

**A synthesis of existing data on current attitudes towards autistic people in Ireland**

**May 2025**

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Executive Summary

Introduction

In August 2024, the Department of Children, Equality, Disability, Integration and Youth launched the Autism Innovation Strategy (AIS), an 18-month strategy aiming to reduce barriers and improve supports for autistic people. Action 1 of the AIS was to synthesise data on attitudes towards autism in Ireland to inform Action 2 of the AIS public autism acceptance and understanding campaign. This campaign was recommended following two public consultations on the strategy with participants prioritising targeting the public (43%), education professionals (20%), health/social care professionals (18%), and other public sector workers (5%) in the campaign.

The aim of this report was to synthesise existing data on autism knowledge and attitudes of the public and certain professional groups to autistic people in Ireland. In addition, the aim was to examine what works in public campaigns and to identify focus areas for a national autism acceptance and understanding campaign.

Methodology

A scoping review was conducted with searches performed across a number of electronic academic databases, and grey literature sources. Studies were included if they met the following criteria: (1) assessed knowledge and or attitudes towards autistic people (2) summarised public campaign effectiveness, (3) were written in English, (4) were published from 2014 onwards, (5) were available in full text.

A synthesis of existing data was employed to summarize and integrate findings across the included studies. The findings were divided into three sections: 1) autism knowledge, 2) attitudes towards autistic people, and 3) public campaign effectiveness.

Findings

### Autism knowledge

The review indicates that while autism awareness has increased in Ireland, the public’s knowledge appears to be surface-level. Many in the public still associate autistic people with a lack of eye contact or lack of verbal communication, which are not universal traits. It was found that Irish education professionals generally possess strong knowledge of autism but struggle with applying evidence-based practices in mainstream settings where mainstream teachers had less knowledge of evidence-based practices than those in special class settings. Equally, healthcare professionals show varied understanding of autism, with those with lived experience or autism-specific training demonstrating greater understanding.

Attitudes towards autistic people

Public attitudes towards autistic people in Ireland were explored across employment, public spaces, education, healthcare, and the justice system showing a mix of attitudes across key groups and professions. In employment, the data showed that autistic individuals seeking reasonable accommodations are often seen as demanding, which may contribute to the 16% employment rate for autistic people. Negative perceptions were also found to extend to behaviours like stimming in public spaces. The data suggests that discriminatory attitudes persist in education contexts, particularly in disciplinary practices and that there is a reliance on special schools by education professionals to support autistic students. Healthcare professionals' negative assumptions were found to exclude autistic individuals from services. However, in the justice system, studies of police officers have shown positive attitudes towards autistic people by emphasising the need for autism-specific supports to improve their engagement. While attitudes are mixed and context-dependent, the review highlights the need for targeted efforts to challenge stereotypical attitudes and promote inclusivity towards autistic people in Ireland.

Public campaign effectiveness

Evaluations of Ireland’s *Together for Yes, Take the First Step*, and *Creating Our Future* public campaigns highlight effective strategies that could be applied to a potential public autism acceptance and understanding campaign. Key success factors included media framing with personal stories, multi-channel strategies like digital and local media and using relatable spokespersons. Other papers highlighted the importance of considering cultural differences towards autism and involving the autistic community in campaign design to enhance credibility, accuracy, and clear messaging that challenges negative stereotypes.

Limitations

This review relied on existing literature, where a limited number of surveys existed. In those that did, the survey design of some restricted insight into public perceptions. There were also limited data on attitudes to autism among members of specific professional groups. Much of the available data did not clearly differentiate between attitudes towards diagnosed autistic individuals and those who may be undiagnosed or have chosen not to disclose their diagnosis, potentially affecting the interpretation of public perceptions. Autism’s frequent co-occurrence with other neurodevelopmental, mental health and physical conditions further complicated the isolation of attitudes specific to autism from those related to broader disabilities or health challenges.

Conclusion

Despite increased autism awareness, attitudes towards autistic people in Ireland remain mixed, where specific groups and professionals’ views were positive and negative based on the level of autism knowledge acquired, how that knowledge was applied, and the socio-professional contexts in which the attitudes existed in. Public campaigns can challenge stereotypes and improve public acceptance and understanding through appropriate media framing, multi-channel delivery, and the use of relatable spokespersons. Considerations of the cultural differences around autism and the importance of involving autistic voices in public campaign design were found to be useful for the overall effectiveness and societal impact of a public campaign strategy.

Introduction

The Autism Innovation Strategy

In August 2024, the Department of Children, Equality, Disability, Integration and Youth published The Autism Innovation Strategy (AIS). (1) The AIS is a structured 18-month plan for cross-government action to reduce barriers and increase supports for autistic people across society and the public sector. The strategy, categorised into 4 pillars, assigned 83 discrete actions to government departments and other state bodies.

The first action, assigned to the National Disability Authority, is:

* To inform the development of a national autism acceptance and understanding campaign, we will synthesise existing data on attitudes towards autistic people in Ireland.

This action includes a commitment to consult with autistic people to ensure that this exercise is reflective of their lived experiences. The National Disability Authority (NDA) presented the approach to the Strategy’s Advisory and Oversight Group. The final literature review will be shared with the autism community to determine if there are experiences that are not captured in the review and whether those captured resonate. The findings will inform an autism acceptance and understanding campaign which will help fulfil the vision for pillar 1 of the strategy: to enhance public understanding of autistic people and to affirm autistic people as people who have a valued role in society.

Consultation for the AIS

Between 2022 and 2024, two public consultations (2,3) took place to inform the development of the AIS. During these consultations, the views of autistic people, their families, and supporters were gathered and analysed.

Based on their lived experience, respondents wanted a campaign to:

* Challenge misconceptions and stereotypes,
* Emphasise diversity within autism,
* Raise awareness of inclusive practices,
* Highlight individual rights and equality,
* Explain and support neurodiversity.

Those consulted identified the following target groups for a public acceptance and understanding campaign:

* the general public (43%),
* professionals working in an education setting (20%),
* professionals working in a health and social care setting (18%), and
* public sector workers (5%).

Aim

The aim of this report was to synthesise existing data on autism knowledge and attitudes of the public and certain professional groups to autistic people in Ireland. In addition, the aim was to examine what works in public campaigns and to identify focus areas for a national autism acceptance and understanding campaign.

Research questions

1. What is the current level of knowledge, misconception, or stereotype held in Ireland about autistic people:
   * By the general public,
   * Among education, health and social care professionals, and other public sector workers.
2. What attitudes are held in Ireland toward autistic people’s rights generally and autism-inclusive practices specifically:
   * By the general public,
   * Among education, health and social care professionals, and other public sector workers.
3. What makes a public campaign effective in improving attitudes and/or knowledge:
   * By the general public,
   * Among education, healthcare, social care, and public sector contexts.

Methodology

The data was divided into three sections: 1) autism knowledge, 2) attitudes towards autistic people, and 3) public campaign effectiveness. Each section covers data related to the public and the identified professional groups.

Search strategy

Initial searches of the literature included:

* A search for existing data on knowledge about autism among the public and among education, health and social care, and justice system professionals.
* A search for existing data on attitudes towards autistic people among the public and among education, health and social care, and justice system professionals.
* A search for public campaign evaluations delivered in Ireland where the aim was to improve attitudes and/or knowledge.

Searches included a comprehensive search strategy developed in consultation with a university librarian for public knowledge across EBSCO and ProQuest. Additional searches were conducted across Medline, SocIndex, and Google Scholar. More detail on the methods and search terms used is included in the appendix.

For attitudinal data related to the public and the specified professional groups general population studies, peer-reviewed studies, and grey literature were included.

Because of limited autism-related campaigns, and a lack of public campaign evaluations in general, searches included evaluations on public campaigns delivered in Ireland that aimed to improve attitudes and/or improve knowledge. This resulted in data collected on *Creating Our Future, Together for Yes,* and the *Take the First Step* public campaign evaluations that sought to improve knowledge and/or attitudes in areas of healthcare and education in Ireland. Evidence relating to the effects of training initiatives that can contribute to changes in knowledge and attitudes were beyond the scope of this paper and are not included.

