather than non-autistic norms.

Neuro-normative ways of playing may not be optimal for autistic parents and their children. Practitioners must consider that parent may also be autistic and use inclusive practice, communication, explanation, environment, acceptance. Asking whether a parent is autistic can be useful to create the best environment and supports, however we know that some parents will be unaware that they are autistic or may choose not to disclose, therefore inclusive practice and ensuring that a parent's neurology is not assumed is essential.

Centring assessments and interventions around our intrinsic skills as autistic people, such as autistic communication and using that to bolster confidence rather than to treat us as having deficit is an important part of practice. It would be useful to conduct further research into the effect that ethnicity and cultural differences have in relation to autistic play as well as to autistic culture and ways of being; how much influence does autistic culture have and how does this intersect with a person's ethnicity. Autistic parents, their connection to autistic culture and autistic community would also be a useful area of further research: whether this may have an impact on play and parenting their autistic child more generally.

I feel that investigation into the difference that an autistic connection and our feelings around being autistic ourselves and connection to autistic community, as well as delving into ideas around internalised ablism may be a valid line of further research and highlight some areas for change within services and wider society. Should we be promoting autistic spaces and connection to autistic community to promote the value of this as a way to grow stronger more confident and happier autistic people – particularly children who will then grow into more confident adults; could this have any impact in the high levels of stress, anxiety and low mood that we can see within the adult autistic population currently (Hirvikoski et al., 2016). Effects of behavioural current interventions on autistic ways of being including play should be researched to find any negative impacts that may be being missed, not only on the autistic person during the period of the intervention but the long lasting impact of such interventions.

The largest theme from my research was that of judgement from the neurotypical population, stemming from a non-acceptance of autistic ways of being. Tackling stigma and discriminatory thoughts and actions has to be seen as a priority if we are to allow autistic people, including autistic families' equity within society. Large scale campaigns have taken place trying to tackle the issue of 'autism awareness' which was thought to be a way to improve the situation for autistic people, for example the 'Different Minds' campaign run by the Scottish Government[4]. However, learning from other anti-stigma campaigns has shown modest improvements within society and highlighted the need for more research within this area (Mehta & Clement, 2015). With segregated schooling still being seen as a solution to learning for some autistic pupils and with many autistic adults still unseen within our society we must ask whether a mostly unseen population can ever by truly accepted or understood. This added to the still widely promoted ideas that autistic behaviours are deviant and should be 'manged' or 'eradicated' within society (including school and employment), surely cannot lead to a general population that truly understands authentic autistic ways of being as part of a natural diversity of human expression or ways of being.

I would recommend further research into relationships between autistic parents and professionals; could increased knowledge of true autistic ways of being, a rejection of the deficit model and continuing CPD to enhance understanding of current thinking, for example the DEP and the strengths in communication between autistic people (also the deficits of neurotypical people communication with autistic people) be helpful in assessment and service delivery. Could practitioners who have more understanding of autistic community and culture enhance their practice through this knowledge?

Conclusion

Researchers and practitioners need to reflect upon their understanding of autistic play and autistic culture; they need to truly understand the nature of autistic people and ensure that they are mindful of the cultural differences that may be significant when observing autistic people at play. Current practices are neuro-normative and expect autistic people to conform to neurotypical standards and play behaviours, this means that play or activities outwith neurotypical norms or expectations can be labelled as a digression, a 'wrongness' to

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[4] https://differentminds.scot

be corrected or not valued as authentic play. We need to ask ourselves: can autistic families achieve parity in family life and can their children grow into healthy happy autistic adults whilst we are still trying attack the fabric of their culture and ways of being?

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Appendix 1: the interview schedule

Intro:

I want to talk to autistic parents, like you, to find out how you play with your children. I'm also interested in any experiences you might have had of observation of your play with your children. Play can mean different things to different people, I am interested in how you enjoy spending time together.

I'm a masters student at Edinburgh University, and I'm also an Autistic parent.

Before we start I just want to remind you that you can skip questions if they make you feel uncomfortable or if you just prefer not to answer.

Basic Info:

What is your age?
What is your gender?
What is your ethnicity?
What is your location? (Nearest Town or City is fine)

How many children do you have?

Starting with your eldest child:
What age are they?
What gender are they?
Are they diagnosed autistic?
(repeat for all children)

What language do you prefer when referring to you and your child?
Do your children live with you?

	Age	Gender	Autistic?	notes
Child 1				
Child 2				
Child 3				

Who else lives with you:

I'd like to ask a couple of questions about your family and financial background if that's OK. This is because we're interested in how experiences differ depending on those circumstances.

1. How many years of education have you had since the age of 16?
2. Ignoring the kitchen and bathrooms, how many rooms are in your house? How many of those are bedrooms?
3. What's your total household income?

£0 - £9 999
£10 000 - £19 999
£20 000 - £29 999
£30 000 - £39 999
£40 000 - £49 999
£50 000 - £59 999
£60 000 - £69 999
£70 000 +
Decline to answer

Part A

- How do you spend time with your autistic child/ren?
- What makes you laugh together?
- What are your favourite things to do together?

If they have more than one autistic child:
OK. Let's pick just one child to talk about now (aged between 4 and 10 years) – if you've had a play assessment with one child that would be the most relevant for what we're going to talk about next.

- Do you have favourite games or objects to play with?

- Where do you play?

- When do you play?

- Where do you get ideas for play from?

- Do you think that playing with your child has come naturally to you or do you have to work at it?

- Who do you feel directs the play? You, your child?

If autistic and na children:

- Do you feel that there are differences playing with your non autistic and autistic children?
- Do you find it easier to play with your autistic child/ren?

Part B

Now we're going to move on to talk about how other people might view the way you play. We're about half way through the interview. Shall we take a short break before that?
(Can also offer to come back another time for the second part.)

When with your children in public / around other people:

- Have you ever been in a situation where you felt you were being judged for the way you play with your autistic child?
    - Can you tell me a little bit about that?

If it is clear they are telling you about a play assessment, you could move them on to the next block of questions.

- Have you ever had a play assessment?
- What was your experience?
    - Why do you think you were asked to do a play assessment?
    - When did it happen – how old was your child at the time?
    - Did you know or disclose that you were autistic? Did your child already have an autism diagnosis at the time?
    - Describe the setting and the people involved
    - (if autism disclosed) Were any reasonable adjustments made to the process?
    - Describe your feelings before, during and after?
    - What was the outcome of the assessment?

Part C, OPTIONAL: Statements (with explanation)

I'm going to just read out a couple of statements which describe how other people might think about autistic play. I'm interested to know what you think of these.

- Autistic people don't know how to play

- Autistic parents need to be taught what appropriate play is

Thank you for your time. That's all from me. Is there anything you want to ask me before we finish?