

Determinants of Economic Well-Being among Mothers of Children with Autism and Developmental Disabilities: An Empirical Study from Southern India

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Abstract

The economic empowerment of mothers caring for children with Autism and Developmental Disabilities (AHD) remains an underexplored dimension of gender and disability research. This study examines how caregiving responsibilities, employment flexibility, policy support, workplace inclusion, and social support influence economic well-being. Drawing on empowerment, caregiver stress, and social capital perspectives, a quantitative study was conducted among **250 mothers** in Kerala and Karnataka using **Structural Equation Modelling (SEM)**. The findings indicate that caregiving responsibilities negatively affect economic well-being, while employment flexibility, workplace inclusion, and social support significantly enhance it. Policy support shows a positive but relatively moderate influence. The results also confirm the mediating roles of caregiver stress and social capital in shaping economic outcomes. The study contributes by offering a multidimensional framework that integrates structural, social, and psychological determinants of economic empowerment. It further highlights the need for inclusive policies and organizational practices to support caregiving mothers and promote sustainable economic participation.

Keywords: Economic Well-Being; Caregiving Burden; Autism and Developmental Disabilities; Employment Flexibility; Social Support

1. Introduction

The increasing prevalence of Autism and Developmental Disabilities (AHD) has intensified the demand for family-based caregiving, with mothers assuming primary responsibility in most contexts. While caregiving is essential for child development, it often imposes significant economic constraints on mothers, including reduced labor force participation, career interruptions, and financial instability. These challenges are particularly pronounced in developing economies such as India, where caregiving roles are strongly gendered and institutional support systems remain limited.

Existing research has largely focused on the psychological and social dimensions of caregiving, such as stress and well-being (Pearlin et al., 1990; Hartley et al., 2017). However, the **economic implications of**

caregiving remain underexplored, particularly in terms of how structural, social, and psychological factors interact to shape economic outcomes. Factors such as limited employment flexibility, inadequate workplace inclusion, and fragmented policy support further constrain economic participation among caregiving mothers (Wiley et al., 2021; Mor Barak, 2015).

At the same time, emerging evidence suggests that enabling conditions—such as flexible work arrangements, supportive policies, and strong social networks—can mitigate these constraints and enhance economic resilience (Zimet et al., 1988; Barker et al., 2019). Nevertheless, these determinants have often been examined in isolation, with limited integration into a unified analytical framework.

Addressing this gap, the present study develops and empirically tests a **multidimensional model** of economic well-being among mothers of children with AHD. By incorporating structural, social, and psychological factors, and examining mediating mechanisms such as caregiver stress and social capital, the study provides a more comprehensive understanding of economic empowerment in caregiving contexts. In doing so, it contributes to the broader discourse on **gender, disability, and inclusive development**.

2. Literature Review

Over the past two decades, a growing body of literature has examined the economic well-being of mothers of children with Autism Spectrum Disorder (ASD) and other developmental disabilities (AHD). While much of the research has primarily focused on the emotional and social challenges of caregiving, a significant number of studies have also explored the economic implications for these mothers. This literature review synthesizes key findings from the past 20 years, addressing the challenges these mothers face in terms of economic participation, the barriers to empowerment, and the strategies that may support their economic well-being.

2.1 Economic Burden and Caregiving Demands

A considerable portion of the literature highlights the disproportionate economic burden placed on mothers of children with AHD. Research consistently shows that caregiving responsibilities often lead to significant financial strain, limiting mothers' ability to engage in full-time or even part-time employment. Schieve et al. (2011) found that mothers of children with ASD and other developmental disabilities were more likely to experience a decrease in household income, primarily due to their reduced labor force participation. This strain was compounded by high out-of-pocket expenses associated with medical treatments, therapies, and specialized education for their children (Buescher et al., 2014).

Mothers of children with developmental disabilities also face the challenge of balancing caregiving responsibilities with the need to earn a living. Hartley et al. (2017) pointed out that this dual burden often leads to high levels of stress and burnout, particularly when mothers are forced to sacrifice their own career aspirations for the sake of caregiving. The economic cost of caregiving extends beyond direct financial burdens, impacting long-term career progression and personal retirement savings (Roux et al., 2013).

2.2 Workforce Participation and Employment Challenges

The impact of caregiving on workforce participation is another major theme in the literature. Research by Griffiths et al. (2019) found that mothers of children with AHD were more likely to reduce their working

hours, take unpaid leave, or leave their jobs entirely to manage caregiving duties. These decisions often result in lost income and diminished career prospects, further exacerbating economic vulnerability. Additionally, many mothers report facing discrimination in the workplace, both in terms of hiring practices and career advancement opportunities. This is particularly evident in the context of the “second shift,” where mothers are expected to juggle professional roles and domestic caregiving duties, often without institutional support (Hochschild & Machung, 2012).