Inclusion and exclusion criteria

The following inclusion criteria were applied to ensure the relevance of the scoping review:

1. studies must have examined knowledge or autism and/or attitudes towards autistic people among
   1. the general public in Ireland, or internationally where findings could offer insights applicable to the Irish context;
   2. one or more of the specified professional groups (e.g. educators, healthcare professionals), or
2. papers evaluating public campaign effectiveness including what public campaign features determine a campaign’s effectiveness in Ireland and internationally where relevant.

Studies were excluded if they:

1. were published prior to 2014 to prioritise the most relevant research conducted within the last ten years,
2. focused solely on other neurodivergent conditions without specific reference to autism unless related to public campaign evaluation, or
3. were not published in the English language.
4. if the full text was unavailable

Analysis

A synthesis of existing data was employed to summarize and integrate findings across the included studies. Responses related to autism knowledge from population-based surveys conducted in Ireland were compared with official information sources, such as the World Health Organisation’s (WHO) International Classification of Diseases (ICD) the global diagnostic standard for diseases and related conditions, and the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders, fifth edition (DSM-5) where applicable to determine the extent to which public knowledge were informed or misinformed.

# Findings 1: Autism knowledge

General public knowledge of autism

Autism awareness

Autism awareness in Ireland is increasing. In AsIAm’s (Ireland’s national autism charity) 2025 Same Chance Report, their annual survey of public attitudes to autism, 1,000 participants from the general public were surveyed and 89% stated they were familiar with the term autism (4) This figure increased from 80% in their 2023 survey (5), and 86% in their 2024 survey. (6) However, while awareness of the term autism is increasing, the depth of autism understanding often appears to be surface level. For example, Hargreaves et al. (7) surveyed 307 members of the Irish public, and found that 99% of respondents were familiar with the term autism, but when asked for more specific details, only 76% could offer an informed response. Neither of these studies had randomly selected samples so the actual public knowledge of autism could be lower.

General definition of autism

In Ireland, autism is diagnosed using the WHO’s ICD, the global diagnostic standard for diseases and related conditions. (8) ICD-11 is the latest edition of the WHO’s diagnostic manual as it was endorsed at the 72nd meeting of the World Health Assembly in 2019. However, there is no mandatory implementation date for each WHO member state, allowing each state to adopt the latest edition into formal use at different times. Many clinicians also refer to the DSM-5 published by the American Psychiatric Association. One reason for this is that the previous edition of the ICD, ICD-10, was first published in 1993, and diagnostic descriptions have evolved significantly since then. A second reason is that many validated and standardised assessments for autism were developed using DSM-5 criteria.

ICD-11 is a diagnostic framework which details essential characteristic features needed for a diagnosis of given conditions. In parallel, neurodiversity movements have formed their own distinct paradigm in which the autistic community disagree with or challenge the diagnostic criteria used to diagnose them. For example, Gillespie-Lynch et al. found that autistic participants often rejected the medical model of disability, viewing autism as a neutral difference or personal experience. (9) Kamp-Becker also questioned ICD-11’s ability to capture autism as an identity, noting that many presentations "can hardly be measured objectively" (10)(p.634).

There is inconsistency in how autism is described by leading autism advocacy organisations and public bodies. This has implications as the public rely on information disseminated by these organisations to inform them about autism. These descriptions include:

* The Department of Children, Equality, Disability, Integration and Youth’s Autism Innovation Strategy defines autism as referring to “everyone who is autistic, recognising that autistic people are individuals with disabilities and have varying support needs.” (1)
* In the Department of Education’s Autism for Good Practice Guidelines the definition of autism was sourced from the American Psychiatric Association defining autism as “a complex developmental condition.” (11,12)
* The HSE avoids providing a single definition for autism. However, it describes autism as “presenting in many different ways,” calling it “a unique way of being” (13) and clarifying that being autistic is not a disease.
* The NDA in their public attitudes to disability survey report defined autism as “a lifelong disability that affects the development of the brain and causes difficulties in social interaction and communication.” (14)
* AsIAm describes autism as a “lifelong developmental disability or difference”, emphasising that “autistic people are born autistic.”(15)
* ASD[[1]](#footnote-1) Ireland defines autism as a “neurological condition.”(16)
* ASPIRE Ireland defines autism as “a neurological difference that many people are born with”.(17)

There is no single, widely accepted definition or description of autism and the diverse and evolving language and perspectives used by different organisations have the potential to create public misunderstandings.

In AsIAm’s Same Chance Report 2024 (6), participants were asked what they thought autism was, with 41% of participants classifying autism as a “development difference”, 24% classifying autism as a “medical condition” and 15% classifying autism is a “mental disorder”. Almost one third (30%) thought that autism was a “neurotype” and a quarter (25%) of participants viewed autism as “a disability”. (6)(p.24) Similar results were found in their 2025 report, except that an additional category of mental illness was included as an answer option to which 9% of respondents classified autism as a mental illness. There was also a notable increase in people defining autism as a neurotype increasing from 30% in 2024 (6) to 37% in 2025 (4), although these are not directly comparable due to differences in the questions.

Additionally, in 2025, AsIAm surveyed participants about their familiarity with the term neurodivergent and neurodiversity, a new question asked compared to their previous surveys. Findings indicate that 53% had heard of the term neurodiversity, while 40% had heard of the term neurodivergence. However, only 6% felt confident in explaining the difference between the terms, with 77% not feeling confident, indicating a lack of public clarity and understanding of these terms. (4)

Perceived causes of autism

ICD-11 understands that Autism results from complex interactions between genetics and environment, but no single genetic biomarker has been identified. (10) Therefore, the causes of autism are difficult to identify clearly and are oftentimes determined on a case-by-case basis.

Hargreaves et al. explored perceptions of the Irish public about their perception of what causes autism by asking participants to select from a list of eight causes. Multiple responses were allowed. (7)

Table 1 presents the frequency with which each of the eight items were selected. The most common item selected was genetics (63%) and life conditions (34%), which align with the official understanding based on ICD 11. This is similar to findings in other countries such as Australia (18), Denmark (19), Turkey (20) and South Korea (21) where between a third and a half of participants selected genetics as a cause of autism. The proportion selecting genetics was higher in the USA at 88% (22) but lower in the UK at only 17%. (23) In relation to the conditions of life (living conditions, lifestyle, etc.), 27% of participants in an Australia survey selected living conditions and the environment as causes of autism. (18) Only 1% of participants in the UK aged 25-34 answered true to the statement “Autism is only caused by environmental factors.” (23)(p.5)

**Table 1: Public perceptions of what causes autism**

|  |  |  |
| --- | --- | --- |
| **Factors that contribute to autism** | **Number of participants** | **Percentage of participants** |
| Genetic factors | 198 | 63% |
| The conditions of life (living environment, lifestyle, etc.) | 107 | 34% |
| The parent/child relations | 91 | 29% |
| Age | 86 | 27% |
| The sex of the individual | 68 | 22% |
| Psychological or emotional shock | 59 | 19% |
| Drug or alcohol | 55 | 17% |
| Don’t know | 45 | 14% |
| Food | 38 | 12% |

Biological theories of child development related to potential causes of autism were explored by Bernard Rimland in 1964 (24), however, the idea of poor parenting or how children are parented in general being a cause of autism has been entirely rejected. (25) Almost a third of participants in Ireland believe that parent/child relations (29%) were causes of autism (7). This figure was much higher compared to Denmark (4.1%), Australia (3%), and the US (22%) but lower than South Korea (40.3%).

Vaccinations

Although vaccination was not included in the list of contributory factors in the study by Hargreaves et al (7), there is a belief that some people may associate vaccination with autism. According to a 2023 study by the Health Protection Surveillance Centre (HPSC) in Ireland, vaccination hesitancy in Ireland may still be influenced by Andrew Wakefield’s discredited research linking autism to vaccination. The report stated

“The discredited research in the late 1990’s that linked the measles vaccine and Autism Spectrum Disorder may have resulted in widespread vaccination hesitancy affecting vaccination uptake similar to the UK experience, or this may be an effect of inward migration of unvaccinated people to Ireland.”(26)(p.15)

Dr Ruth Ceannt, Specialist Registrar in Public Health Medicine, discussed how vaccination hesitancy is difficult to quantify because it is not routinely measured. (27) She identified contributing factors such as declining trust in experts, the influence of the internet and social media, political polarisation, and “bad science”, specifically the debunked link between MMR and autism, as key drivers. She highlighted the lasting impact these factors have on misinformation as influencers of public attitudes (27)(p.11). Recent surveys found that one fifth of the population in Australia (18), 32% in Turkey (20), and between 20-30% in the US (22,23,28) believe that autism is caused by vaccinations.

Recent MMR vaccination catch up campaigns in Ireland (29) and the UK (30) highlight the continued need to address vaccine hesitancy. National health organisations like the HSE and NHS continue to provide research and FAQs specifically confirming that vaccines do not cause autism.

Specific diagnostic traits

Communication and social difficulties

In AsIAm’s Same Chance Report 2024 and 2025, a representative sample of 1,000 participants from the Irish general public were given a list of characteristics that asked “Which of the following characteristics, if any, would you associate with autism?” “Not making eye contact” was selected by 68% of respondents (4), “No or little verbal communication” by 56% (4) and ‘No empathy’ was selected by 30%. (6)

These characteristics are included in ICD-11 but they are not always present in all autistic people. but can also be interpreted by some as meaning autistic people in general engage in little to no communication which in itself would be a misconception. However, because of the survey design, it is not possible to determine whether the respondents who said autistic people had these characteristics believe that all autistic people have these characteristics all of the time and therefore it is not possible to determine the depth of their knowledge.

The 2024 Same Chance report found that 82% of the public tend to favour direct communication (6). The ICD-11 states that autistic people have persistent deficits in “reciprocal social interactions” regarding potential limitations in their “ability to initiate and sustain reciprocal social conversations” while experiencing challenges in social awareness that may lead “to behaviour that is not appropriately modulated according to the social context” (8)(p.125). However, this does not suggest autistic people have a lack of social interest but outlines how some autistic people may struggle with social skills that are not directly reflective of their desire to socialise, such as planning social interactions to include less face-to-face contact to meet their social needs. (31) By favouring direct communications, the general public may inadvertently exclude autistic people who struggle with communication in certain contexts.

Restricted, repetitive, and inflexible behaviour and interests

ICD-11 indicates that to be diagnosed as autism, a person must demonstrate persistent restricted, repetitive and inflexible patterns of behaviour, where an example of this may include:

“persistent preoccupation with one or more special interests, parts of objects or specific types of stimuli (including media), or an unusually strong attachment to particular objects (excluding typical comforters)” (8)(p.124)

In the Same Chance Report 44% of respondents from the general public selected “Intense passions or interests” as a characteristic of autism (6).

Professional knowledge of autism

### Education professionals

Kennan et al. completed a survey of 661 participants from a cross-section of primary, post-primary, and special school teachers working in Ireland, parents with and without autistic children, school leaders, and support staff. There were 289 staff participants and 372 parents. They found that autism knowledge was high across both groups (32). A US study of 636 participants found that those without a close personal connection to autistic people had lower autism knowledge compared to those that do, such as being a family member or teacher to an autistic person. (9)

Young et al. (33) conducted a survey with 126 post-primary teachers working in Ireland to understand their knowledge of autism. In the survey, 34 items were divided into three areas of general autism information, interventions, and diagnostics where participants selected “True”, “False”, or “Don’t Know” for each item. For general autism information knowledge, participants answered 75.9% of the statements correctly. Participants answered 72.4% of intervention statements, and 54.2% of diagnostic statements correctly, indicating that knowledge gaps were most significant regarding diagnostics compared to general autism knowledge.

Rice et al. (34) found that special classes were viewed by mainstream teachers in Ireland as a necessary resource to support autistic children and enable their access to mainstream education. Mainstream teachers in Ireland struggled to meet the complex needs of autistic students without additional support. This was also found by Ring et al. in a study across 24 education sites in Ireland where mainstream teachers in primary and post-primary sites depended on specialist teachers for knowledge and expertise when working with autistic children. (35) Teachers' reliance on special classes and external support may indicate a lack of confidence or preparedness in applying individualised, evidence-based practices (EBPs) within mainstream classrooms.

Barry et al. found that many teachers in Ireland lacked familiarity with EBPs and felt unprepared to support autistic students, often due to limited autism-specific content in Continuous Professional Development (CPD) programmes. (36) Teachers expressed a strong need for more professional learning, with many relying on peer advice rather than knowledge of EBP. Dervan et al. similarly noted that Irish mainstream teachers had less knowledge of EBPs than those in special class settings. (37)

The studies outlined demonstrate that the knowledge of autism among education professionals in Ireland has a strong foundation, but there are also significant gaps. While many teachers possess general autism knowledge, they lack understanding on diagnostic criteria and often lack confidence in applying specific evidence-based strategies, particularly in mainstream settings. Some teachers still heavily rely on special classes and external support indicating a lack of preparedness to support the needs of autistic students in the classroom.

Health and social care professionals

Gallagher et al. (38) conducted an online survey with trainee and consultant psychiatrists who are members of the College of Psychiatrists of Ireland to determine their knowledge of autism. Based on the 90 participants who completed all sections of the survey, respondents scored high on autism knowledge. There was no difference in knowledge scores between the differing consultant levels (Basic Specialist Training; Higher Specialist Training), or in psychiatrists aged above or below 50 years. Furthermore, there was no knowledge difference between participants with or without personal or lived experience of autism.

Coyne (39) conducted semi-structured interviews to gain understanding of three Irish therapists’ experiences of working psychotherapeutically with autistic clients. Coyne found that two out of three of the participants were surprised when autistic clients presented because neither trainee had the expectation of working with autistic people nor the training to do so. The one other trainee that received relevant training felt better equipped in working with autistic people. The three participants expressed a strong desire for autism-specific training (39), echoing the views found in similar studies. (40,41)

Cordon et al. (42) conducted a systematic review of healthcare professionals’ knowledge, self-efficacy and attitudes towards working with autistic people from a range of countries. They found that healthcare workers from various professional backgrounds exhibited low to moderate levels of knowledge about autism and felt unsure of their ability to effectively support autistic people. The study highlighted considerable variability in knowledge levels, with some studies showing high rates of correct responses (e.g., 88.1% to 91.2%) among health professionals such as GPs, community clinical staff, and psychiatrists. (43–45) However, other studies reported much lower levels of autism knowledge, with only 28% of patient-facing clinical staff (including nurses, psychiatrists, and psychologists) reporting adequate autism knowledge. (46) These findings indicate that while some health workers have a solid understanding of autism, knowledge is inconsistent across studies and professions, with significant room for improvement.

Doherty et al. (47) found after interviewing eight autistic psychiatrists based in the UK that autistic psychiatrists were much better at diagnosing autistic people, highlighting that autistic knowledge is improved in healthcare when professionals have direct lived experience of autism. Similarly, Crane et al. (44) found that UK-based psychiatrists with personal connections to autism and specific training had strong knowledge of autism. This expertise, combined with their clinical experience, improved their ability to use diagnostic tools effectively and enhanced their confidence in providing care for autistic patients.

Regarding GPs in the UK, Unigwe et al. reported that, although a significant proportion of GPs (39.5%) had never received formal training in autism, they still exhibited good knowledge of its key features. (45) However, many GPs lacked confidence in identifying and managing autistic patients, particularly in more complex cases, since they primarily make referrals rather than diagnoses. The lack of formal training contributed to their uncertainty, and the studies may have been biased, as those with more autism knowledge were more likely to participate.

Lastly, in a UK-based survey of 225 participants made up mainly of nursing and psychiatry staff, it was found that 89% of participants had heard of the term “reasonable adjustments”, and 73% (81) had seen a hospital passport for an autistic user. (48) Only 11% stated they knew where to record reasonable adjustments on the electronic patient record. This lack of knowledge in how to access and update vital information for autistic patients contributed to staff lacking confidence when working with autistic patients. However, it was noted that staff were marginally more confident in providing reasonable accommodations to autistic patients compared to patients with learning difficulty, with the researchers questioning “whether it is due to the increasing media publicity about Autism.” (48)(p.106).