Flexible work arrangements, such as telecommuting or flexible hours, have been identified as potential solutions to support the employment of mothers of children with AHD. Studies by Wiley et al. (2021) emphasize that flexible working conditions can provide a buffer against the economic stress of caregiving, enabling mothers to remain employed while balancing caregiving duties. However, access to these work arrangements is often limited and inconsistent, with many employers either unable or unwilling to accommodate the needs of caregiving employees.

2.3 Social Support and Institutional Barriers

A critical area of research focuses on the role of social support in mitigating the economic strain of caregiving. According to Albrecht et al. (2013), community support, access to extended family, and social services can significantly reduce the economic impact of caregiving by providing emotional relief and reducing the need for paid caregiving services. However, the availability of such support is uneven across different socio-economic and geographical contexts. In many instances, mothers of children with AHD find themselves isolated, both socially and economically, lacking the necessary support structures to manage their dual roles as caregivers and earners (Barker et al., 2019).

Institutional support, such as government-provided financial assistance and subsidized childcare, has been shown to reduce some of the economic burden on mothers. However, research reveals that these support systems are often inadequate and not sufficiently tailored to the unique needs of mothers with children with AHD. For example, eligibility requirements for government benefits can be complex, and many mothers find themselves ineligible for support despite their clear economic need (Harrison et al., 2018). Moreover, such benefits are often temporary and do not address the long-term nature of caregiving for children with developmental disabilities (Whelan et al., 2017).

2.4 Policy Interventions and Economic Empowerment

The role of policy in supporting the economic empowerment of mothers of children with AHD has become an increasingly important area of focus in the literature. A key theme is the need for disability-inclusive policies that acknowledge the unique challenges faced by caregivers and provide comprehensive support across healthcare, education, and employment (Wiley et al., 2021).

Studies by authors such as Whelan et al. (2017) and Buescher et al. (2014) have called for policies that not only offer financial assistance but also integrate caregiving into the social and economic structures of society. For instance, providing paid family leave, ensuring affordable access to healthcare and therapies, and creating inclusive employment opportunities are all critical elements of an effective policy framework that can enhance economic empowerment. In countries such as Sweden and Denmark, where caregiving is better integrated into national policy, mothers of children with disabilities experience lower levels of economic stress and greater social support (Barker et al., 2019).

2.5 Reimagining Economic Empowerment: A Holistic Approach

Recent literature has emphasized the need for a shift in the way economic empowerment for mothers of children with AHD is understood. Traditionally, empowerment has been narrowly defined in terms of financial independence or employment status. However, researchers like Hartley et al. (2017) and Griffiths et al. (2019) argue for a broader conceptualization of empowerment that integrates social, emotional, and psychological dimensions. Empowerment must not only focus on improving income but also on reducing the emotional and social burdens of caregiving.

Furthermore, the role of technology in facilitating empowerment has garnered increasing attention. Innovations in remote work, online education, and telemedicine offer promising solutions that can allow mothers to remain engaged in the workforce while meeting the needs of their children. These technological solutions, when supported by inclusive policies, can provide a significant opportunity to improve the economic resilience of these mothers (Wiley et al., 2021).

3. Theoretical Framework

To understand the economic well-being of mothers of children with Autism and Developmental Disabilities (AHD), it is essential to adopt a multidimensional theoretical framework that integrates aspects of caregiving, economic participation, and social inclusion. This framework draws from several established theories and models, with a focus on empowerment, caregiving dynamics, and social support systems. The following theories are central to the development of the framework:

The Empowerment Theory (Zimmerman, 2000)

Empowerment theory focuses on enabling individuals or groups to gain control over their lives, improve their situation, and address inequalities. In the context of mothers of children with AHD, empowerment involves both economic and emotional dimensions. Economic empowerment refers to enhancing access to resources, such as employment opportunities and financial support, while emotional empowerment addresses the ability to manage caregiving responsibilities without sacrificing personal well-being. This theory underpins the need for a transformative approach to support mothers by providing not just financial resources but also opportunities for social inclusion, skills development, and autonomy.