When healthcare professionals have a lack of knowledge on autism, it directly contributes to the stigmatisation that autistic people report regarding their experiences in healthcare settings. Grant et al. (49) in a cross-sectional survey of 193 autistic adults in the UK found that the most frequent theme in participant responses was a lack of knowledge of autism. This manifested into discriminatory treatment, infantilisation, and outdated assumptions of autistic patients where they were not taken seriously or felt patronised by healthcare professionals.

Lack of knowledge among healthcare professionals has tangible health consequences for autistic people. As the WHO (50) and Hirvikoski et al. (51) note, autistic people have disproportionately poorer health outcomes, including a significantly increased risk of dying from cancer-related causes. These outcomes can be linked to healthcare professionals' lack of knowledge that fails to recognise autistic-specific communication styles, sensory needs, or individual differences. (49)

Justice system personnel

Maxwell et al. found that 69% of police officers reported having experience interacting with autistic people in their professional roles, including autistic victims, witnesses, and suspects. (52) The majority (66%) felt unprepared for these situations with autistic people as a result of a lack of knowledge with only 31% having received autism-specific training. According to participants, autism-specific knowledge provided was often basic, generalised, and lacked practical application for situations like interviews or de-escalation, further limiting police officers in their ability to gain knowledge about supporting autistic people in their work. Almost half (43%) of participants felt equipped to work with the autistic community highlighting the importance of hands-on experience in developing practical knowledge. (52)

George et al. conducted surveys and follow-up conversation with legal professionals who found that autism knowledge was high, but confidence in their ability to work with autistic people was low. (53)

Findings 2: Attitudes toward autistic people

In this section, the attitudes of the public and of people who belong to the specific professional groups in Ireland are examined.

In contrast to Findings 1 which sought to identify misconceptions by analysing knowledge gaps, Findings 2 explores attitudinal data of the same groups, but within broader institutional and professional contexts in which individuals operate, such as in employment, education, healthcare, and public service contexts. This contextualised approach recognises that attitudes are shaped by organisational culture, shared environments, and systematic practices. By situating attitudes within their context through a broader lens, current attitudes and what factors influence inclusivity or exclusivity towards autistic people in Ireland can be understood to a greater extent.

Employment

Employers must make reasonable accommodations for people with disabilities, which includes autistic people, under the Employment Equality Acts. An employer must take the appropriate measures so that people with disabilities can:

* Have equal opportunities when applying for work
* Be treated the same as co-workers
* Have equal opportunities for promotion
* Undertake training.

Reasonable accommodation mean that an employer must consider appropriate measures that they could use to support people with disabilities to complete their work tasks effectively. (54)

According to Ireland’s 2022 Census, for people aged 15-64 years, the employment rate for people with disabilities is 49%, compared to 71% of people without disabilities. (55)

Findings from AsIAm’s Same Chance report 2025 highlight that 65% of participants believe that autistic people are treated more negatively than non-autistic people in the employment context. (4)

In their 2024 Same Chance report, 78% of participants believed that autistic people can hold down a job. (7) In terms of working directly with an autistic person in Ireland, only 7% of people stated they have an autistic work colleague and only 8% know a work colleague with an autistic child. (6) In another survey by Hargreaves et al., the majority (79%) of participants indicted they would happily work with autistic people, while almost one fifth (18%) of participants expressed they would work with an autistic person if they had to. (7) While 75% of participants agreed with the statement “I think it’s extremely important to live in an inclusive society” (p.18)(6), mainly negative attitudes were identified in the Irish public towards autistic people in the workplace. (6,7)

In the NDA’s 2017 National Survey of Public Attitudes to Disability, participants were asked to indicate their comfort level if a work colleague had one out of five listed disability types. (14) Respondents in this nationally representative survey of almost 1,300 randomly selected participants reported they would be least comfortable working with people with mental health difficulties (mean score 8.2 out of ten) followed by autistic people (mean score 8.4 out of 10). Respondents in higher socio-economic groups had higher comfort levels that other socio-economic groups for all disability types apart from autism.

Regarding reasonable accommodations, 39% of the respondents in the 2024 Same Chance report felt it was unprofessional if a colleague emailed them instead of talking to them over the phone or in-person, while 35% found this acceptable and 27% were neutral in answering “neither” to this statement. (6) Some autistic people who prefer text-based communication may therefore be deemed unprofessional. Similarly, 45% considered using visual aids, such as being provided photos of meeting locations as "over the top." (6) Additionally, 49% thought it was "good" for people to hide stress or overwhelming feelings at work while over half of the Irish public sample (52%) reported that they would be less inclined to work with someone who is disorganised. (6)

The majority (62%) of the Irish public believe employees should disclose disabilities, including autism, to their employer. (6) Many autistic people mask their condition due to negative public perceptions. Any pressure to share their disability status, coupled with judgmental attitudes, may perpetuate unwelcoming work environments.

Overall, the public attitudes towards autistic people in the workplace in Ireland were contradictory. Statements such as being supportive and inclusive have broad agreement, however, the real-life statements based on scenario situations used within the surveys demonstrated some judgemental and negative attitudes towards autistic colleagues.

Public spaces

More than half (57%) of participants in AsIAm’s 2024 Same Chance report agreed with the statement that, if someone cannot sit still or stay quiet in the cinema or theatre, they should not go to these public spaces, with 48% stating this was because they personally would find it distracting being around someone who could not sit still. (6) Over a third of participants (36%) stated that they would not be happy to change restaurants if they were with someone who could not manage the smell of certain foods, with 29% not having an opinion either way. (6) The negative attitude that places blame on the autistic person for hindering entertaining experiences for non-autistic people is identified here, where the autistic person is expected to conform with the socially accepted behaviours of non-autistic people or otherwise are not welcome in these spaces.

Autistic children were found to be judged by members of the public for stimming in public places, a form of repetitive behaviour engaged with to self-regulate sensory overload and/or emotions. This is reflected in a quote from the 2024 Same Chance report:

“While stimming, vocal stim, he [the respondent’s son] was asked to stop or parents would be contacted, maintaining it was disruptive.” (6)(p.11)

Being “mocked verbally when stimming in public” was also experienced by autistic people. (6)(p.11) This form of negative responses influenced by a lack of public knowledge on coping strategies for self-regulating behaviour as an autistic person may provide context as to why the rate of public knowledge on stimming has decreased from approximately 50% in 2022, to just 22% in 2024 as autistic people may be masking stimming to gain social acceptance in public spaces. (6)

Therefore, in the case of public spaces, the general Irish public view is that there is nothing wrong with the social environment itself, such as the cinema, theatre, or restaurant, but the issue is with the autistic person who are deemed responsible for their behaviour and experiences within these spaces. This public attitude perpetuates the view that should autistic people’s behaviour not fall in line with social expectations or cause annoyance to non-autistic people, then it is the responsibility of the autistic person to either avoid these public spaces altogether or manage their behaviour by themselves.

In Ireland according to AsIAm’s 2024 Same Chance report, the majority of survey participants believe it is the role of the parent to manage their autistic child, while 64% of participants believe that parents should be stricter with their children if they become loud or frustrated in public settings. (6) Having a view that parents ought to control their autistic child in public spaces for the comfort of others highlights significant gaps in knowledge and understanding of autism in the Irish public as it underpins the attitude that parents must take sole responsibility for their child’s behaviour.

Education

AsIAm’s 2025 Same Chance Report found high public support for inclusive education with 86% of participants agreeing that autistic students should access local schools and have the right to mainstream education (84%). (4) Almost a quarter, 24% expressed discomfort with neurotypical and Autistic children learning together. (4) This is lower than findings from the NDA’s 2017 National Survey of Public Attitudes to Disability in Ireland. It asked participants about their level of agreement that children with five different disability types should attend the same schools as children without disabilities. Over half (54%) of participants agreed that autistic children should attending the same school as children without disabilities. The highest agreement levels were for children with physical disabilities (75%) and lowest for children with mental health difficulties (49%). (14)

In an online survey conducted with 661 parents and staff from primary, post-primary, and special schools in Ireland, 68% of staff felt autistic children could attend their school, but only 31% believed there were sufficient resources to support those with complex needs. (56) Similarly, 69% of parent participants with and without an autistic child thought their child’s school was inclusive, but only 26% felt the Irish education system as a whole was inclusive. The proportion of ‘Unsure’ responses from parents was almost twice that from staff (Parents: 23% vs Staff: 12%). (56)

A study by Ring et al. found that across 24 education sites including primary and post-primary settings with and without special classrooms, all staff across all sites were most concerned about the wellbeing of autistic children because of how reliant schools were on mainstream teachers with little experience of supporting autistic children. (35) Mainstream teachers in Ireland were more comfortable having an autistic child in their class if there was a special class present in the school, and staff heavily relied on special class teachers as ‘safety nets’ when issues of concern arose while working with autistic children. (35) The National Council of Special Education’s 2018 review of the Special Needs Assisting Scheme determined that an overreliance on SNA support in educational contexts can result in students with disabilities experiencing increased alienation and stigma. (57)

Holloway et al. (58) revealed that teachers' attitudes in Ireland towards autistic pupils were influenced by their level of training and professional support. Teachers with frequent support from professionals were more knowledgeable and confident, leading to more positive attitudes and increased use of EBPs. On the other hand, those with limited support or training had lower knowledge and less positive attitudes influenced by the limited institutional support for autism awareness and inclusion. As Skehan and O’Mahony (59) highlighted, many teachers reported a lack of training and confidence to assist in basic toileting needs for autistic children, where teachers were uncertain about whether providing support for toileting fell within their responsibilities. This reveals the education system’s approach to addressing autistic children’s rights regarding consistent access to basic needs and educational standards.

The Department of Education Inspectorate (DEI) published a report in May 2025 reviewing thirty admission policies of primary and post-primary special classes for autistic children and young people. (60) They found that five out of fifteen post-primary school policies (33%) and three out of fifteen primary school policies (20%) had conditions in their admission policies requiring children to be able to participate in mainstream lessons, an approach that may prevent children who require special class environments from accessing a special class place. (60) Enrolment processes would only consider autistic children with a certain level of cognitive function in six of the fifteen post-primary policies (over 33%) and one (7%) of the fifteen primary policies, which directly violates the NCSE’s guidance for setting up and organising special classes. (61) Other findings from the DEI report include policy clauses being implemented that can refuse admission access based on children’s perceived behaviour, parents of autistic children required to provide additional information for enrolment that parents without autistic children do not have to provide, and using resource availability as a basis for whether an autistic child can enrol in a school or not. (60)

According to AsIAm’s What We Wish You Knew 2024 Report, punishment experienced by some autistic children by education professionals included being put in seclusion, being restrained, being suspended, put on reduced timetables, and being ignored by teachers when asking to use the bathroom. Similarly, a vignette from a study by Timmons, McGinnity, and Carroll funded by the NDA assessing ableism in an Irish representative sample of 2000 adults found that participants were more accepting of an autistic child having their timetable reduced in schools compared to a child with a speech and language disorder (62), highlighting the normalisation of a wider public discrimination towards autistic children over children with different disabilities in educational contexts.

Additionally, school rules implemented by educational professionals, such as strict dress codes and how discipline is applied, resulted in autistic children and their families becoming increasingly frustrated that the staff within their school were not respecting or accommodating the needs of autistic children. (63) These experiences highlighting what could be considered a discriminatory approach taken by some education professionals towards autistic children. (63)

The NCSE, for their report on supporting autistic students in 2016, conducted 30 meetings with educational partners and stakeholders. They found that schools felt let down by the education system who at the time of the 2016 study did not have any clear guidance on how to support autistic children experiencing challenging or concerning behaviour, putting staff at severe risk. This has resulted in different attitudes towards what the appropriate practices should be when working with autistic children experiencing challenging behaviour. Some staff believe that a separate room would not be useful under any circumstance as they felt it would be overused for seclusion practices. Some participants were concerned about how to transport an autistic child experiencing challenging behaviour to a separate room without putting the child or staff member at risk of harm, while other participants believed having a separate room was “absolutely essential” for health and safety and to handle autistic children experiencing violent outbursts. (64)

The majority of participants from AsIAM’s 2025 Same Chance report believe that school staff who use restraint in an emergency situation should complete specific restraint training (84%) and that schools should get parental consent before any form of restraint is applied (73%) highlighting public support for safeguarding practices for autistic children in education contexts.

The Department of Education published the Understanding Behaviours of Concern Guidelines in 2024. (65) Although the guidelines ban the use of seclusion as a means for behaviour management, a number of organisations including the Ombudsman for Children, Inclusion Ireland, and AsIAm, issued statements in December 2024 highlighting their view that this guidance will not be useful to enhance the inclusivity of children with disabilities in schools as they believe the guidelines were not rights-based, child centred or robust enough and needed strengthening in many areas (66–68), particularly for autistic children (66). Therefore, while efforts are being made to reduce discriminatory school practices, there are challenges and some educational practices that may be considered discriminatory towards autistic children.

Health and social care

Public support for autistic people’s statutory rights to healthcare access were evident in AsIAm’s Same Chance report 2025 where the majority of respondents believe that autistic people should have a statutory right to therapeutic services (83%), timely assessment (81%); and mental health services (78%).

Psychiatrists reported that working with autistic patients was a rewarding part of their role, reflecting a generally positive attitude toward supporting this group of patients. (44) However, their attitudes were also influenced by systemic challenges that limited their ability to deliver effective care. These challenges included lengthy waiting times for autism diagnoses, unclear diagnostic pathways, and limited post-diagnostic support. The psychiatrists expressed concerns about their ability to provide adequate care for autistic patients with co-occurring mental health conditions due to the reluctance of both mental health and autism-specific services to collaborate. (44) These systemic barriers, while not reflecting negative attitudes towards autism itself, show how broader factors can affect the practical application of psychiatrists’ positive attitudes in the care of autistic patients.

However, for GPs, the gap in confidence in supporting autistic people indicated that GPs' attitudes towards autism, while generally open and positive, are shaped by the limitations of the healthcare system. (45) This is supported by Cordon et al. (42) who found that health workers with higher knowledge levels may have more positive attitudes and greater self-efficacy in providing care, whereas those with lower knowledge might feel less equipped and more uncertain in their ability to effectively support autistic people.

In a recent qualitative study conducted in Ireland involving 20 disabled participants, three of whom were autistic, along with five healthcare professionals and five family carers, participants highlighted the role of negative assumptions in undermining access to essential health services, including cancer screening. The study found that disabled people, including autistic people, have faced direct and indirect exclusion from screening programmes due to presumptive judgments made by healthcare professionals, with one example outlining how a healthcare professional wrote a letter stating a patient with profound intellectual disabilities did not require cervical cancer screening because “they didn’t require it”. (p.46)(69)

Autistic people are more likely to experience stigma within the healthcare context compared to non-autistic people stemming from the attitudes of healthcare staff. For example, autistic participants in a UK-based survey reported that their Autism Health passport (AHP) was ignored or dismissed by their healthcare professional, even when supplemented with additional written summaries of their needs. The autistic participants’ negative experiences with healthcare professionals resulted in a decision to not directly ‘out’ themselves as autistic to health professionals. (49)

Negative staff attitudes towards autistic people in the healthcare context are a significant barrier for autistic people in accessing healthcare services and is one prevailing factor as to why autistic people have worse physical and mental health as well as shorter life expectancy. (70,71)

The justice system

A study examining the attitudes of police officers towards autistic people in Northern Ireland showed that attitudes were mixed, with significant variations depending on personal experience and training. (58) The qualitative responses showed frustration with the perceived inadequacy of their training, with officers expressing the need for more comprehensive, specific, and ongoing autism training. There was a strong desire for more detailed guidance on working with autistic people, especially in high-stress situations. This is evident in the suggestions for future training to include communication techniques, de-escalation strategies, and input from autistic people themselves, highlighting an openness to improving their understanding and approaches to working with this group. (58) This shows that while police officers are enduring frustration from a lack of autistic knowledge, this is not cultivating negative attitudes towards autistic people but is creating recognition of the importance in having resources that enhance practical supports when working with autistic people.