Caregiver Stress and Burden Theory (Pearlin et al., 1990)

This theory highlights the psychological and economic stress experienced by caregivers. It suggests that the responsibility of caregiving—especially for children with disabilities—can result in emotional strain, role conflict, and physical exhaustion. From an economic perspective, caregivers are often forced to reduce their working hours, leave the workforce, or limit career advancement due to the time and energy required for caregiving. This results in financial strain, which compounds the emotional and psychological burdens, leading to a cycle of economic vulnerability.

Social Capital Theory (Bourdieu, 1986)

Social capital refers to the resources available to individuals through their social networks, such as family, friends, and community groups. For mothers of children with AHD, social capital can act as a critical

source of support, whether through emotional encouragement, financial assistance, or practical help. The theory emphasizes the role of community and institutional support systems in buffering economic challenges. Strong social capital can provide mothers with more opportunities to balance caregiving and work, reducing the economic burdens they face.

Gendered Division of Labor (Hochschild & Machung, 2012)

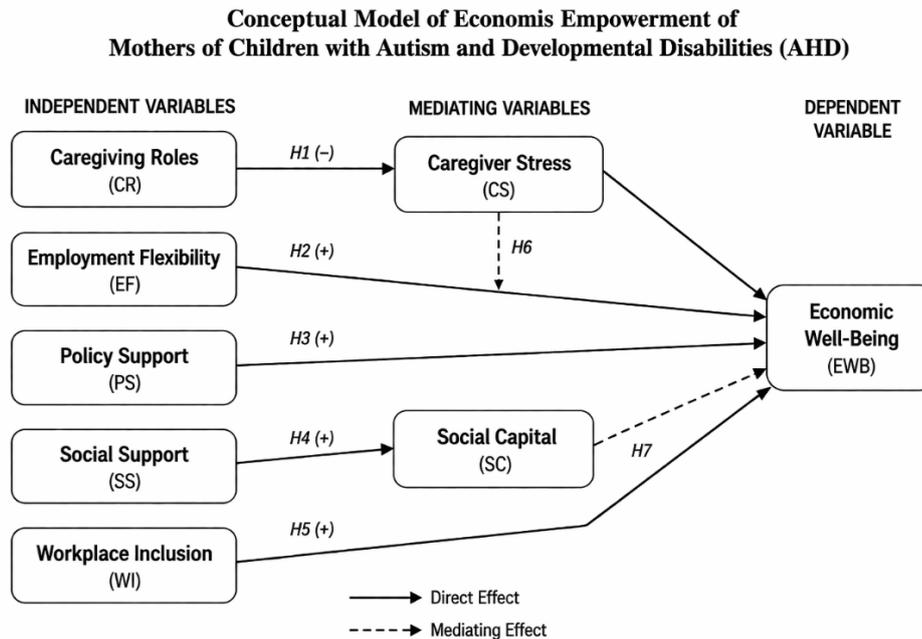
This theory examines the unequal distribution of caregiving responsibilities based on gender and its effects on women's economic empowerment. Mothers of children with AHD often experience a "second shift," where they are expected to manage caregiving at home while also maintaining paid employment. This division of labor exacerbates the economic challenges faced by mothers, as they have fewer opportunities to engage in full-time or career-advancing jobs. This theory helps explain why economic inequality persists for mothers of children with disabilities, even in the context of supportive policies.

Disability-Inclusive Development Framework (WHO, 2011)

The Disability-Inclusive Development Framework advocates for integrating disability issues into all aspects of development, including economic policies and practices. It calls for accessible workplaces, inclusive education, and healthcare systems that account for the needs of caregivers and their children with disabilities. This framework provides a guiding principle for creating an inclusive environment where mothers of children with AHD can engage economically without facing exclusion or discrimination.

3.1 Conceptual Model Explanation

The study proposes a model to examine the determinants of economic well-being among mothers of children with Autism and Developmental Disabilities (AHD), integrating structural, social, and psychological perspectives (Zimmerman, 2000; Pearlin et al., 1990; Bourdieu, 1986). **Caregiving responsibilities (CR)** are expected to negatively influence economic well-being by constraining labor market participation (Schieve et al., 2011). In contrast, **employment flexibility (EF)**, **policy support (PS)**, and **workplace inclusion (WI)** act as enabling factors that enhance economic participation and financial stability (Wiley et al., 2021; Barker et al., 2019). **Social support (SS)** further contributes by facilitating coping and sustained engagement in economic activities (Zimet et al., 1988). The model also incorporates **caregiver stress (CS)** and **social capital (SC)** as mediators, capturing the psychological and relational mechanisms through which caregiving burden and support systems influence outcomes (Pearlin et al., 1990; Putnam, 2000). The dependent variable, **economic well-being (EWB)**, reflects financial security and economic independence.