In Ireland, a qualitative study was conducted by O’Leary and Feely with four practicing barristers, a law academic with a specific interest in disability issues, a legal professional working in a law reform agency, a paralegal professional who had recently established an organisation related to disability issues in the criminal justice system, and a disability advocate.(72) Regarding autism specific data, barristers were more likely to worry about putting an autistic child on the stand because of the fear the autistic child could not give evidence. However, it was found that, in this particular situation after the child testified, the barrister claimed the child did excellently, highlighting that pre-judgements were often unfounded in individual cases involving autistic people. (72) Barristers also highlighted a systematic issue when supporting autistic defendants in court, particularly those with selective mutism, as it could be perceived by court officials as the defendant not being co-operative. (72)

A UK study by Blackhurst et al. (73) involving 328 non-autistic participants explored public attitudes toward autistic individuals within the context of criminal justice, providing key insights into how diagnostic disclosure influences perceptions of character, blame, and empathy. Participants were initially presented with a scenario involving a defendant’s criminal behaviour and courtroom conduct, and asked to evaluate the defendant’s honesty, blameworthiness, likeability, and the degree of empathy they felt towards them. Participants were informed that the defendant was autistic and provided with a brief explanation of autism, after which they re-evaluated their earlier judgments. The study found that participants’ attitudes generally improved following the disclosure of the autism diagnosis. On average, the defendant was judged to be more honest and less blameworthy after the autism label was introduced. (73) Participants with higher trait empathy were more likely to rate the defendant as likeable, honest, and to feel both cognitive and affective empathy following the diagnostic disclosure. These findings suggest that individuals who naturally exhibit higher empathy may be more willing to view autism-related behaviours through a lens of understanding and compassion. Importantly, the study supports prior findings that autistic individuals in the UK often fear disclosing their diagnosis due to concerns about discrimination and stigma. (74)

Lastly, George et al. conducted a survey and follow-up conversations with legal professionals. It found that legal professionals had a number of misconceptions including that autistic people would be more prone to violence and are more easily led by non-autistic people. (53)

The data highlights that misconceptions and pre-judgements are evident in the attitudes of those working within the justice system. However, sharing autistic diagnosis with legal professionals was found to improve the likelihood that autistic people will be understood better.

Findings 3: Public campaign effectiveness

A campaign is defined as a purposeful attempt to inform, motivate, and shape behaviour towards a desirable social outcome, typically within a given timeframe. (75) Campaigns are short, often narrow in focus and seek to make a large impact through brief exposure. (76) Specifically, an awareness campaign seeks to increase public awareness about a topic using mass media. (77) While a public campaign seeks to target mass populations from the general public, a targeted campaign sets out specific messaging aimed at a specific group to improve knowledge, attitudes and/or behaviour.

Awareness in itself does not make attitudinal change happen, but can sometimes evoke negative feelings within populations as awareness without acceptance allows stigma, stereotypes, and negative assumptions to be cultivated within society. (78) However, developing a public autism acceptance and understanding campaign, rather than just an awareness campaign could prove more effective as it seeks to improve attitudes based on the holistic comprehension of autism that goes beyond factual knowledge. (79) This is vital as a person having high-levels of autism knowledge alone may not improve overall attitudes towards autistic people but may result in further stigmatisation of autistic people. (7,73,80)

The majority of the resources for public campaigns goes towards design and delivery. As a result, evaluations of public campaigns are often underfunded, limiting insights into their effectiveness. (81) Comprehensive evaluations of public campaigns are rare which makes it challenging to assess their impact fully. Therefore, this section will examine the effectiveness of evaluations of public campaigns in Ireland aimed at influencing public knowledge and public attitudes in the education and healthcare contexts. Due to the limited number of public Irish campaigns that have been evaluated, international data related to public campaign evaluation are also included. It will examine media framing strategies, use of spokespersons, and multi-channel delivery. The Irish campaigns included are:

* *Take the First Step,* a national public information campaign delivered by the National Adult Literacy Agency (NALA) to encourage those who have difficulties with numeracy and literacy to contact NALA or their local ETB to get support to improve their skill (82)
* *Together for Yes*, an abortion rights campaign that successfully influenced a Yes vote in the 2018 referendum to ratify the Thirty-sixth Amendment, removing the Eighth Amendment's constitutional ban on abortion in Ireland, (83) and
* *Creating Our Future*, a public campaign encouraging the public to engage in dialogue with researchers to develop a better understanding of each other’s perspectives on what topics current and future research projects should explore to improve Ireland’s societal future. (84)

This section will also highlight the importance of cultural considerations for public campaigns and involving the autistic community in the design and implementation of public campaigns to ensure messaging and delivery are accurate and empowering.

Media framing

The media framing of a public campaign plays a crucial role in shaping public attitudes as it can affect whether a public campaign can improve attitudes or reinforce stigma. Media framing “organises everyday reality” (85)(p.193) where content is deliberately constructed to frame or report an event in a certain way in order to “define problems,” “diagnose causes,” “make moral judgements” and “suggest remedies” (85)(p.52). Media framing can either reduce or de-stigmatise information related to autistic people based on the type of framing chosen. Below is a table outlining some media framing types relevant to a public autism acceptance and understanding campaign. These are based on studies evaluating media coverage of autism content in Ireland (86), the UK (87), the US (88–90), Australia (91), Finland (92), Turkey (93), and China (94)

|  |  |  |
| --- | --- | --- |
| **Framing type** | **Definition** | **Impact on Public Perception** |
| Issue framing | How autism is presented as a societal issue | Can shape public understanding but may misrepresent autistic experiences if only certain characteristics are highlighted (86–89,91,93) |
| Source framing | Who is positioned as the expert on autism | If autistic voices are underrepresented, public perception may be shaped by one-sided perspectives (86,93) |
| Causes framing | Focuses on the causes or ‘cure’ of autism | Reinforces the idea that autism is a problem needing a ‘cure’ where the public may disengage and place blame and solutions of autistic people to ‘cure’ themselves (91–93) |
| Solutions framing | Assigns responsibility for autism-related issues | If families are solely held accountable, public advocacy for systematic solutions may weaken (93,94) |
| Valenced framing[[2]](#footnote-2) | Presents autism as a ‘gain’ or ‘loss’ as these frames contain a “morale evaluation” as one of their defining characteristics (85) | Sensationalised claims, such as inking autism to vaccines can spread misinformation and increase stigma (90,93) |

Ireland’s *Together for Yes* campaign (83) utilised a range of media framing techniques to influence public perception during the Irish referendum on abortion. This public campaign aimed to change public attitudes towards abortion during the 2018 Irish abortion referendum. A key element of the campaign was designing media framing under issue framing, which redefined abortion as a matter of healthcare rather than a rights issue. This approach helped to depolarise the debate and reduce stigma, presenting abortion as a necessary healthcare service, which made the issue more accessible to a wider audience. (83) The *Together for Yes* campaign determined that effective media framing was achievable when you “never lose sight of your campaign audiences, and tailor communications to reach them specifically” (p.16)(83) By highlighting healthcare access as the central solution that resonated with their audiences, the campaign strengthened the argument for change, making the case that abortion is a healthcare necessity that should not be restricted by legal barriers.

Selecting the most effective media framing also increased the successes of the National Adult Literacy Agency’s (NALA) Literacy and Numeracy Awareness Campaign called *Take the First Step* which demonstrated the effectiveness of source framing through the use of personal stories that positioned those with lived experience as the expert in campaign media. (82) This public information initiative ran annually from 2016 to 2019 and again in October 2020, aiming to raise awareness about literacy, numeracy, and technology difficulties while encouraging individuals to seek help through adult literacy services. (82) *Take the First Step* focused on utilising existing assets and resources to reach key target audiences, featuring their direct experiences with individuals who had overcome literacy and numeracy challenges. By doing so, the campaign benefited from the lived experiences of the people who support the organisation and thus reframed the issue of adult literacy from a personal deficiency to a shared societal concern, helping to destigmatise the issue. This framing technique allowed the campaign to resonate more deeply with a wide audience, making it more relatable and emotionally engaging.

When personal experiences through source framing are the core of media outputs, this approach humanises the topic and allows the public to connect on a personal level. This is particularly relevant for public autism campaigns, where incorporating personal narratives from autistic individuals, their families, or professionals working in the field could have a greater impact than campaigns focused purely on factual knowledge. Research by Gronholm and Thornicroft (95) demonstrated that mental health campaigns incorporating lived experiences were successful in shifting public perceptions and fostering more compassionate responses to mental health issues suggesting that the inclusion of personal narratives in media source framing can play a crucial role in influencing public attitudes.

Multi-channel delivery

The *Creating Our Future* campaign (84) in Ireland aimed to stimulate public discussion and gather ideas about what matters most to people and communities across the country. Its goal was to create a snapshot of public priorities that could inspire future research, with an emphasis on dialogue, inclusion, and shared perspectives. The campaign employed a multi-channel communications strategy, including national TV and radio, on-demand services, social media outreach, stakeholder engagement through government departments, advocacy groups, and local events. (84)

While the campaign used a variety of channels (84), research suggests that digital media platforms, such as social media and online engagement, were particularly cost-effective in raising awareness and driving participation. Allom et al. (96) found that campaigns delivered solely through digital media had a greater cost-effectiveness than those broadcast on television, considering both economic factors and impact on individual behaviour. This aligns with other research by Clayford et al. who evaluated digital campaigns, such as those for tobacco reduction, and found that online media was more beneficial than traditional broadcast platforms. (97)

However, Ireland’s *Creating Our Future* campaign found that strategic use of local and regional radio was highly effective in addition to social media platforms, generating the highest return on media investment in terms of submissions. (84) This was also the case for the *Take the First Step* campaign which employed a multi-channel approach, using national and regional radio advertising, digital and video ads, and public relations activities to reach a broad audience. (82) The *Take the First Step* campaign found radio to be the most effective medium, with 25% of Irish adults recalling the campaign through radio, and notably, 58% of individuals with literacy or numeracy difficulties recalling it through the same medium. (82) Additionally, the campaign’s digital outreach was successful, with the website recording 25,000 sessions and 28,000 page views, demonstrating the impact of combining traditional media with digital channels to engage the public. (82)

Therefore, while delivering solely digital campaigns are found to be more cost-effective (96) and more effective for health campaigns such as advocating for people to reduce their tobacco intake (97), evaluations of Irish public campaigns delivered demonstrate the importance of combining traditional media methods with social media outreach to increase reach and impact across the Irish population. (82,84)

Use of spokespersons

In public campaigns, celebrity endorsements are often used to raise awareness and increase visibility. (95) However, their effectiveness in changing attitudes can be debated. While celebrities can help normalise discussions around complex issues, there is a risk that they may not resonate with the public if they are perceived as being too distant from everyday experiences. (95) In such cases, celebrities may unintentionally reinforce stereotypes rather than challenge them. A more effective strategy as found by Lee et al. (98) involves using microcelebrities or social media influencers, who often maintain a closer, more relatable relationship with their audience. Their ability to communicate authentic, lived experiences may make their messages more impactful and meaningful. (98)

In Ireland’s *Together for Yes* campaign (83), it strategically selected spokespersons whose personal experiences and professional expertise aligned with the campaign’s core message. Key spokespersons included women and couples with personal experiences of abortion, as well as doctors and medical professionals. These individuals were trained and supported to deliver the campaign’s messages across various media platforms. (83) Their ability to consistently present the message was central to shaping public opinion. Medical professionals, particularly doctors, were positioned as trusted voices of authority. (83) Their expertise lent credibility to the campaign and helped to shift the debate from a rights-based issue to one framed around healthcare, which was crucial in reaching a more cautious public. The effectiveness of these spokespersons relied on the public perceiving them as genuine and relatable rather than distant as may have been the case with celebrity figures. (95)

Involving the autistic community in campaigns

To avoid promoting negative stereotypes in a public campaign, autistic people should be involved in co-creating the campaign. When public campaigns prioritise the voices of autistic people themselves, they are more likely to foster a sense of inclusion and understanding within the public campaign by advocating a deeper appreciation for the variety of experiences within the autism spectrum. (99) For some people, this includes moving away from the deficit lens associated with autism that reinforces the broken or incomplete stereotype (100), and embracing a social view of autism as a natural variation of human development.

Including the voices and input of autistic people across multi-channel media formats within a public campaign can improve public attitudes by counteracting stereotypes and promote diverse information sources that diversify the public’s understanding of autistic people. For example, Muhammad et al. found that when autistic people share their own experiences in newspapers alongside differing views from medical, educational, and social care perspectives, a more balanced picture of the lived experiences of autistic people was represented. (89) Similarly, Bie and Tang found that digital platforms were most effective in promoting acceptance when autistic people delivered content that reflected their lived experiences. (94)

Lastly, delivering a public autism campaign rooted solely in the Westernised view of autism may not be effective if cultural differences and views towards autism are not considered. (80) For example, Kang-Yi et al. found that stigma and discrimination are the prevailing community attitudes toward autistic people in the Korean-American community living in New York City and that New York City families and professionals’ understanding of autism was affected by these Korean-American cultural beliefs. (101) Research has also shown there is a prominent belief that autism is caused by fate, chance, or luck (22)

Therefore, a public campaign can be most effective when driven by direct engagement with the autistic community to ensure messaging and design accuracy for autism representations. Specifically, gaining input from the autistic community on campaign features such as media framing and media channels while considering cultural views towards autism within a targeted population is key to ensuring a public autism acceptance and understanding campaign does not exacerbate negative stereotyping already evident in Ireland today.

Limitations

There were limited data on public attitudes to autism in Ireland. This paper relied heavily on studies conducted by AsIAm but these participants were not randomly selected so this limits their generalisability. There were also limited data on attitudes to autism among members of specific professional groups. Although the review prioritised Irish studies, it was necessary to include international research where Irish data were lacking. While jurisdictions were selected based on their comparability to Ireland, cultural differences between countries may limit the direct transferability of some findings.

A further limitation of the review was that many of the surveys included had narrow scopes, with restricted answer options that may not have captured the full range of participant knowledge, attitudes, or experiences. This constraint could have limited the depth of understanding gained from the available data.

Much of the available data did not clearly differentiate between attitudes towards diagnosed autistic individuals and those who may be undiagnosed or have chosen not to disclose their diagnosis, potentially affecting the interpretation of public perceptions. For example, when responding to a survey, participants are likely to have as their reference point people who are both diagnosed and who share their diagnosis. However, participants may also know many more autistic people who are either undiagnosed or who have not shared their diagnosis. Many autistic people in Ireland are not diagnosed, including middle aged and older adults, stemming from a previous lack of diagnostic services and a lack of current access to both services and therapists. (64,102,103)

Additionally, a large proportion of autistic people have a comorbid condition for example, other neurodevelopmental conditions (104,105), mental health difficulties (106) and physical health conditions (107). This is an important consideration in the context of this report, as it is difficult to separate attitudes and knowledge about autism from attitudes and knowledge about other conditions and this complicates the isolation of attitudes specific to autism from those related to broader disabilities or health challenges.

Another limitation was the reliance on a diverse range of sources, including grey literature and non-peer-reviewed material, particularly in the area of public campaign effectiveness, where formal evaluations were scarce. While necessary to provide a comprehensive view, the varying quality of these sources may influence the overall strength of the conclusions drawn. The scope of this review was also deliberately focused on public campaigns, excluding longer-term educational interventions and professional training programmes, which may also play a crucial role in shaping knowledge and attitudes over time.

Finally, by excluding studies published prior to 2014 to account for the most relevant research conducted within the last ten years and those not in the English language, there is a risk that some relevant insights were missed, although these criteria were necessary to ensure the relevance and applicability of the findings to the current Irish context.

Conclusion

While public knowledge of autism in Ireland is growing, it remains inconsistent and fragmented, with significant gaps in applied skills, confidence, and consistency of information, particularly among education, healthcare, and public sector professionals. Although autism awareness is relatively high, many professionals feel underprepared to meet autistic individuals' needs, relying more on peer advice than formal training. This has serious consequences in educational, healthcare, and public sector settings, where misunderstandings and negative attitudes can negatively affect autistic people's experiences and outcomes.