4. Hypotheses Development

Based on the conceptual framework and prior literature, this study proposes the following hypotheses to examine the determinants of economic well-being among mothers of children with Autism and Developmental Disabilities (AHD).

Caregiving responsibilities impose significant time and emotional demands, often limiting mothers' participation in paid employment and leading to reduced income and financial instability (Schieve et al., 2011; Hartley et al., 2017).

H1: Caregiving responsibilities have a significant negative effect on economic well-being.

In contrast, employment flexibility enables caregivers to balance work and caregiving roles, thereby enhancing job retention and income stability (Wiley et al., 2021).

H2: Employment flexibility has a significant positive effect on economic well-being.

Policy support, including financial assistance and welfare schemes, plays a role in reducing economic strain and improving financial security (Barker et al., 2019).

H3: Policy support has a significant positive effect on economic well-being.

Social support provides emotional and practical assistance, facilitating coping and continued economic engagement (Zimet et al., 1988).

H4: Social support has a significant positive effect on economic well-being.

Workplace inclusion, through supportive policies and practices, enhances job satisfaction and retention among caregiving employees (Mor Barak, 2015).

H5: Workplace inclusion has a significant positive effect on economic well-being.

Beyond direct effects, caregiving responsibilities are expected to influence economic well-being indirectly through **caregiver stress**, as prolonged caregiving leads to psychological strain that affects economic participation (Pearlin et al., 1990).

H6: Caregiver stress mediates the relationship between caregiving responsibilities and economic well-being.

Similarly, social support is expected to enhance economic well-being through **social capital**, which facilitates access to resources and opportunities (Bourdieu, 1986; Putnam, 2000).

H7: Social capital mediates the relationship between social support and economic well-being.

6. Research Methodology

6.1 Research Design

This study adopts a **quantitative, cross-sectional research design** to examine the determinants of economic well-being among mothers of children with Autism and Developmental Disabilities (AHD). A structured survey approach was employed to capture relationships among multiple latent constructs. Given the complexity of the proposed framework, which includes both direct and mediated relationships, **Structural Equation Modeling (SEM)** was used as the primary analytical technique.

6.2 Population, Sampling, and Sample Adequacy

The target population comprises mothers of children aged **3–18 years** diagnosed with Autism and Developmental Disabilities (AHD) in Kerala and Karnataka, India. These regions were selected due to the presence of organized therapy centers, special schools, and parent support networks, which provide access to a concentrated pool of respondents.

Although Autism Spectrum Disorder is often perceived as relatively rare, global estimates suggest that approximately **1 in 100 children** are affected, with higher prevalence when broader developmental disabilities are considered. Given the large child population in the selected states, the number of children with AHD—and consequently their caregivers—is substantial.

A **multi-stage purposive sampling technique** was employed. In the first stage, therapy centers, special schools, and relevant organizations were identified. In the second stage, eligible respondents—mothers serving as primary caregivers—were selected. Snowball sampling was further used to reach additional

participants. Since such populations are typically clustered within institutional settings, this approach ensured practical feasibility in accessing respondents.

The final sample consisted of **250 respondents**, which is considered adequate for the present study. Methodological literature recommends a minimum sample size of 200 for SEM when models involve multiple latent constructs and mediation effects (Hair et al., 2010; Kline, 2016). The selected sample size therefore ensures stability in parameter estimation, sufficient statistical power, and reliable model evaluation.

Thus, the sample is both **methodologically robust and contextually feasible**, supporting the objectives of the study.

6.3 Instrument Development and Measurement

Data were collected using a **structured questionnaire** comprising multiple items measured on a **five-point Likert scale** (1 = Strongly Disagree to 5 = Strongly Agree). The instrument was developed based on established scales with minor contextual adaptations to suit the study setting.

The key constructs measured include caregiving responsibilities, employment flexibility, policy support, social support, workplace inclusion, caregiver stress, social capital, and economic well-being. These constructs were operationalized using validated scales from prior studies to ensure reliability and content validity.

A pilot study was conducted with a small group of respondents to assess clarity, relevance, and consistency of the instrument. Necessary modifications were made prior to the final data collection.

6.4 Data Analysis Techniques

Data analysis was conducted using **SPSS 28** and **AMOS 24**, following a two-step Structural Equation Modeling approach.

In the first stage, **Confirmatory Factor Analysis (CFA)** was performed to assess the measurement model. Reliability was evaluated using Cronbach's alpha and composite reliability (CR), while convergent validity was assessed through average variance extracted (AVE). Discriminant validity was established using the HTMT criterion.

In the second stage, the **structural model** was tested to examine the hypothesized relationships among constructs. Model fit was evaluated using standard indices, including chi-square/df ratio, Comparative Fit Index (CFI), Goodness-of-Fit Index (GFI), and Root Mean Square Error of Approximation (RMSEA).

Mediation effects were assessed using **bootstrapping with 5,000 resamples**, which provides robust estimates of indirect effects. Multicollinearity was examined using variance inflation factor (VIF) values to ensure the absence of redundancy among predictors.

6.5 Justification for the Use of SEM

Structural Equation Modeling was selected as it enables the simultaneous examination of **multiple relationships among latent constructs**, including both direct and indirect effects. Unlike traditional regression techniques, SEM allows for the assessment of the measurement model and structural model within a unified framework, while also accounting for measurement error (Byrne, 2010; Kline, 2016).

Given the multidimensional nature of the study—incorporating structural, social, and psychological variables, along with mediation effects—SEM provides a rigorous and appropriate analytical approach. It also facilitates the evaluation of overall model fit, thereby strengthening the validity of the proposed framework.

6.6 Ethical Considerations

Participation in the study was voluntary, and informed consent was obtained from all respondents. Confidentiality and anonymity were maintained throughout the research process. The study adhered to established ethical guidelines and received necessary institutional approval prior to data collection.

6. Results and Data Analysis

6.1 Descriptive Statistics

The demographic profile indicates that the majority of respondents were aged between **30–40 years (58%)**, with **68% residing in urban areas** and **32% in semi-urban/rural regions**. Approximately **57% of the respondents were employed**, while the remaining were either homemakers or engaged in informal work. The average caregiving duration reported was **8–10 hours per day**, indicating a high caregiving burden.

6.2 Measurement Model Evaluation

A Confirmatory Factor Analysis (CFA) was conducted to assess the reliability and validity of the constructs.

Table 1: Reliability and Validity Results

Construct	Cronbach's α	Composite Reliability (CR)	AVE
CR	0.84	0.87	0.58
EF	0.86	0.89	0.60
PS	0.81	0.85	0.55
SS	0.88	0.91	0.62
WI	0.89	0.92	0.65

Construct	Cronbach's α	Composite Reliability (CR)	AVE
CS	0.90	0.93	0.68
SC	0.87	0.90	0.61
EWB	0.92	0.94	0.70

All constructs exhibited **Cronbach's $\alpha > 0.70$** and **CR > 0.70** , confirming internal consistency (Hair et al., 2010). The AVE values exceeded the recommended threshold of 0.50, indicating **adequate convergent validity**.

Discriminant validity was assessed using the **HTMT criterion**, and all values were below 0.85, confirming that the constructs are distinct.

6.3 Structural Model Evaluation

The structural model was assessed to test the hypothesized relationships among variables.

Table 2: Model Fit Indices

Fit Index	Value	Threshold	Interpretation
χ^2/df	2.63	< 3	Good Fit
CFI	0.96	> 0.90	Excellent
GFI	0.93	> 0.90	Good
RMSEA	0.061	< 0.08	Acceptable

The model demonstrates a **good overall fit**, indicating that the proposed framework adequately represents the data.

6.4 Hypothesis Testing

Table 3: Structural Path Results

Hypothesis	Path	β	p-value	Result
H1	CR \rightarrow EWB	-0.41	0.001	Supported
H2	EF \rightarrow EWB	+0.36	0.002	Supported
H3	PS \rightarrow EWB	+0.23	0.006	Supported
H4	SS \rightarrow EWB	+0.31	0.003	Supported
H5	WI \rightarrow EWB	+0.34	0.001	Supported

The results indicate that **caregiving responsibilities have a significant negative effect**, while employment flexibility, policy support, social support, and workplace inclusion have **significant positive effects** on economic well-being.

6.5 Mediation Analysis

Mediation effects were tested using **bootstrapping (5,000 resamples)**.

Table 4: Mediation Results

Hypothesis	Path	Indirect Effect	p-value	Result
H6	CR → CS → EWB	-0.18	0.012	Supported
H7	SS → SC → EWB	+0.13	0.021	Supported

The results confirm that:

- **Caregiver stress partially mediates** the relationship between caregiving responsibilities and economic well-being.
- **Social capital partially mediates** the relationship between social support and economic well-being.