Public attitudes towards autistic people are often contradictory, with a gap between expressed support and real-world actions. In public spaces, autistic individuals are frequently expected to adapt their behaviours to the social norms expected. In the area of employment, mainly negative attitudes were found, where, for example, requiring reasonable accommodations such as visual aids are perceived by the public as being demanding. In education, although professional understanding of autism and support for inclusion is widespread, systemic barriers, a lack of training, and discriminatory practices persist. Within health and social care, positive intentions are in some cases undercut by a lack of professional knowledge and negative staff attitudes, which may be a contributing factor to poor health outcomes for autistic people and increased stigma. In the public sector, particularly policing and criminal justice, knowledge gaps remain, but there is a willingness to improve practices to support autistic people.

Evaluations of public campaigns in Ireland offer valuable lessons that can be applied towards a public autism acceptance and understanding campaign. *The Together for Yes, Take the First Step,* and *Creating Our Future* campaign evaluations show that successful public engagement relies on careful media framing, relatable and authentic spokespersons, and the strategic use of both traditional and digital media. Additional data highlights the importance of cultural considerations and involving autistic people in public campaign design to ensure effective delivery and outcomes. These findings suggest that future public campaigns must go beyond surface-level awareness to embed autistic voices, dismantle structural barriers, and promote a rights-based, inclusive approach that genuinely values autistic experiences. Public campaigns do not always lend themselves to more in-depth messaging so a more pragmatic approach might be to have a more targeted campaign for a particular professional group.

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Appendix

This appendix provides additional detail on the methodology including search terms used.

The data was divided into three sections: 1) autism knowledge, 2) attitudes towards autistic people, and 3) public campaign effectiveness. Each section covers data related to the public and the identified professional groups.

Autism knowledge

Data on public autism knowledge were gathered using a comprehensive search strategy developed in consultation with a university librarian. The librarian conducted initial searches across EBSCO and ProQuest. Additional searches were conducted across Medline, SocIndex, and Google Scholar. International population survey data relevant to the Irish context were also included based on comparable populations; education and healthcare systems; and whether the studies were relevant to the Irish context.

Keywords combined search terms for autism, including “autism”, “autism spectrum disorder”, and “ASD” with a combination of terms such as “knowledge”, “attitudes”, “perspectives” or “views” Examples of keyword combinations included “autism knowledge population survey,” “public understanding of autism,” “autism knowledge general population,” and “autism awareness survey”. Non-peer reviewed sources, including grey literature from charities, government bodies, and advocacy organisations, were also reviewed. Searches using a combination of key terms such as “autism attitudes,” “public attitudes,” and “autism attitudes in Ireland” identified this relevant grey literature.

For data synthesis on the autism knowledge of specific professional groups, peer-reviewed literature was searched across Medline, SocIndex, and Google Scholar. Keywords combined search terms for autism, including “autism”, “autism spectrum disorder”, and “ASD” with a combination of terms such as “knowledge”, “attitudes”, “perspectives” or “views” with contextual and occupational terms (e.g., “public”, “education,” “healthcare,” “teacher,” “doctor”). For the education sector, combination keywords included “teachers”, “educator”, “education professionals” “school staff”, “school faculty”. For the healthcare context, combination keywords included “healthcare professionals”, “medical staff”, “doctors”, “psychiatrists” and “speech and language professional”. For the social care context, combination keywords included “social care professionals”, “social workers”, “disability services”, “children’s disability services”, and “CDNT staff”.

An example search string was “autism” AND ”knowledge” AND “teacher” OR “education” OR “school”.

Attitudes towards autistic people

For attitudinal data related to the public and the specified professional groups general population studies, peer-reviewed studies, and grey literature were included.

For the public, keywords searched included “public attitudes”, “public perceptions”, “social attitudes”, “awareness”, “understanding”, “stigma”, “bias” and “prejudice” in combination with “autism”, “autistic people” and “autistic community”. An example search string was “public” AND “attitudes” AND “autism”, where “Ireland” or “Irish” were applied but not in all instances.

For the specified professional groups, keywords searched included “autism” and/or “autistic people” in combination with “attitudes”, “perceptions”, “awareness”, “understanding”, “stigma”, “bias” and “prejudice”. These key terms were then searched for in combination with terms based on the context e.g. education, healthcare, social care, public sector workers. For the education sector, combination keywords included “teachers”, “educator”, “education professionals” “school staff”, “school faculty”. For the healthcare context, combination keywords included “healthcare professionals”, “medical staff”, “doctors”, “psychiatrists” and “speech and language professional”. For the social care context, combination keywords included “social care professionals”, “social workers”, “disability services”, “children’s disability services”, and “CDNT staff”.

Examples of search strings were “teacher” AND/OR “school” AND “attitudes” AND “autism”; “doctor” AND/OR “healthcare staff” AND “bias” and “autistic people”.

Public campaign effectiveness

Because of limited autism-related campaigns, and a lack of public campaign evaluations in general, searches included evaluations on public campaigns delivered in Ireland that aimed to improve attitudes and/or improve knowledge regardless of the topic. This resulted in data collected on *Creating Our Future, Together for Yes,* and the *Take the First Step* public campaign evaluations that sought to improve knowledge and/or attitudes in areas of healthcare and education. Search strategies looking for autism-specific data was not used in each instance, but sought broader fields, such healthcare and education public campaign evaluations aimed at improving attitudes and/or knowledge. This allowed for additional insight into understanding what makes a public campaign effective, where evaluations of the effectiveness of public campaigns were lacking.

Searches were conducted across Medline, SocIndex, and Google Scholar for Irish data using a combination of terms such as “public”, “national” “campaign”, “evaluation,” “impact,” “mass media,” “outcomes” and “results”. Searches included “autism” and/or “autistic people”, but not in all searches due to the limited autism-specific data. Other combinations that were used were “Ireland” or “Irish” AND “public”, “attitudes” AND/OR “knowledge” to identify relevant data related to any public campaign evaluations in Ireland related to improving.

To understand what makes a public campaign effective, additional searches were conducted to understand key features in public campaign design and delivery. Search terms, in addition to the ones highlighted so far but particularly related to “public” AND “campaign” included terms such as “symbols”, “media”, “endorsement”, and “lived experience”. Autism terms and terms related to Ireland and Irish were also used but not for each search as public autism campaigns in general proved scarce making evaluations of such difficult to source in the Irish context. Therefore, international studies were included.

An example search string was “national” AND “campaign” AND “evaluation” AND/OR “autism” AND/OR “Ireland”.

Data analysis

The studies in this section were synthesised with the aim of understanding what aspects of autism knowledge are misconceived, stereotyped, incomplete, or missing. Responses related to autism knowledge from population-based surveys conducted in Ireland were compared with official information sources, such as the ICD-11 and the DSM-5 where applicable to determine the extent to which public knowledge were informed or misinformed.

The knowledge of specific groups (general public, educational professionals, health and social care professionals, and public sector workers) was analysed by reviewing relevant studies that focused on these populations.

Studies were assessed according to the attitudes held by the public and specified professional groups towards autistic people. Data were analysed according to the groups identified, but within the broader socio-professional contexts to acknowledge that attitudes are not formed in isolation. This contextual approach acknowledges that attitudes are shaped by the norms, practices, and policies of the environments in which people work and interact and therefore provided more meaningful insight into the data being presented.

This section on public campaign effectiveness analysed three Irish public campaign evaluations: *Creating Our Future, Together for Yes,* and the *Take the First Step*. The analysis focused on how these campaigns succeeded in influencing public attitudes and knowledge levels related to their healthcare and education contexts. The public campaign evaluations were chosen as they were delivered in Ireland, aimed to improve attitude and/or knowledge, and were also situated in similar contexts to the specified professional groups e.g. healthcare, and education.

Through analysis of these public campaigns and aligning findings with international data to contextualise Irish findings, analysis resulted in additional subthemes that highlighted key features that determined whether a public campaign was effective or not.

1. Autism Spectrum Disorder (ASD) [↑](#footnote-ref-1)
2. Valence framing effects occur when participants make different choices or judgments depending on whether the options are described in terms of their positive outcomes (e.g. lives saved) or their negative outcomes (e.g. lives lost) [↑](#footnote-ref-2)