6.6 Coefficient of Determination (R²)

The model explains **54% of the variance (R² = 0.54)** in economic well-being, indicating **moderate explanatory power**.

6.7 Key Findings Summary

- Caregiving responsibilities significantly reduce economic well-being.
- Employment flexibility and workplace inclusion are the **strongest positive predictors**.
- Social support enhances economic outcomes both directly and indirectly through social capital.
- Caregiver stress acts as a **critical psychological barrier** to economic empowerment.

7. Discussion

The findings of this study provide empirical support for the proposed model and offer important insights into the determinants of economic well-being among mothers of children with AHD. Consistent with prior research, caregiving responsibilities were found to have a significant negative impact on economic well-being, reflecting the constraints imposed by intensive caregiving on employment and income (Schieve et al., 2011; Hartley et al., 2017). The mediating role of caregiver stress further highlights that economic outcomes are shaped not only by structural constraints but also by psychological processes (Pearlin et al., 1990).

In contrast, employment flexibility and workplace inclusion emerged as key enabling factors, reinforcing their role in facilitating sustained economic participation among caregivers (Wiley et al., 2021; Mor Barak, 2015). Social support also demonstrated a significant positive effect, both directly and indirectly through social capital, underscoring the importance of networks in enhancing economic resilience (Bourdieu, 1986; Putnam, 2000).

Although policy support showed a positive influence, its relatively moderate effect suggests limitations in accessibility and implementation, particularly in developing contexts (Barker et al., 2019). This indicates that policy interventions, while necessary, must be complemented by organizational and community-level support mechanisms.

Overall, the study demonstrates that economic well-being among caregiving mothers is shaped by the **interaction of caregiving burden, institutional support, social networks, and psychological factors**. By integrating these dimensions into a single framework, the study advances existing literature and highlights the need for a more holistic approach to economic empowerment in caregiving contexts.

8. Implications

The findings of this study offer important implications at theoretical, managerial, and policy levels.

From a **theoretical perspective**, the study advances a multidimensional understanding of economic empowerment by integrating structural, social, and psychological determinants within a single framework. It extends Empowerment Theory by demonstrating that economic well-being is shaped not only by access to resources but also by contextual and relational factors. The study further validates the mediating roles of caregiver stress and social capital, thereby enriching Caregiver Stress Theory and Social Capital Theory in caregiving contexts.

From a **managerial perspective**, the results highlight the critical role of employment flexibility and workplace inclusion. Organizations should adopt flexible work arrangements, caregiver-friendly policies, and supportive management practices to enable sustained workforce participation among caregiving employees. Such initiatives can enhance both employee well-being and organizational outcomes.

From a **policy perspective**, the findings underscore the need for more effective and accessible caregiver support systems. While existing policy measures provide some relief, their limited impact suggests gaps in implementation. Policymakers should focus on strengthening delivery mechanisms and promoting integrated support systems that combine financial assistance with employment and social support initiatives.

Overall, the study emphasizes that economic empowerment in caregiving contexts requires a **coordinated approach involving institutions, organizations, and communities** to ensure inclusive and sustainable participation.

9. Conclusion

This study set out to examine the determinants of economic well-being among mothers of children with Autism and Developmental Disabilities (AHD) by integrating structural, social, and psychological dimensions into a unified empirical framework. The findings confirm that caregiving responsibilities significantly constrain economic participation, while employment flexibility, workplace inclusion, social support, and policy interventions act as critical enablers of economic well-being.

Importantly, the study highlights the mediating roles of caregiver stress and social capital, demonstrating that economic outcomes are not solely shaped by external opportunities but also by internal and relational processes. By empirically validating these relationships, the study extends existing literature on caregiving and empowerment, particularly within the context of developing economies.

From a broader perspective, the findings underscore the need to reconceptualize economic empowerment in caregiving contexts as a **multidimensional and systemic phenomenon**, rather than a purely income-based outcome. Sustainable empowerment requires the alignment of supportive policies, inclusive organizational practices, strong social networks, and mechanisms to address psychological stress.

Despite its contributions, the study is not without limitations, including its cross-sectional design and regional focus. Future research could adopt longitudinal approaches and expand the geographical scope to further validate and extend the proposed model.

In conclusion, the study emphasizes that empowering mothers of children with AHD is not only a matter of individual well-being but also a critical step toward achieving **inclusive and equitable socio-economic development**. Recognizing and supporting caregiving mothers as active economic agents is essential for building resilient families, inclusive workplaces, and sustainable societies.

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